

Report on an unannounced inspection of

# **HMP Lindholme**

by HM Chief Inspector of Prisons

**7–18 March 2016**

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



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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.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

# Introduction

Lindholme is a category C prison, situated on an old RAF station near Doncaster. In past years it was managed as part of a cluster of South Yorkshire prisons, but in 2013 was reconstituted as a separate institution in its own right. It is a designated 'working prison' and holds just over 1000 longer-term adult male prisoners.

When we last inspected in early 2013, we were critical of a prison that was then preoccupied by a possible takeover by the private sector; where staff-prisoner relationships were weak, and where the prison was being impacted by the inflow of drugs and alcohol. This inspection revealed a very complicated picture. There was definite evidence that the deterioration we had seen at Lindholme previously had been arrested, but it was clear that big risk factors were still to be addressed fully. This complexity was recognised in the unusual spread of assessments gained under our tests of a healthy prison. On the whole, we found Lindholme to be a more respectful prison and a prison performing reasonably well against the delivery of one of its core functions, the provision of education, training and work. And yet we had very serious safety concerns and structural and organisational issues were completely undermining its resettlement responsibilities.

We were confident that prison managers were taking seriously the need to improve safety at Lindholme and a number of useful initiatives were explained to us, and yet many outcome measures were poor. The level of assaults was almost twice that of similar prisons and much higher than when we last inspected. Over half the respondents in our survey told us they had felt unsafe at Lindholme, and a fifth still felt unsafe at the time of the inspection. Reported levels of victimisation were also very high and recorded levels of self-harm were far higher than at similar establishments. Since the previous inspection there had been six deaths in custody, two of which occurred immediately following our inspection and were apparently self-inflicted. We also observed too many prisoners who were effectively self-isolating themselves out of fear.

Clearly linked to this issue was the influx of drugs that the prison was experiencing and which, in common with other prisons we have inspected, was destabilising the establishment. Mandatory testing for drugs revealed a high positive rate of 14% but this took no account of NPS (new psychoactive substances – so called legal highs). The prison had seized considerable amounts of illegal substances, notably NPS, and yet nearly two-thirds of prisoners told us it was easy to get illegal drugs in the prison. The stories we were told, concerning the possible effects that NPS was having on individuals, including one young man who had literally blinded himself, were nothing short of horrific. It would be wrong to say the prison was not working hard to combat this problem, but their strategy was not working.

Lindholme's other strategic problem was that it had no designated resettlement function, was not served by a community rehabilitation company (CRC) and was therefore unable to provide adequate resettlement planning and support. The establishment had released, on average, 16 prisoners a month over the previous six months. In our survey, too few prisoners knew who to turn to for resettlement support and problems were compounded by the prison's inability to obtain places for prisoners at the appropriate resettlement prisons, as the resettlement model requires.

Over 90% of Lindholme prisoners were serving four years and over, with a quarter serving over 10 years. Some 160 prisoners were serving indeterminate sentences. Many prisoners presented a high risk of harm to others, and yet offender management was poor. The redeployment of supervisors meant that prisoner contact and motivational work was only reactive, if it happened at all, many assessments were out of date or had not been started, and the quality of many assessments, even in high-risk cases, was inadequate. As a consequence, risk management was insufficient and the potential for progress limited.

Despite these difficulties and the mixed quality of the accommodation, the prison was a reasonably respectful place. Older accommodation was in need of investment and refurbishment but the communal nature of this accommodation was popular with prisoners and their views generally were more positive. Staff-prisoner relationships were improved and 85% of survey respondents felt respected by staff, although again, this finding was more prevalent among those held on the older units. There was evidence of improvement concerning the promotion of equality, as well as some improvement in the provision of health care, but in health, access to GPs and hospital appointments still needed to be better.

With the exception of the unemployed and those who were isolating themselves, unlocked time was reasonable. More activity had been provided, but although activity opportunities existed for about 80% of the population, for a working prison the expectation needed to be higher than this. Our checks found 20% of prisoners locked up during the working day and surprisingly, punctuality was also poor. The quality of education, training opportunities and the usefulness of work available was generally good.

Overall, and in terms of what is an unusual set of healthy prison assessments, this is a mixed report. That said, it was clear to us that the prison was led by a focused and committed governor and management team, aided by a much better approach now being adopted by the staff. Lindholme was a recovering prison and we were confident that improvement could continue. The priorities were clear to us: a robust strategy to stop NPS, and linked to that, to reduce violence; significant improvements in offender management and proper arrangements to provide resettlement services.

**Peter Clarke CVO OBE QPM**  
HM Chief Inspector of Prisons

May 2016

# Fact page

**Task of the establishment**

HMP Lindholme is a category C, designated working prison holding adult male prisoners serving four years and over.

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

Public

**Region/Department**

North-East and Yorkshire

**Number held**

1,002

**Certified normal accommodation**

924

**Operational capacity**

1,010

**Date of last full inspection**

11–15 February 2013

**Brief history**

HMP Lindholme is located on the site of a former Royal Air Force (RAF) base, approximately 10 miles north of Doncaster. It covers an area of 100 acres within the perimeter fence and was opened as a prison in 1985.

**Short description of residential units**

There are three large, modern, purpose-built wings (G, J and K). In addition to these, L wing was built as temporary accommodation and contains 30 double cells and currently holds the more vulnerable population (mainly vulnerable owing to debts and other problems on the main wings). The rest of the accommodation consists of six small units (A to F wings), each containing 64 beds on eight spurs. These buildings were part of the original RAF camp and are sited around the main exercise yard. On A to F wings, prisoners have access to their own rooms, with a room key, and to a communal landing, where there is a refrigerator, television, hot water boiler, shower and toilet.

**Name of governor**

Mark Hanson

**Escort contractor**

GeoAmey

**Health service provider**

Nottinghamshire Healthcare NHS Foundation Trust

**Learning and skills providers**

Novus

**Independent Monitoring Board chair**

Acting Chair: John Gray

**Community rehabilitation company (CRC)**

HMP Lindholme was not designated as a resettlement prison so did not have CRC provision on site.



# About this inspection and report

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

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

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

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

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

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

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
  - **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 IV respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix V of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>1</sup>

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<sup>1</sup> The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

# Summary

## Safety

S1 *Reception was welcoming but support for new arrivals was inconsistent. Levels of violence had increased sharply and were high. Too many prisoners felt unsafe. Arrangements to identify and address violence were adequate but not enough was done to identify and support prisoners on normal location who felt unsafe. Suicide and self-harm processes were too variable. Security staff responded well to the significant threats presented by organised crime groups and drugs. Drugs were easily available; the use of new psychoactive substances was particularly problematic and put the safety of prisoners at risk. Managerial oversight of the use of force was good. The use of segregation had increased and reintegration planning was weak. Clinical care for those requiring substance misuse treatment were sound but there was too little focus on recovery. **Outcomes for prisoners were poor against this healthy prison test.***

S2 *At the last inspection in February 2013 we found that outcomes for prisoners in HMP Lindholme were not sufficiently good against this healthy prison test. We made 29 recommendations in the area of safety. At this follow-up inspection we found that 12 of the recommendations had been achieved, three had been partially achieved, 10 had not been achieved and four were no longer relevant.*

S3 Reception processes were efficient. The initial reception holding room was welcoming, with informative notices displayed, and new arrivals met Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and were provided with a hot drink, but the subsequent waiting areas were stark.

S4 There was a well-designed system for allocating the first night officer role to a dedicated group of residential staff. In practice, this was inconsistent and good first night processes were not always delivered. Some first night cells were poorly prepared and not all prisoners had a confidential discussion about their vulnerability and safety concerns. Not all new arrivals benefitted from a good process for enhanced safety checks by night staff, which was a missed opportunity.

S5 The induction session was comprehensive and well delivered but as it was provided only twice a week, some new prisoners waited too long for this important information.

S6 In our survey, the proportion of prisoners reporting that they had ever felt unsafe at the prison had increased from 31% to 54%. The recorded number of assaults had increased sharply. Prisoners reported relatively high levels of victimisation because of drugs and debt. A reasonable range of information about violent incidents was considered at the monthly safer custody meeting and some actions were identified to reduce levels of violence but there was insufficient analysis of underlying causes.

S7 The establishment's zero-tolerance approach to violence was well designed. However, it was not implemented consistently, the management of perpetrators was weak and victims received inadequate support.

S8 There were too many prisoners who were self-isolating and afraid to leave their cells or their wing. They were often not known to the safer custody team and were left alone without any planned support. The weekly safety intervention meeting was useful in sharing

- information and planning for prisoners who were known to present the greatest risk to others or to themselves.
- S9 The number of incidents of self-harm was high, and far higher than at the time of the previous inspection. The levels of care provided for prisoners at risk of harm were variable. This was reflected in assessment, care in custody and teamwork (ACCT) documents for prisoners at risk of suicide or self-harm, where we found that too many care maps were not sufficiently comprehensive or updated from reviews, and there was inconsistent case management.
- S10 There had been four deaths in custody since the previous inspection, and there were a further two, apparently self-inflicted deaths shortly after the current inspection. Action plans in response to Prisons and Probation Ombudsman recommendations had been developed. However, these were not kept under review by the safer custody meeting to ensure that they were embedded in practice. There were sufficient Listeners available, and they were well trained and supported.
- S11 Security had adapted well to the more long-term and potentially more sophisticated prisoner population. Security was well managed and appropriately focused on the significant threats presented by a high number of prisoners from organised crime groups and their links to violence and drug-related activity. Links between security and other departments across the prison had improved and were good, and joint working with other prisons, the police and crime agencies had developed well and was impressive.
- S12 Drugs, especially new psychoactive substances (NPS; 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), were easily available and had a significant and detrimental effect on security and safety across the prison. Huge quantities of drugs and drug paraphernalia had been found. The random mandatory drug testing (MDT) positive rate was high, and in our survey one in five prisoners said that they had developed a drug problem while at the establishment. The coordination of drug supply reduction and demand efforts was good, with a comprehensive strategy and evidenced actions. However, MDT arrangements were poor and no prisoners suspected of taking drugs were tested.
- S13 The implementation of the incentives and earned privileges (IEP) scheme was inconsistent, and in our survey under half of respondents said that the scheme incentivised them to improve their behaviour. Too many prisoners on the basic level were not involved in their reviews or given written information about their targets in order to progress.
- S14 The number of adjudications had increased and was much higher than at similar prisons. Many could have been dealt with more appropriately through IEP sanctions.
- S15 Levels of use of force were similar to those at comparator prisons. Managerial oversight had improved and incidents were monitored and scrutinised, although far too many dossiers were incomplete. The video recordings of incidents that we viewed demonstrated a proportionate response to violence, and most demonstrated an appropriate focus on de-escalation.
- S16 Occupation of the segregation unit had increased and the unit managed some extremely difficult prisoners well. Some cells on the unit were in a poor state of decoration, with etched-in graffiti, and most toilets were dirty and badly scaled. The regime was minimal, particularly for the few prisoners who stayed for long periods. Management and reintegration planning were inadequate for most prisoners and too many, over half of all prisoners located on the unit, were transferred to other prisons.

- S17 Substance misuse support services did not meet current need. Too many prisoners were waiting to be assessed and there were insufficient interventions. Clinical treatment was safe but treatment was not sufficiently recovery focused, with most of the prisoners receiving methadone on maintenance rather than reduction regimes. Developments such as peer support and a recovery wing shortly due to open were encouraging.

## Respect

S18 *External and communal areas were clean and the prison was well ordered. The older wings were in a poor state of repair and too many cells across the prison were grubby and had insufficient furniture. Access to showers and most basic essentials was reasonable. Staff-prisoner relationships were mostly good, particularly on the older wings. Diversity arrangements had improved and the needs of most prisoners with protected characteristics were met. Faith provision was reasonably good. The management of complaints had improved and was adequate. Health provision required improvement. The food provided was reasonable. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S19 *At the last inspection in February 2013 we found that outcomes for prisoners in HMP Lindholme were not sufficiently good against this healthy prison test. We made 25 recommendations in the area of respect.<sup>2</sup> At this follow-up inspection we found that eight of the recommendations had been achieved, six had been partially achieved, eight had not been achieved and three were no longer relevant.*

S20 External and communal areas were clean and litter free. Prisoners favoured the older wings, which provided small communal accommodation, although they were in a poor state of repair. Access to showers, prison-issue kit and telephones was adequate but many cells were grubby and had too little or broken furniture and prisoners told us that cell furniture was openly traded. Prisoners often reported difficulties with accessing property from reception and we found evidence of long delays. A new process to improve applications had recently been implemented but too many staff and prisoners we spoke to were unsure about how it worked.

S21 In our survey, 85% of prisoners said that staff treated them respectfully, which was better than at comparator establishments and than at the time of the previous inspection. Relationships on the small, older wings were the most positive and we saw particularly good interactions there. On the large, newer wings, relationships were more remote and focused on practical issues. There were good, relatively new but effective consultation arrangements across the prison, with wing-based and prison-wide groups.

S22 The strategic management of equality had improved. Research work had been carried out with prisoners to inform future provision but little monitoring of equality of access had been undertaken. Prisoner forums had recently been introduced for all protected characteristics and were beginning to have a positive impact on provision.

S23 Black and minority ethnic and Muslim prisoners made up around 25% and 18% of the population, respectively. They mostly reported similarly to white and non-Muslim prisoners in our survey and were more positive about feelings of safety. The monthly Gypsy, Romany and Traveller group run by the chaplaincy provided information, advice and support to this group.

<sup>2</sup> This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- S24 The number of foreign national prisoners had reduced by almost half since the previous inspection and they had access to home office immigration staff when required. There was little need for the use of translated materials and professional interpreting services but there were adequate systems to provide these if needed.
- S25 Many prisoners with disabilities had received good support but there was still some unmet need. The prisoner 'buddy' scheme provided welcome assistance for some prisoners with disabilities but oversight was inadequate and buddies felt unsupported. Not all prisoners requiring emergency evacuation plans had them. Provision for older prisoners was developing but there were still few age-appropriate activities for them.
- S26 Provision for all faiths had greatly improved, with a full chaplaincy team now in place, with the exception of a Buddhist chaplain. Faith facilities were adequate and the chaplaincy provided a wide range of additional faith activities and celebrations of religious festivals.
- S27 The number of complaints submitted was in line with that in similar prisons. The management of complaints had improved and replies were prompt but they did not always address the issues raised.
- S28 There were longstanding concerns about health service delivery, which we found required improvement in a number of areas. The quality of provision was mixed and many prisoners were dissatisfied with the current service.
- S29 Partnership arrangements had strengthened, resulting in an improvement plan to address concerns. Enhanced staffing and effective clinical leadership arrangements had been established. Triage arrangements had developed and, although access to the GP had improved as a result, it still took too long to obtain an appointment with a doctor. Overall, there was an appropriate range of clinics, with the exception of podiatry. Access to all other services was reasonable, apart from physiotherapy services. Some prisoners had external appointments cancelled repeatedly, which had had an impact on health outcomes.
- S30 Pharmacy services were reasonable but the supervision of medicine administration by prison staff was inadequate, heightening the risk of medicines being traded. Dental services were good and prisoners received an appropriate range of treatments, with waiting times in line with community provision.
- S31 Mental health services were generally good, delivering timely and clinically appropriate interventions. However, there was insufficient capacity in the primary mental health team, leading to some gaps in the support available to prisoners with lower-level needs.
- S32 In our survey, less than a quarter of prisoners rated the quality of the food provided as good. We found the quality to be adequate, with a good variety of menus, although breakfast offerings in particular were small.
- S33 Prison shop and purchasing arrangements were adequate. New arrivals were provided with reception packs (grocery packs which usually contain basic food and drink items such as tea, milk, sugar and sweets) but prisoners could wait up to 10 days to receive their first full shop order, which increased the risk of debt.

## Purposeful activity

S34 *The amount of time unlocked was good for most, although association was cancelled regularly. The leadership of learning and skills and work was good, with a suitable focus on developing a working prison ethic. There were too few activity places for the population. Attendance was usually good but punctuality poor. The quality of teaching and learning was good. Prisoners behaved well, made good progress and achieved well. Library provision was good. An extensive range of vocational and recreational PE was provided. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S35 *At the last inspection in February 2013 we found that outcomes for prisoners in HMP Lindholme were reasonably good against this healthy prison test. We made nine recommendations in the area of purposeful activity. At this follow-up inspection we found that five of the recommendations had been achieved, none had been partially achieved, three had not been achieved and one was no longer relevant.*

S36 The amount of time out of cell was generally good, with most prisoners achieving around 10 hours unlocked each day, but for unemployed and self-isolating prisoners this could be as little as two hours. Evening association was regularly curtailed on a rota basis owing to staff shortages. This loss of association was mitigated for some by the provision of a domestic period during the day. Almost 20% of prisoners were locked in cells during our roll checks, which was too many for a working prison.

S37 With clear leadership from the governor, managers ensured that learning and skills and work activities were appropriate and had begun to establish a working prison ethos through effective partnerships with local, regional and national employers. Self-assessment was accurate. Managers had appropriate plans to improve provision across the establishment but did not analyse the impact of their actions sufficiently. The allocations process was effective and vacancies were filled quickly.

S38 The number of activity places had increased but there were still only opportunities for around 80% of the population. There was a clear expectation that prisoners would work and around 70% prisoners were involved in activity at any one time.

S39 Teaching, learning and coaching were good; most tutors and instructors planned activities well, ensuring that learners were motivated and enabling them to make good progress. Learners on distance learning and Open University courses had limited access to computer resources, and few opportunities to associate together to develop higher-level academic thinking and writing skills. In a minority of work activities, appropriate health and safety controls were not applied rigorously enough.

S40 Attendance was generally good but punctuality was poor. Learners took pride in their work and could identify the progress they had made in improving their skills; they behaved well and were courteous to each other and to staff.

S41 Achievement rates had improved and were good, particularly in functional English and mathematics. Prisoners in most vocational and work areas developed good levels of skill and produced work of a high standard. Workshop activities provided good opportunities for prisoners to enhance their skills.

- S42 Library provision was good. The library was well used and membership had increased considerably. Library staff knew their users well, and ensured that the range of books and resources met the needs of the population.
- S43 Gym facilities were good, and an extensive range of activities was provided, including healthy living, classes for older prisoners and remedial PE. A wide range of accredited qualifications was available.

## Resettlement

S44 *The strategic management of resettlement was weak and the provision of resettlement services was inadequate. Effective offender management was undermined by staff shortages and a backlog of offender assessment system (OASys) assessments. Offender supervisor contact was often infrequent and the quality of assessments was inadequate, even in high risk of harm cases. Public protection measures were mostly sound. Prisoners often experienced considerable delays in transfers. In the absence of a local community resettlement company, resettlement provision was mixed but particularly poor for prisoners needing help with accommodation, and finance benefit and debt. Prisoners received good support in gaining work and training on release but work with children and families was underdeveloped. **Outcomes for prisoners were poor against this healthy prison test.***

S45 *At the last inspection in February 2013 we found that outcomes for prisoners in HMP Lindholme were not sufficiently good against this healthy prison test. We made 16 recommendations in the area of resettlement. At this follow-up inspection we found that two of the recommendations had been achieved, four had been partially achieved, seven had not been achieved and three were no longer relevant.*

- S46 The strategic management of resettlement was limited and not informed by a comprehensive needs analysis. As the prison was not a designated resettlement prison, it lacked a local community rehabilitation company (CRC) to provide resettlement services and, despite considerable efforts by the prison, too many prisoners did not have access to resettlement planning, help or guidance.
- S47 The prison held a long-term population, with a third of prisoners assessed as presenting a high risk of harm to others. Around 40% of prisoners did not have an up-to-date offender assessment system (OASys) assessment (half of which were initial assessments) which limited good risk management and hindered progression for some. Too much uniformed offender supervisor time was lost owing to cross-deployment, making it difficult to deliver effective offender management. The service was mainly reactive, with offender supervisor contact being process driven and too infrequent, even in high risk of harm cases. The quality of assessments and plans was inadequate in many of the cases we looked at, even in high risk of harm cases.
- S48 Public protection processes on arrival were sound and mail and telephone monitoring was applied appropriately and reviewed regularly. The role of the interdepartmental risk management team meeting was limited and did not provide oversight of high risk of harm or multi-agency public protection arrangements (MAPPA) cases. Too few MAPPA cases had clear management levels and there was insufficient evidence of the prison's involvement in pre-release risk management planning.



- S49 Categorisation reviews were up to date. Not all prisoners due for release were transferred to their local resettlement prison and some prisoners often waited several months for escort vehicles to enable progressive transfer.
- S50 Despite not having a resettlement function, the establishment had released on average, 16 prisoners a month over the previous six months. Resettlement provision was poor, with no formal assessment of immediate needs on arrival and few opportunities to address resettlement issues before release for most prisoners.
- S51 Dedicated support for prisoners requiring help with accommodation on release was poor, and limited to those from South Yorkshire. The number of prisoners released without accommodation had increased substantially in the previous six months.
- S52 Good partnership arrangements contributed well to prepare prisoners for learning and work on release. Interventions by the National Careers Service for those awaiting release were timely and good. There was good access to the virtual campus (internet access for prisoners to community education, training and employment opportunities) to prepare CVs, carry out job searches and take online examinations.
- S53 Prisoners' health needs were supported adequately on discharge but there were usually delays in transferring prisoners who needed treatment in hospital under the Mental Health Act. Suitable pre-release work was undertaken with prisoners with substance misuse issues.
- S54 There was only limited provision for those who needed financial support, with a money management course and a free telephone line to money advice services, and prisoners could open bank accounts before release.
- S55 Visits provision was mostly adequate and visitors said that staff treated them respectfully. There was no additional family support provided or any parenting skills courses, although regular high-quality family days were facilitated and Storybook Dads (in which prisoners record stories for their children) was run by the library.
- S56 The range of accredited offending behaviour programmes provided was appropriate for the population but there were too few places to meet need, although plans to address this shortfall were well advanced. There was little work aimed at victim awareness, or one-to-one work by offender supervisors to challenge offending behaviour.

## Main concerns and recommendations

- S57 Concern: There was a serious problem in the prison with drug availability and NPS abuse in particular, which was having a serious impact on the safety of the prison and especially on the safety of those who were incurring debt. Too many prisoners felt unsafe and levels of violence had increased and were high. Although there was a good strategic approach to drug use reduction and a zero-tolerance approach to the use and supply of NPS, we found that too little was being done to understand the links between drugs and violence and too little action was being taken to reduce associated drug related violence.

**Recommendation: Violence reduction management systems should establish and address the underlying causes of violence, particularly if they relate to drugs. Identified causes should be addressed with a prison-wide strategy to reduce violence. Perpetrators should be identified and managed, and victims should be supported.**

S58 Concern: Vulnerable prisoners and victims of bullying were routinely segregated (often on normal location), isolated and subject to a restricted regime. No support was provided and many were eventually transferred out without their safety issues being addressed.

**Recommendation: Vulnerable prisoners and victims of bullying should not be routinely segregated and isolated on normal location. They should have a support plan and access to association and activities, and their underlying safety issues should be addressed.** (Repeated recommendation HP53)

S59 Concern: There were longstanding concerns with health provision, which required improvement across many areas. In particular, prisoners waited too long to see a GP and some prisoners had external hospital appointments cancelled routinely, which had an impact on their health outcomes.

**Recommendation: Prisoners should have timely access to a GP, in line with community provision, and be able to attend all clinically necessary external hospital appointments; these should not be cancelled repeatedly owing to shortages of prison staff.**

S60 Concern: Despite the prison holding a long-term population, with a substantial number assessed as high risk of harm, offender management was inadequate. Too many prisoners did not have an up-to-date OASys assessment and had only infrequent and reactive contact with their offender supervisor, limiting any ability to manage risk and enable progression.

**Recommendation: All prisoners should have a high-quality, up-to-date offender assessment system (OASys) assessment and regular and meaningful contact with their offender supervisor, to enable effective management of risk, promote progression and challenge offending behaviour.**

S61 Concern: The establishment did not have resettlement prison status and therefore had no identified local CRC. Prisoners due for release were expected to be transferred to their local resettlement prison to access resettlement services three months before release but, in reality, this was problematic. Some limited support was provided from a neighbouring prison to South Yorkshire prisoners only, so a large minority of prisoners who were from outside this area were released directly into the community with little resettlement support.

**Recommendation: Prisoners nearing release should have access to timely, effective and comprehensive resettlement services.**

# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

- I.1 The average number of new receptions each week was low and in our survey only 33% said that they had spent more than two hours in the escort van. The vans we saw were reasonably clean. In our survey, more prisoners than at similar establishments and than at the time of the previous inspection (76% versus 73% and 67%, respectively) said that they had been treated well by escort staff.

## Early days in custody

### Expected outcomes:

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

- I.2 Prisoners were disembarked promptly from escort vans and held in a comfortable initial holding room with informative and relevant notices on display. They were provided with a hot drink and met prisoner reception orderlies, who were also Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). The orderlies answered questions and provided a booklet about the prison.
- I.3 Reception processes were efficient but when vans arrived at lunchtime, some new arrivals remained for an unnecessarily long time in stark waiting areas at the back of reception before being taken to their accommodation as reception staff were redeployed to supervise the serving of meals on the wings. New arrivals were provided with adequate clothing, bedding and eating utensils before going to their allocated wing.
- I.4 There was no dedicated first night wing and most prisoners went to the large cellular wings. Prisoners were provided with written information on arrival but there were no peer supporters on the wings to help with immediate concerns. In our survey, fewer prisoners than at the time of the previous inspection said that they had felt safe on their first night (79% versus 88%). On some wings, designated staff were responsible for first night procedures. Their task was to collect new arrivals from reception, check that their accommodation was clean and adequately equipped, and ensure that confidential safety interviews had been undertaken to identify and address any vulnerability issues. In reality, we found that first night processes and support were inconsistent, particularly where staff did not have a dedicated first night role. Some prisoners did not have a confidential discussion about their safety concerns and were located in cells which were poorly prepared, with essential equipment such as kettles and televisions missing. We saw some new prisoners being checked on by a member of night staff but this was not always carried out (see also paragraph 2.1).

- 1.5** Induction took place twice a week, which meant that some new arrivals had to wait several days before they could attend and receive important information about the prison. The programme was comprehensive and well delivered, and included a relevant, well-paced presentation given by a member of staff and prisoner representatives, providing the opportunity for interaction and questions. In addition, prisoners were taken on a tour of the establishment, which was helpful.

## Recommendations

- 1.6** **First night procedures should ensure that accommodation is adequately prepared and include a private interview with a member of staff which addresses feelings of safety, and night staff should make themselves known to all new arrivals.**
- 1.7** **Prisoners who have to wait for induction should have access to essential information as they require it.**

## 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.**

- 1.8** Recorded levels of violence were high and had increased sharply. The level of assaults was almost twice that at similar prisons and much higher than at the time of the previous inspection. In our survey, more respondents than at similar prisons and than at the time of the previous inspection said that they had ever felt unsafe at the prison (54% versus 36% and 31%, respectively). Almost one in five prisoners told us that they felt unsafe at the time of the inspection. Levels of victimisation had increased and 29% of prisoners said that they had been victimised by other prisoners. More prisoners than at similar establishments said that they had had been victimised because of debt and drugs. Fewer prisoners in the communal accommodation on the older wings than those on the larger cellular wings said that they currently felt unsafe (8% versus 27%) and that they had been victimised by other prisoners (13% versus 40%).
- 1.9** The violence reduction strategy was up to date and a monthly safer custody meeting considered a reasonable range of data about incidents and trends. There was evidence that some specific actions had been identified in response to monthly data but the meeting provided insufficient oversight of strategies to prevent violence. Strategic safety objectives were included in a central action plan but were based on safety audits and inspections, rather than findings from information gathered by the safer custody team. There was not a good enough understanding of the causes of, and reasons for, violent behaviour, such as investigations of links with drug use. Despite security intelligence, prisoners and staff were consistently telling us that drugs were the cause of most violence, and too little was being done to understand and take consistent action, both strategically and with individual prisoners, to address the issue (see main recommendation S57).
- 1.10** The weekly safety intervention meeting was used for information sharing and planning for prisoners known to present the greatest risk to others or to themselves, and there was good collaboration there between the security and safety custody teams.

- I.11** There was a well-designed zero-tolerance approach to violence which included investigation of incidents and a management process for perpetrators and victims. However, in practice this was poorly implemented. Too many investigations had not been completed, the monitoring of perpetrators was not kept up to date, and the targets set were formulaic and not tailored to the specific issues of the prisoner concerned. Inadequate support was given to victims (see main recommendation S57).
- I.12** Since the previous inspection, L wing had been designated as a wing to hold those requiring protection separate from the main population. The regime on this wing was reasonable, with access to designated work, and prisoners there were kept safe. However, there were not enough spaces on the wing to meet demand, and the safer custody team knew of 25 prisoners who were kept locked away for their own safety on the main wings. In practice, this number was higher and we found prisoners self-isolating who were not known to the safer custody team. Provision for these prisoners was poor; they had little time out of their cells and no access to a reasonable regime, and there was no planning for their support, even to ensure predictable outdoor exercise and access to showers and telephones (see main recommendation S58).

## 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.13** The recorded level of self-harm incidents was high, with 158 incidents, involving 112 prisoners, in the previous six months, which was far higher than at similar establishments and than at the time of the previous inspection.
- I.14** The number of assessment, care in custody and teamwork (ACCT) case management documents opened was far higher than at the time of the previous inspection. The quality of assessment, planning and case management varied widely in the cases we looked at; some care maps were not sufficiently comprehensive and were not updated after reviews, and there was inconsistent case management. However, some promising systems had been introduced to drive improvement, including daily checks by the duty governor, feedback from quality assurance checks to safer custody meetings and a rolling programme of refresher training.
- I.15** On some wings, we saw evidence, and were told by prisoners, of staff who responded to the needs of those at risk and worked hard to keep them safe but levels of care were too variable from wing to wing. Some prisoners did not feel well cared for, especially those who were self-isolating on the main wings (see also paragraph I.12). More than 120 staff had not received refresher training in ACCT procedures.
- I.16** There had been four deaths in custody since the previous inspection, and there were a further two, apparently self-inflicted deaths shortly after the current inspection. The prison had received Prisons and Probation Ombudsman reports on three of them. Action plans had been developed in response to their recommendations, and the specified actions had been implemented. However, there was no discussion at the safer custody meeting about the implementation of recommendations, or about reviewing them to ensure that they were embedded in practice.

- I.17** There were sufficient Listeners available, and they were well trained and supported by the local Samaritans group. In our survey, fewer prisoners than elsewhere said that they were able to speak to a Listener at any time. There was no Listener suite available, so meetings had to be held in prisoners' cells or in wing interview rooms, which was inappropriate.

## Recommendations

- I.18** **The quality of assessment, care in custody and teamwork (ACCT) assessment, planning and care should be improved and this should be reflected in the quality of case records.** (Repeated recommendation I.38)
- I.19** **All staff should have up-to-date training in self-harm and suicide prevention.** (Repeated recommendation I.37)
- I.20** **Action plans arising from death-in-custody investigations should be overseen by the safer custody meeting and their implementation kept under review to ensure that they are embedded in practice.**

## Safeguarding (protection of adults at risk)

### Expected outcomes:

**The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.<sup>3</sup>**

- I.21** The prison had developed good links with Doncaster Safeguarding Adults Board and a senior manager from the prison participated in the local authority's planning and strategy meetings.
- I.22** There was no safeguarding adults policy, or supporting training programme, to inform staff of how to identify concerns and make referrals. Social care arrangements were reasonable (see paragraph 2.39).

### Recommendation

- I.23** **There should be a local safeguarding adults policy, supported by a training programme, which outlines how staff should identify concerns and make referrals to the local safeguarding adults board.**

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<sup>3</sup> We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

## 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.24** The prison's role had changed relatively recently, from one holding short- to medium-term prisoners, to one holding longer-term and potentially more sophisticated and high risk prisoners, including those from organised crime groups (OCGs). There was significant evidence that OCG prisoners had sophisticated networks in place and were responsible for much of the drug supply, drug activity and associated debt and violence within the prison. Security had responded well and was well managed and appropriately focused on the significant threats posed by the OCGs, high levels of violence and high levels of drug-related activity, especially the use of new psychoactive substances (NPS; 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). A large amount of intelligence was gathered from across the prison. This was analysed and processed effectively to provide a clear picture of ongoing and emerging issues, which were then communicated well across the prison. Responses to intelligence, such as target-led searching and disruption tactics, were expedient but there was no suspicion drug testing owing to the regular redeployment of trained staff.
- I.25** The monthly security meeting was well attended, and links to other key areas of the prison had improved and were good. A large range of data was presented and interrogated at the meeting, resulting in a dynamic set of objectives for the coming month. The meeting was further informed by an effective substance misuse strategy, which included a comprehensive supply reduction element with a particularly good strategy on NPS that identified a wide range of key information for staff, health promotion training for prisoners and demonstrated an awareness of the routes into the prison and what the prison was doing to combat them.
- I.26** Links with crime agencies, such as local and regional police and the National Crime Agency, were impressive and had resulted in some successful operations in response to serious and organised criminal activity. These operations had led to the capture of large hauls of contraband, which in a single month had included over a kilo of NPS, 67 mobile phones, 145 SIM cards, steroid vials and tablets, and injecting equipment, as well as finds of heroin, cocaine and other drugs (see also below).
- I.27** Procedural security was mostly proportionate and prisoners had good appropriate movement across the large site. However, too many prisoners were subject to closed visits for issues not related to visits.
- I.28** Dynamic security was good on the older, more open residential units, where staff demonstrated a comprehensive knowledge of the prisoners in their care. However, they were less good on the newer, larger units, where staff-to-prisoner ratios were lower and interactions less frequent and more formal.
- I.29** Despite good supply reduction strategies, good coordination of actions within the prison and with outside agencies to reduce demand and disrupt supply, drugs were still easily available. In our survey, far more prisoners than at similar establishments and than at the time of the previous inspection, said that it was easy to get illegal drugs (61% compared with 38% and 43%, respectively) and alcohol (47% compared with 23% and 30%, respectively) at the prison, and this was worse on the larger, newer wings than on the older wings. The increasing availability of NPS in particular, was threatening both the safety of the prison and the

personal health of individual prisoners (see also paragraph 2.38). Of concern, one in five prisoners said that they had developed a drug problem while at the establishment. The coordination of drug supply and demand reduction efforts was good, with a comprehensive strategy and evidenced actions. The random mandatory drug testing positive rate was high, at 14% but even this did not provide a true picture of drug use as NPS was undetectable. Prisoners tested positive mainly for illicit buprenorphine. However, testing was too predictable and the weekend testing target was regularly missed (see also above).



## Recommendations

- I.30 Closed visits should be imposed only for visits-related activity.** (Repeated recommendation I.55)
- I.31 Mandatory and suspicion drug testing should be adequately resourced to undertake the full range of testing.**

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

### Expected outcomes:

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

- I.32** The incentives and earned privileges (IEP) policy had recently been reviewed, outlining the differentials between the levels and the consequences of poor and good behaviour. At the time of the inspection, 419 prisoners were on the enhanced regime, which was high, and 73 were on basic.
- I.33** In our survey, only 44% (fewer than at the time of the previous inspection) said that the scheme incentivised behaviour. Prisoners located on the older wings were far more positive than those on the newer accommodation about their treatment under the scheme.
- I.34** The application of the scheme was inconsistent, often missing the opportunity to incentivise good behaviour. Some reviews were not completed on time and in too many instances did not involve the prisoner in setting targets indicating how they might progress. Prisoners usually stayed on the basic level for at least 28 days, despite having had a review after seven-days.

### Recommendation

- I.35 The incentives and earned privileges scheme should be applied consistently, with timely reviews and a clear focus on incentivising good behaviour, through effective and consultative target setting.**

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

## 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.**

### Disciplinary procedures

- I.36** The number of adjudications had increased and was much higher than at similar prisons and than at the time of the previous inspection. Most charges concerned violence and drug-related activity but we saw too many others that could potentially have been managed using less formal measures, such as the IEP scheme.
- I.37** Administration processes were poor and far too many adjudications were not proceeded with because of unnecessary delays. A quarterly standardisation meeting monitored the quality of adjudications and identified trends of behaviour, amending the tariff accordingly. The hearings we observed were conducted well, with prisoners fully engaged in the process.

### The use of force

- I.38** Levels of use of force were similar to those at comparator prisons. Managerial oversight had improved and the monthly committee monitored and scrutinised incidents to identify emerging issues and trends. The committee had identified that too many dossiers were incomplete as they did not include officers' reports or a F213 'injury to prisoner' form; despite the intervention of the deputy governor, these remained serious weaknesses.
- I.39** The video-recording of planned incidents had improved and most were recorded. Recordings we viewed showed a proportionate response to violence, and most demonstrated an appropriate focus on de-escalation.
- I.40** The use of special accommodation was rare and prisoners were removed at the earliest opportunity. Completed paperwork showed an appropriate level of authorisation and recording.
- I.41** Batons had been used twice in the previous six months. There had been no local enquiry into these incidents but records assured us that these uses had been proportionate and necessary.

### Recommendation

- I.42 Use of force dossiers should always include officer reports and a completed F213 (injury to prisoner) form.**

### Segregation

- I.43** Occupation of the segregation unit was higher than at the time of the previous inspection, and was high. The average stay was around 16 days, although some prisoners stayed much longer.

- I.44** Some difficult and problematic prisoners were managed well on the unit but reintegration and care planning was poor. A regional initiative offered more opportunities to relocate those in segregation to the main wings at other prisons.
- I.45** The regime on the unit was minimal, particularly for those remaining there for long periods, and consisted of access to a shower, the exercise yard and a telephone every day. There was a small but well-used and -stocked library and some arts and crafts materials for in-cell activity. No prisoners left the unit to attend activities, courses or religious worship and there was no evidence of any external input from education providers to prisoners on the unit.
- I.46** Some of the cells on the unit were in a poor condition, with graffiti etched into fittings and scrawled on walls. Almost all of the in-cell toilets were dirty and badly scaled, with no privacy screening or lids. The two exercise yards were bare but, subject to a risk assessment, prisoners could exercise in pairs, which reduced their sense of isolation.

## Recommendation

- I.47** **A formal reintegration and care planning process for segregated prisoners should be introduced.** (Repeated recommendation I.82)

## 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.48** The introduction of a monthly substance misuse strategy meeting, chaired by the governor, had led to a more integrated approach to supply and demand reduction initiatives involving both substance misuse and security staff, but there had been no in-depth prisoner needs analysis to inform the strategy and service delivery.
- I.49** Substance misuse interventions did not meet need, and in our survey only 46% of prisoners said that they had received support with their drug problem, against the 62% comparator and 68% at the time of the previous inspection. Our survey results for alcohol support were also far worse than the comparator.
- I.50** There was good use of a substance misuse peer mentor at induction but at the time of the inspection too many prisoners (48) were waiting for the drug and alcohol team to assess them and assign them to a key worker. Waiting times were not monitored.
- I.51** The integrated substance misuse team, which provided clinical interventions and also psychosocial support, was under-resourced. As controlled drug administration took priority, the delivery of one-to-one and group-work sessions suffered and the team focused mainly on crisis intervention. The active caseload of 190 consisted mainly of prisoners prescribed methadone.
- I.52** There had been some encouraging developments. NPS awareness sessions had just started, a designated recovery unit wing was due to open and the peer mentor scheme was expanding, but prisoners could not access mutual aid groups such as Alcoholics Anonymous or Narcotics Anonymous. The 16-session 'building skills for recovery' programme was based at a neighbouring prison and ran at HMP Lindholme only twice a year.

- 1.53** Clinical management was safe, and controlled drugs were administered from a designated building, although some prisoners expressed discomfort at being seen and identified by others as a drug user. Treatment was not sufficiently recovery focused, with over half of the 114 prisoners currently receiving opiate substitute treatment maintaining rather than reducing their dosage. The substance misuse team met the specialist GP weekly to discuss the treatment plans for those with complex needs but 13-week treatment reviews were not undertaken jointly, and there was no overall recovery ethos. A dual diagnosis pathway for patients with substance use and mental health-related problems was starting to be developed.

## Recommendations

- 1.54** **An in-depth substance use needs analysis should be conducted to update the drug and alcohol strategy and develop substance use interventions of sufficient intensity and ease of access to meet the needs of the prison's population.**  
(Repeated recommendation 1.92)
- 1.55** **Treatment regimes for substance misuse should be more recovery focused, and prisoners should be offered increased support and coordinated care to enhance motivation and improve treatment outcomes.**



## Section 2. Respect

### Residential units

#### Expected outcomes:

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

- 2.1 External and communal areas were clean, litter free and well kept. Accommodation was spread across six older units (A–F wings) housing 64 prisoners in each, and four modern wings (G, K, J and L wings). G, K and J wings were larger, holding over 550 prisoners between them. L wing provided 30 double cells with integral shower and toilet facilities.
- 2.2 The older wings were in a poor state of repair, with significant damp issues, but, with their small spurs and communal living spaces, were favoured by prisoners. Prisoners located on these wings were more positive about their prison experience in general.
- 2.3 There was little in-cell furniture across the prison, and too much of it was broken, and prisoners told us that lockers were openly traded. Too many cells, particularly on the newer wings, were dirty, and contained graffiti and offensive pictures. Prisoners were not challenged about the condition of their cells.
- 2.4 Access to prison-issue cleaning materials and kit was adequate and most prisoners, with the notable exception of those who were self-isolating, could make a telephone call and shower daily during association periods. In our survey, fewer respondents than at comparator establishments and than at the time of the previous inspection said that they were offered a shower every day, and more than elsewhere said that they had problems getting access to the telephone.
- 2.5 In our survey, fewer prisoners than at similar establishments (26% versus 36%) said that cell bells were answered within five minutes, and we saw too many cell bells not being answered quickly enough.
- 2.6 A new system to manage applications had recently been introduced. Application forms were put into the same box as complaints, collected by staff and taken to the central business hub for tracking and distribution. During the inspection, too many prisoners and staff were unsure how the new system worked and we found evidence of the previous approach still being used. In our survey, fewer prisoners than at similar prisons and than at the time of the previous inspection said that applications were easy to make, dealt with fairly or responded to within seven days.
- 2.7 Many prisoners complained about problems in accessing their stored property from reception, and we found evidence of long delays, which were attributed to a lack of staff.

### Recommendations

- 2.8 **All cells should be clean and adequately furnished.**
- 2.9 **Prisoners should be able to access their stored property within 14 days of their application.** (Repeated recommendation 2.12)

## 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.**

- 2.10** In our survey, 85% of prisoners said that staff treated them respectfully, which was better than at comparator establishments and than at the time of the previous inspection. We saw some good interactions between staff and prisoners, particularly on the small, older units. On the large, newer wings, relationships were more distant and tended to focus on practical issues.
- 2.11** There was a personal officer scheme in operation but only 45% of prisoners in our survey said that they had a personal officer, which was far worse than at the time of the previous inspection (62%). Officers were allocated to cells rather than individual prisoners, so there was no continuity when prisoners moved to a different cell. The frequency and quality of case note entries by staff, including personal officers, were variable and management oversight was inconsistent. Although many prisoners we spoke to did not know who their personal officer was, or had not recently spoken to them, in our survey 75% of prisoners said that they knew a member of staff they could turn to for support.
- 2.12** There were good, relatively new but effective consultation arrangements, with regular wing-based prisoner representative meetings held with wing staff. In addition, a well-attended prison-wide meeting took place every month, with wing representatives and senior managers from across all departments.

### Recommendation

- 2.13 Electronic case note entries by staff, including personal officers, should be regular and meaningful.**

## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>5</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.**

### Strategic management

- 2.14** The strategic management of equality and diversity had improved but was still underdeveloped. There was no up-to-date policy at the time of the inspection and the action plan was inadequate. Research work with prisoners on equality and diversity had been undertaken by Bradford University, and the results, as yet unpublished, were to be used to inform future provision and policy. Senior management team members had taken

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

responsibility for individual protected characteristics, with a prisoner peer representative assigned to them. Recently introduced monthly prisoner forums across all the protected characteristics had begun to have a positive impact on equality and some changes had been made as a result.

- 2.15** The monthly prisoner equality action team (PEAT) meeting, chaired by the governor, was well attended and included prisoner diversity representatives. The minutes of PEAT meetings showed some purposeful engagement with equality issues but there was no analysis of data from the equality monitoring tool. The prison had failed to investigate data suggesting the possible inequitable treatment of prisoners with various protected characteristics across a range of areas, including the incentives and earned privileges scheme, segregation and use of force. Equality impact assessments had yet to be completed, although a programme was in place to address this.
- 2.16** A total of 37 discrimination incident report forms (DIRFs) had been submitted in the previous six months. Managers found that responses to some of these had been inadequate, so the governor and deputy governor had undertaken a quality check of all DIRFs from the previous year and set up a monthly scrutiny panel for future quality checks. Poor investigations had been challenged and reinvestigated; investigations into more recent DIRFs had been thorough and responses had addressed the issues raised adequately.

## Recommendation

- 2.17** **Equality impact assessments should be undertaken and adverse data from the equality monitoring tool should be examined promptly. Consequent actions should be included in the action plan and progress reported to the prisoner equality action team meeting.**

## Protected characteristics

- 2.18** Black and minority ethnic and Muslim prisoners made up around 25% and 18% of the population, respectively. They mostly reported similarly to white and non-Muslim prisoners in our survey, and were more positive about feelings of safety. Most black and minority ethnic and Muslim prisoners said that they felt respected by staff.
- 2.19** Gypsy, Roma and Traveller prisoners met monthly with a member of the chaplaincy team. These meetings focused on specific issues relating to their lifestyle, such as family responsibilities and offending behaviour among this group, and provided advice, information and support.
- 2.20** The foreign national prisoner population had reduced by almost half since the previous inspection. None were being held under immigration powers. Foreign national prisoners attended support meetings with black and minority ethnic prisoners and had adequate access to home office immigration staff when required. At the time of the inspection, there were no prisoners who did not have adequate English language skills but professional interpreting and translation services were available when required.
- 2.21** Many prisoners with disabilities received good support but there was still some unmet need and in our survey prisoners with disabilities were more negative than others, particularly around issues of safety and victimisation. There was evidence of some excellent care planning for prisoners with more complex needs (see also paragraph 2.39) but many others had no care plans. A prisoner 'buddy' system had been implemented, with prisoners providing assistance to those who needed help with everyday tasks. The buddies told us that they felt



unsupported, that they were frustrated by their lack of training and that staff did not understand their role. There was inadequate oversight of these prisoners and some had been asked to undertake inappropriate tasks for the prisoners they supported. Not all prisoners who required a personal emergency evacuation plan (PEEP) had an up-to-date one, and the PEEP lists on some wings were out of date.

- 2.22** Older prisoners had been consulted on a range of issues through their support meetings, and ideas to improve provision for them were being considered. Age-appropriate gym sessions were provided and they had increased access to the library, but many retired prisoners and those unable to work were locked in their cells during the core day, with little to do (see also paragraphs 2.39 and recommendation 3.4).
- 2.23** Support for gay, bisexual and transgender prisoners was reasonable, with individual attention paid to transgender prisoners. A regular support meeting for these prisoners had an increasing membership.

## Recommendations

- 2.24 All prisoners with disabilities should have their needs fully addressed, including the provision of care and evacuation plans for those who need them.**
- 2.25 Prisoner buddies and peer representatives should receive adequate supervision, training and support in their role.**

## 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.**

- 2.26** Provision for all faiths had greatly improved. A full chaplaincy team was in post, with the exception of a Buddhist chaplain, although a suitable minister was being sought for this group. Faith facilities were adequate, with a chapel and multi-faith area, both of which were suitable for the needs of the population.
- 2.27** The chaplaincy was well integrated into the regime of the prison and attended key meetings. Generic duties were shared among the team and they provided a wide range of additional faith activities and celebrations of religious festivals.

## 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.**

- 2.28** The number of complaints submitted was in line with that at similar prisons. In our survey, 31% of prisoners said that complaints were dealt with fairly but only 14% said that they were dealt with quickly, which was far lower than at comparator prisons and than at the time of the previous inspection. New procedures to manage and monitor complaints had been

implemented recently and supported timely replies in most cases. However, we found that some replies still failed to address the issue raised.

- 2.29** Senior managers undertook analysis of issues each month. When trends were identified, there was evidence of strategic action being taken.

## 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.**

- 2.30** Legal services provision had reduced with the loss of dedicated legal services officers, and in our survey only 37% of prisoners, against 50% at the time of the previous inspection, said that it was easy to communicate with their solicitor or legal adviser. Some offender supervisors in the offender management unit had been trained in legal aid services and the library held lists of legal advisers.

- 2.31** Legal visits were available daily and provision was sufficient to meet 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.**

- 2.32** The Care Quality Commission did not join us on this inspection and has therefore not contributed to this report.

## Governance arrangements

- 2.33** Nottinghamshire Healthcare NHS Foundation Trust delivered most services, except for some specialist subcontracted areas. There had been recurring concerns about the delivery of health services, which we found required improvement in a number of areas. The governor had brought concerns to the attention of commissioners (see main recommendation S59). As a result, an improvement plan had been introduced that had enhanced provision, and this was being monitored through strengthened local partnership arrangements. In our survey, fewer prisoners than at similar prisons and than at the time of the previous inspection were satisfied with the overall quality of health services (18% versus 44% and 36%, respectively) and most prisoners we spoke to confirmed this view.
- 2.34** The service was well led and there was a new, motivated and knowledgeable senior management team. However, the staffing model was experiencing difficulties owing to staff absence and vacancies. For example, much of the pharmacy team was made up of temporary staff. Overall training, supervision and professional development were reasonable. Staff we spoke to felt generally well supported and had received an adequate induction.

- 2.35** The response to serious and untoward incidents was thorough and demonstrated effective dissemination of learning. A patient forum had recently been reconstituted but it was too early to judge outcomes.
- 2.36** There were systems to prevent communicable disease and deal with outbreaks. A recent infection prevention audit had identified areas for improvement, and senior staff had recently started regular inspection visits to all health care areas. Treatment rooms were fit for their purpose and clean.
- 2.37** There was equity of access to health services but vulnerable prisoners from L wing visiting the health centre had to wait on the stairs leading to the health centre, which was undignified and unsafe. Unlike most other prisoners, they also waited too long after appointments to return to the wing.
- 2.38** The high frequency of incidents involving novel psychoactive substances (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) placed increased demands on emergency response arrangements (see also paragraph 1.29). The internal and external responses to medical emergencies were good. Appropriately located and regularly checked resuscitation equipment was available to a trained nursing team. However, few prison staff had up-to-date resuscitation skills or knew how to access automated electronic defibrillators out of hours when there were no health services staff on duty.
- 2.39** There was no dedicated health lead for older people and no assurance that the needs of this population had been identified adequately. Social care arrangements were appropriate, with a clear referral system and effective input from the local authority to undertake timely assessments (see also paragraphs 2.21 and 2.22).
- 2.40** Prisoners could raise concerns directly with the health care team to try to achieve local resolution. A formal health care complaints system was also offered, overseen by the Trust's complaints department. The local arrangements had been poor up until recently, with prisoners experiencing delays and in some cases no response to concerns raised. Matters had improved considerably in the previous few months but we still found the quality of many local responses to be inadequate, and prisoners were unaware of how they could escalate concerns if they remained dissatisfied. The quality of responses to formal health care complaints was better but we still found examples of responses that had not always addressed the concerns raised.
- 2.41** Health promotion was underdeveloped but individual screening programmes were planned within the prison. Clinics offering vaccinations for blood-borne viruses were readily accessible and there was good access to barrier protection, which was advertised appropriately.

## Recommendations

- 2.42** **Prisoners from L wing visiting the health centre should have access to a secure, comfortable waiting area.**
- 2.43** **Sufficient custodial staff should be trained in basic life support and know the location of automated external defibrillators, to ensure a prompt response to out-of-hours emergencies.**

- 2.44 Prisoners should be able to access a well-advertised health care complaints system and receive a timely response which is quality assured, with signposting to enable concerns to be escalated if a prisoner remains dissatisfied.**

### Delivery of care (physical health)

- 2.45** Reception health screening was undertaken by a registered nurse, and appropriate follow-up was facilitated if clinically indicated.
- 2.46** Access to health care was by written application. The method and route by which applications were received and processed were inefficient. Prisoners had to attend a triage appointment with a nurse before seeing a GP to gauge need. It took far too long to be seen by a nurse and, although access to the GP had improved, prisoners could still wait at least a further five weeks to see a doctor, although urgent appointments could be facilitated when needed. Our survey results reinforced these concerns; far fewer prisoners than at comparator establishments said that it was easy to see a doctor (13% versus 30%). Although the quality of care provided by the two regular GPs was good, the six GP sessions available each week did not meet need (see main recommendation S59).
- 2.47** Health services staff workloads had increased at the time of the inspection because of short-term absences, which resulted in nurses having to cover a number of responsibilities. Despite this, there was an appropriate range of clinics, with the exception of podiatry. Access to all other services was reasonable, apart from physiotherapy services, for which there were long delays.
- 2.48** During the most recent reported quarter, an average of 32% of external appointments had been cancelled owing to a lack of escort staff, and we found that a few cancellations had had a negative impact on the well-being of individual prisoners (see main recommendation S59).
- 2.49** Chronic disease management arrangements were developing. Complex cases were identified and subject to multidisciplinary review but there were few formal care plans and the quality of these was variable.

### Recommendations

- 2.50 Waiting times for podiatry and physiotherapy services should be equivalent to those found in the community.**
- 2.51 Prisoners with chronic and complex diseases should have formal, good quality care plans.**

### Pharmacy

- 2.52** Medicines were supplied by an outside contractor and were issued to patients by competent in-house pharmacy technicians and nursing staff. Medicines could be supplied on the same day as prescriptions were written and there were arrangements to access urgent items if required. Staff were conscious of safety issues and we observed an administration round being suspended when prisoners in the queue became disruptive. Supervision of medicine administration by prison staff was inadequate, heightening the risk of medicines being traded, and pharmacy staff had limited capacity to undertake mouth checks. Methadone supply was well organised and appropriately supervised.

- 2.53** There was an in-possession policy but it was not followed. Some medicines were prescribed in-possession even though they were listed not to be supplied in this way, with no recorded reasons for doing so. There was no systematic approach to undertaking in-possession risk assessments, and few such assessments were recorded on SystemOne (the electronic clinical record), which meant that decisions to prescribe in this way had been not adequately risk assessed. In addition, there were no secure storage facilities in cells (see also paragraph 2.3). The prescription of high-risk medicines was monitored, to ensure that essential blood monitoring was undertaken regularly, along with any required changes in medications.
- 2.54** Medicines were stored in the pharmacy room, which also contained stock medicines which were over-labelled and could be handed to patients without the need to wait for supply from the pharmacy. There was no audit of these stock medicines. Some medicines that were handed out on 'special sick' (immediate health treatment without an appointment) were inappropriately given without a patient group direction (to enable nurses to supply and administer prescription-only medicine) or prescription. There were plans to increase the services supplied by pharmacy staff, to include a pharmacy review clinic in addition to the smoking cessation clinic already run by the team.
- 2.55** There was a cluster-wide medicines and therapeutics committee. This addressed corporate policy issues but lacked the capacity to deal with individual prison issues or find operational solutions to areas such as the management of tradable medicines.

## Recommendations

- 2.56 Medication administration should be fully supervised by prison staff.**
- 2.57 In-possession risk assessments should be completed for every prisoner, with the reasons for any decision made being clearly documented.**
- 2.58 The introduction of patient group directions should be considered, to enable the legal supply of more potent medication by the pharmacist and/or nurse.**

## Dentistry

- 2.59** 'Time for Teeth' provided a full range of NHS treatments and oral health advice. Access was reasonable, with waiting times in line with community provision. Most prisoners we spoke to said that the care provided was good, and this was supported by our observations. Dental oversight of the appointments system ensured that clinical appointments were prioritised but the primary care team could escalate urgent cases onto the dental list.
- 2.60** The dental suite was located on the first floor of the health centre, creating access difficulties for prisoners with mobility problems. The suite was suitably equipped and cleaning arrangements were adequate but there had been no recent infection control audit, and maintenance certificates for key pieces of equipment were not available at the time of the inspection. Arrangements for the disposal of waste materials were appropriate.

## Recommendations

- 2.61** Appropriate arrangements to enable prisoners with mobility issues to access the dental suite should be introduced.
- 2.62** All dental equipment should be safe for use, with assurance provided by clear maintenance schedules and accessibility of contemporary safety certification.

## Delivery of care (mental health)

- 2.63** Access to mental health services had been widened with an open referral system and a new primary mental health duty worker to respond to crises and urgent matters. Staffing had recently improved with consistent clinical leadership, and the integrated mental health team facilitated patient access to nursing, psychiatry, psychology and improving access to psychological therapies (IAPT) services. The chaplaincy offered bereavement counselling.
- 2.64** Some individual therapies were available to prisoners, including access to self-help materials in the library, solution-based approaches, anxiety management and sleep management. However, demand for primary care was high and the capacity of the primary mental health team was stretched, leading to some unmet need. The service required review to ensure that it could meet need, as well as addressing the areas identified in the draft health needs assessment. Caseloads had been managed down to a target of 15–25 per practitioner, which enabled better care and support. There was no group therapy, which was a gap in service. The mental health practitioners were aware of this and hoped to develop group approaches in 2016/17. In addition, there were more sustained psychotherapies and support for prisoners with serious and enduring mental illnesses.
- 2.65** Mental health awareness training had been available to discipline staff but only about 33% had received training in the previous three years.
- 2.66** Weekly interdisciplinary team meetings were held to discuss prisoners with complex mental health needs, and weekly informal liaison with substance misuse services had started. There were good links with local secure services, and six prisoners had been transferred in the previous year. Most transfers took longer than the 14-day guideline but there were fewer and shorter delays than at the time of the previous inspection.
- 2.67** A specialist nurse, supported by a psychologist, was leading on the care of 10 prisoners with learning disabilities. Prisoners diagnosed with a personality disorder were offered specialist support and treatment through the new offender personality disorder pathway.

## Recommendations

- 2.68** The capacity of the primary mental health team should be expanded, to ensure that it meets the needs identified in the draft health needs assessment.
- 2.69** The transfer of prisoners to external health care beds should be expedited and occur within Department of Health transfer target timescales.

## 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.**

- 2.70** In our survey, only 22% of prisoners rated the food provided as good or very good. Although this was worse than at similar prisons (30%), it was far better than at the time of the previous inspection (12%). We found the food to be of adequate quality. There was a four-week menu cycle, offering at least five options for lunch and dinner, including halal, vegan and vegetarian choices. Prisoners who required special diets were well catered for. Those attending the gym in the evening were offered the opportunity of a healthy food pack two evenings a week.
- 2.71** Lunch and dinner were served at appropriate times and the portions were reasonable. Breakfast packs were small and distributed at lunchtime on the day before consumption, which meant that most prisoners ate them on the day of issue rather than having a suitable breakfast.
- 2.72** The main kitchen was spotless and well run. Prisoners who were employed to work in the kitchen were able to work towards a national vocational qualification. The catering manager inspected all serveries once a week. Serveries and food trolleys were clean but there was too much washing up left in serveries overnight, which created a bad smell and attracted vermin.
- 2.73** Prisoners were consulted regularly about the food provided, and an annual food survey was conducted. We saw evidence of changes made as a result.

### Recommendation

- 2.74 Breakfast packs should be enhanced and should be distributed on the morning they are to be eaten.**

## Purchases

### Expected outcomes:

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

- 2.75** In our survey, fewer prisoners than elsewhere said that the prison shop sold a wide enough range of goods to meet their needs. Consultation about the shop was undertaken at the prisoner forums and we saw evidence of planned changes to address the issues raised.
- 2.76** Smokers' and non-smokers' reception packs (a grocery pack which usually contains basic food and drink items such as tea, milk, sugar and sweets) were offered on arrival but both options were lacking in content. New prisoners could wait up to 10 days to receive their first full shop order and prisoners said that this could lead to borrowing and the risk of debt.
- 2.77** Prisoners could buy items from a reasonable range of catalogues each month. An administration fee of 50 pence was charged with each order.

## Recommendations

- 2.78 Prisoners should be able to receive their first full shop order within a few days of arrival.**
- 2.79 Prisoners should not be charged an administrative fee on 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.<sup>6</sup>**

- 3.1** Most prisoners had around 10 hours out of their cell each working day. However, for unemployed and self-isolating prisoners, making up around a fifth of the population, this could be as little as around two hours a day, and in some cases even less.
- 3.2** The duration of evening association periods had increased. Association was available each weekday evening and during the day at weekends. However, owing to staffing issues, a system of planned curtailment of association had been implemented which reduced access by one period a week for most. These curtailments were mitigated wherever possible by a domestic period during the day.
- 3.3** During our roll checks during the working day we found almost 20% of prisoners locked in cells, which was too many for a working prison.

### Recommendation

- 3.4 Prisoners who are unemployed (through no fault of their own), older or have disabilities should be unlocked during the core day, with regime activities provided. (Repeated recommendation 3.5)**

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<sup>6</sup> Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

## Learning and skills and work activities

### Expected outcomes:

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

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

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

### Management of learning and skills and work

- 3.6** With leadership from the governor, leaders and managers had established clear priorities for learning, skills and work to develop a strong working prison ethos. Managers had introduced well-differentiated pay scales to incentivise prisoners' engagement with these activities. The governor was also committed to improving punctuality; although there had been improvements, managers had not yet ensured that prisoners attended activities punctually enough (see below and recommendation 3.27).
- 3.7** Self-assessment carried out by managers was accurate and demonstrated a clear understanding of strengths and areas for development. Prison and education managers monitored improvement well but did not analyse the impact of their actions sufficiently.
- 3.8** Although the number of activity places had increased, and there were now opportunities for around 80% of the population to engage in work, education and training, this was still insufficient. There was a clear expectation that prisoners would work during the day and attend the library and gym, and receive visitors, in the evenings. Around 70% prisoners were involved in activity at any one time.
- 3.9** Following effective inductions to the prison and to education and employment services, the allocations process, managed through the activities hub, ensured that prisoners were given work and training quickly, and vacancies were filled promptly. Although there was a shortfall of work and activity places, there was good potential to increase the number of work places

<sup>7</sup> Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

as prototype developments, such as flat-rack refurbishment for the Ministry of Defence, moved towards full implementation.

- 3.10 Through strong partnership work with local, regional and national employers, managers had well-established plans to extend the range of activities available. This included additional courses in English and mathematics, a creative arts strand and further manufacturing operations.
- 3.11 Observations of teaching and learning focused on prisoners' learning, and on how teachers and instructors could improve learning and progress. Performance management and professional development for teachers and instructors were effective.
- 3.12 Prisoners on the vulnerable prisoner wing had good access to education and work. However, in the rest of the prison, those who remained in their cells because they felt intimidated and vulnerable could not access the full range of education, training and work provision (see also paragraph 1.12).

### Recommendation

- 3.13 **The prison should ensure that the plans to introduce more prison industry and work places are implemented, so that all prisoners, including vulnerable and excluded prisoners, can be fully occupied for the core day.**

### Provision of activities

- 3.14 The range and variety of education and training were appropriate. Education and training courses included English, mathematics, information and communication technology (ICT), health and safety, food safety, employability and specialist vocational qualifications, including hairdressing and barbering, construction, engineering, horticulture, first aid, football coaching, safeguarding, personal training and fitness instruction. Prisoners were able to access education and training at entry level, level 1 and level 2. An increasing range of courses was offered at level 3. At the time of the inspection, 37 prisoners were following part-time distance learning and Open University courses.
- 3.15 Prisoners gained useful skills in horticulture, manufacture, construction, rail engineering, welding, textiles, bakery and food production, refurbishment and recycling. The work varied from low-level repetitive tasks to more specialised activities requiring higher levels of skill. The training programme ensured that prisoners had good opportunities to develop their skills and move into more responsible and challenging roles. A few prisoners worked on the wings as cleaners, servers or orderlies. Around 50 prisoners worked effectively as mentors, Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and peer advisors around the prison and provided invaluable support during induction, in classrooms and at work.

### Recommendation

- 3.16 **Prisoners taking distance learning or Open University courses should have the opportunity to improve their academic writing and thinking skills.**

## Quality of provision

- 3.17** The quality of provision in education, work and vocational training was good. Initial and diagnostic assessment was thorough; tutors used the results well to plan individual and specific programmes for prisoners. Most tutors and instructors had high expectations of prisoners, who responded well and made good progress in improving their skills and knowledge.
- 3.18** Individual learning plans were used well to set targets for prisoners, and these were broken down effectively to inform them of what they needed to improve in order to progress. Instructors provided good guidance to new workers and encouraged experienced workers to supervise them well. A well-trained group of peer mentors worked effectively with tutors and instructors, and provided focused additional support across most of the provision. Tutors and instructors provided high levels of support and encouragement for prisoners, which learners recognised and appreciated.
- 3.19** Tutors and instructors used resources and information and learning technologies well to link learning to prisoners' own experiences, so learners' developed good English and mathematical skills. Written assignments in English were of a good standard, and were improved by the tutors' corrections to spelling, punctuation and grammar. A well-organised system of outreach provision enabled learners to pass their English and mathematics qualifications at level 2 while continuing in employment.
- 3.20** Learners on distance learning and Open University courses had limited access to the ICT they needed to complete their courses. They did not have enough opportunity to meet together to develop higher-level academic writing and thinking skills.
- 3.21** The work available in the gardens and landscaping, kitchens, and bicycle repair and textiles workshops was purposeful. Work on the wings as cleaners, servery workers, orderlies and in wing refurbishment was well organised and kept prisoners engaged for the core day.
- 3.22** Controls identified to minimise health and safety risks in mattress recycling and sandbag production were not applied consistently, putting prisoners at risk.

## Recommendation

- 3.23** **The prison should ensure that health and safety control measures are rigorously applied to all prison work activities, so that prisoners are adequately protected from potential hazards to their personal health and safety.**

## Personal development and behaviour

- 3.24** There was a good focus on the development of learners' personal and social goals in learning plans that went beyond the achievement of their qualification aims, such as maintaining concentration and becoming more assertive.
- 3.25** The punctuality of prisoners was poor as they were often released from the wings late. This slowed down the start of some sessions, so that tutors' planned activities were derailed and the pace of lessons became too slow to keep all prisoners engaged. Attendance in English and mathematics lessons was poor, but was better in ICT, interactive media, barbering, catering and in most work activities. A minority of prisoners showed poor attitudes to work and did not apply themselves well enough. Tutors, instructors and prison staff did not challenge prisoners sufficiently to improve their time keeping or attention at work.

- 3.26** Prisoners' behaviour in activities was good. They showed respect towards their teachers, instructors and peers, and worked purposefully on the tasks they were set, with the result that they made good progress. They often worked well together in pairs in classrooms, providing mutual support and encouragement. Prisoners in gardens and landscaping worked well unsupervised to complete maintenance and refurbishment projects to a good standard.

## Recommendation

- 3.27** **The prison should ensure that all prisoners arrive promptly and are ready to start work or training activities at the start of sessions.**

## Education and vocational achievements

- 3.28** Achievement rates in functional skills English and mathematics had improved and were good. Most prisoners achieved qualifications in their vocational education and training. Achievement rates on accredited PE courses were outstanding. The differences in success rates between different groups of prisoners had decreased considerably.
- 3.29** The standards of work in most subjects were high. For example, learners who had finished the interactive media course carried on working to fulfil commissioned projects, such as leaflets, posters and newsletters for other departments in the prison. The railway engineering course enabled men to develop good skills and knowledge and attain the basic licence to practise in the rail industry. There were good opportunities for prisoners to achieve qualifications through work in horticulture, the bakery and in the bicycle repair shop.
- 3.30** Prisoners developed good employability skills, often in realistic work environments, including construction training, railways, welding and light vehicle maintenance, and the bakery. In barbering, learners replicated roles and behaviours expected in a high-street salon, such as taking bookings, meeting and greeting clients, and tidying up after each session. In hospitality, learners worked in a café and bistro, serving up to 60 customers each lunchtime. In catering, prisoners worked to tight deadlines to produce a wide range of meals and take-away orders. Good teamwork enabled prisoners to meet challenging production and quality targets in sandbag production and to meet exacting quality standards in the prototype flat-rack refurbishment workshop.

## Library

- 3.31** The library service provided by Doncaster Metropolitan Council was good. Opening hours reflected the status of the prison as a working establishment, with evening and weekend sessions for prisoners in full-time employment. There was a wide range of stock, an efficient inter-library loan system and an up-to-date collection of legal textbooks and guidance. Membership of the library had increased considerably over the previous 18 months, from 48% to 60% of the prison population.
- 3.32** Library managers collected and analysed data on library usage, and changed the stock to reflect the interests of the prison population. Vocational and academic textbooks reflected the education and training curriculum, and a wide range of fitness and health promotion books was available to meet the needs of gym users.

- 3.33** An enthusiastic and committed group of six orderlies had extended the range of the library service with outreach provision to segregated prisoners, through their roles as mentors on the Turning Pages project (a mentoring scheme to help prisoners learn to read) and by organising recordings for the Storybook Dads project (in which detainees record stories for their children).

## 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.**

- 3.34** PE was managed and taught effectively by well-qualified staff, supported by a team of well-qualified orderlies. The orderlies, supervised by the PE staff, promoted PE and healthy living well to new prisoners through regular induction sessions. All prisoners, including vulnerable prisoners, were able to access recreational PE and sports activities up to three times a week, in the evenings and at weekends. PE staff monitored usage well, and had set clear targets to increase the number of prisoners using gym and sports facilities.
- 3.35** Indoor exercise facilities were good. They were maintained to a high standard by orderlies and prisoners taking a wide range of full-time fitness, training and healthy living qualifications. There was a wide range of exercise activities, team sports and cardiovascular and weights training.
- 3.36** Improvements to drainage and regular maintenance had improved the quality of the grass football pitch considerably. It was well used during the summer for a wide range of sports and recreational activities, on family days and during special events such as the 'Fair Play' day that promoted teamwork and equality and diversity.
- 3.37** There were good links to health services professionals, which ensured that appropriate remedial PE was provided to prisoners who needed it. There were specific and well-targeted PE sessions during the core day for older prisoners. There was a 'walk to fitness' programme for obese prisoners.

# 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 National Offender Management Service had not designated the establishment as a resettlement prison, so the prison was not given local resettlement resources under the community rehabilitation company (CRC) contracted services model. Despite considerable efforts to transfer prisoners to a resettlement prison in their release area and establish CRC service delivery at Lindholme, too many prisoners did not have access to formal resettlement planning and support. This was a concern, given the long-term and high-risk population being released from the establishment (see section on reintegration planning and main recommendation S61).
- 4.2 The strategic management of resettlement was limited. A formal strategy had been introduced in December 2015 but its content was limited and it did not set out the key steps and actions to be taken to address the issues or gaps in provision. It described the offender management role but did not set out how this function would be at the heart of the reducing reoffending work.
- 4.3 Some analysis of need had been carried out in March 2015 but this was now out of date and was not comprehensive as it focused mainly on education, training and employment. Other pockets of needs analysis had been conducted – for example, for substance misuse – but this had not directly informed the reducing reoffending strategy.
- 4.4 Monthly reducing reoffending meetings were held and chaired by the head of reducing reoffending. Attendance was reasonable but there was little recorded discussion about offender management and there was no specific action plan against which to hold to account those delivering services.
- 4.5 The offender management unit (OMU) did not have a sufficiently high profile across the prison, which meant that information exchange between other departments and offender supervisors was limited. This hindered good offender management and left offender supervisors unaware of changes in the behaviour or risk factors of the prisoners on their caseload (see main recommendation S60).

### Recommendation

- 4.6 **The resettlement strategy should be based on a comprehensive needs analysis and locate the offender management unit at the centre of reducing reoffending work.**

## 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** The prison held a long-term population, with over 90% serving four years and over, and just under a quarter serving over 10 years, including 160 indeterminate-sentenced prisoners (ISPs). A third of the population had been assessed as posing a high risk of harm to others.
- 4.8** There were four probation officers and 18 offender supervisors allocated to offender management. Ten of the uniformed offender supervisors were based in the OMU full time and the other eight had a dual role which included operational management duties on the wings alongside offender management. The 10 OMU-based offender supervisors were cross-deployed regularly to operational duties, which impeded their ability to deliver effective offender management.
- 4.9** There was little contact between offender supervisors and prisoners, including those assessed as a high risk of harm. Contact was almost exclusively process driven, triggered by events such as recategorisation or parole board hearings. In our survey, under half (42%) of respondents said that their offender supervisor was working with them to achieve their sentence plan targets, and we found sufficient and meaningful communication between the offender supervisor and the prisoner in only two of the 12 cases we examined. There was evidence of poor outcomes for prisoners resulting from this low level of contact, in terms of a lack of support and motivation and also insufficient progression through their sentence (see main recommendation S60).
- 4.10** All prisoners should have had offender assessment system (OASys) assessments but at the time of the inspection there was a huge backlog, with around 40% without an up-to-date assessment. Half of these were initial assessments, which limited good risk management and hindered progression for some. In our survey, only 62% of prisoners said that they had a sentence plan, which was much lower than at the time of the previous inspection, and only about half of these said that they had been involved in the development of their plan (see main recommendation S60).
- 4.11** The quality of many of the assessments and plans we saw that had been completed by prison-based offender supervisors was inadequate. For example, the risk of harm analysis and plan were often lacking in detail. Some cases showed a lack of understanding – in one case, the risk of harm level had been reduced to low because the prisoner was in custody, and in another violence used in the offence and previous incidents of domestic violence had not been considered sufficiently. There was little evidence of effective management oversight of the quality of case management and in some cases the countersigning process for assessments and plans had not resulted in improvement.
- 4.12** Few prisoners were eligible for home detention curfew because of the nature of their offending behaviour and length of sentence. Applications by eligible prisoners were managed well and processes were applied robustly to promote timely release.



## Recommendation

- 4.13 Management oversight of case management, including the quality of offender assessment system (OASys) assessments and sentence plans, should result in clear improvements.**

## Public protection

- 4.14** Public protection processes on arrival were sound. Contact restrictions were applied for prisoners presenting a risk of harm to children or harassment of other victims. Prisoners were made aware of the restrictions and could apply for contact with children. These applications were managed appropriately and resulted in defensible decisions on the level and type of contact.
- 4.15** Mail and telephone monitoring was used appropriately, reviewed at regular intervals and removed at the earliest opportunity. Only 47 prisoners were having their mail and telephone calls monitored at the time of the inspection.
- 4.16** The role of the interdepartmental risk management team (IRMT) meeting was too limited as it did not provide oversight of high risk of harm or multi-agency public protection arrangements (MAPPA) cases due for release.
- 4.17** Information exchange during the six months before release was poor. For example, few MAPPA cases due for release had a clear management level set and there was little evidence of the prison's involvement in pre-release risk management planning. Where cases had been allocated to MAPPA management levels 2 and 3, the prison contributed risk management information to MAPPA meetings in the community. However, written reports to level 2 meetings were not always detailed enough.

## Recommendation

- 4.18 The multi-agency public protection arrangements (MAPPA) management level should be confirmed at least six months before release, to promote good information sharing and develop risk management plans well ahead of release.**

## Categorisation

- 4.19** Processes for completing categorisation reviews were adequate and up to date. Prisoners could submit a written report to support their recategorisation application and were told in writing about the outcome. However, the letters sent to inform prisoners about the outcome did not set out clear targets to achieve before the next review, to improve their chances of being awarded category D status. Once allocated category D status, prisoners were moved on reasonably quickly, with many moving to the two nearby open prisons.
- 4.20** As a result of having had difficulties in their local resettlement prison in the past, some prisoners could not be transferred there 12 weeks before release (often because their local prison refused them), in order to access resettlement help and support after release, in line with the new 'through-the-gate' model of resettlement (see section on reintegration planning and main recommendation S61). We were also told that the provision of escort vehicles was poor, which meant that some prisoners waited several months to be moved on, which hindered their progression and resettlement opportunities.

## Recommendation

- 4.21 Escort vehicles should be provided promptly, to avoid prisoners facing unnecessary delays in progressive transfers.**

## Indeterminate sentence prisoners

- 4.22** At the time of the inspection, the establishment was holding 160 ISPs, which was a slight increase on the number held at the time of the previous inspection. They were spread across the residential units. There was no specific provision for this group and no specific analysis of their needs. Many prisoners serving indeterminate sentences for public protection were considerably over tariff, and some of those we spoke to felt frustrated at their perceived lack of progression.
- 4.23** Parole report preparation was up to date.

## 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** Difficulties in transferring some prisoners to resettlement prisons (see paragraph 4.20) meant that the establishment was releasing prisoners into the community. Over the previous six months, an average of 16 prisoners a month had been released. As the prison was not designated as a resettlement prison, it did not have routine access to local CRC through-the-gate provision. The CRC resettlement providers from HMP Moorland attended once a month but only worked with prisoners on the CRC caseload being released to South Yorkshire. As Lindholme received prisoners from across the country, this meant that most were not being released to the South Yorkshire area, and many others were National Probation Service cases. Neither of these groups of prisoners was able to access CRC resettlement assessment and planning on arrival, or help before release. Some offender supervisors tried to bridge this gap by signposting prisoners to help on release or accessing such help on their behalf, but this was not routinely done in all cases. Unsurprisingly, in our survey, far fewer prisoners than at similar prisons and than at the time of the previous inspection said that they knew who to turn to for resettlement help (see main recommendation S61).

## Accommodation

- 4.25** The accommodation support available had reduced considerably and was limited. CRC staff from HMP Moorlands provided some support, but only to CRC prisoners being released to the South Yorkshire area (see paragraph 4.24). Offender supervisors and the chaplaincy had some contacts with accommodation providers in the community but 15 prisoners had been released homeless in the previous six months, which was considerably more than at the time of the previous inspection (see main recommendation S61).

## Education, training and employment

- 4.26** The quality of the National Careers Service provided by Careers Yorkshire and the Humber (Prospects) was good. Managers and staff formed good partnerships with prison and education managers to plan pathways that prepared prisoners well for learning and work. Although there was no formal resettlement programme, interventions by Prospects for prisoners awaiting release were timely and good. There was good access to the virtual campus (internet access for prisoners to community education, training and employment opportunities) to prepare CVs, carry out job searches and take online examinations.

## Health care

- 4.27** There was good health care support for prisoners being released, through a discharge clinic run by a member of the primary health services team. Prisoners were supplied with information about registering with a GP in the community and also provided with an appropriate supply of medicines to take out if required.
- 4.28** There were satisfactory throughcare arrangements for those with mental health problems, and the care programme approach was used appropriately, but there were usually delays in transferring prisoners who needed treatment in hospital under the Mental Health Act.

## Drugs and alcohol

- 4.29** The substance misuse service's resources were stretched but the team prioritised prisoners with these issues who were due for release. There was evidence of appropriate provision of harm reduction information and advice on overdose prevention. The service had links with a range of community-based drug intervention programmes to ensure post-release support, and had worked with the OMU to arrange for residential rehabilitation on release.

## Finance, benefit and debt

- 4.30** Finance provision was limited to CRC prisoners being released to the South Yorkshire area (see paragraph 4.24). In our survey, fewer prisoners than elsewhere knew where to go for advice on finance and benefits.
- 4.31** Free telephone access to money advice services was available, and the education provider, Novus, ran a money management course. Prisoners could open basic bank accounts through a credit union before release and Jobcentre Plus staff provided benefits advice.

## Children, families and contact with the outside world

- 4.32** In our survey, only 22% of respondents said that staff had supported them in maintaining contact with their family and friends while at the prison, which was far lower than the 35% comparator.
- 4.33** The visitors centre was bright and welcoming. Processes to identify and check in visitors were efficient and booking-in staff were polite and friendly. Visitors we spoke to said that they were treated respectfully by staff, although they were sometimes frustrated at delays to the start of visits sessions. This frustration was echoed by prisoners, and records showed that visits regularly started late, although all visits exceeded the designated one-hour time

slot and on some occasions the session had been allowed to run over time by about 15 minutes.

- 4.34** Visits could be booked by telephone or by email. Use of the email system had become well established and around 75% of visitors used it. Owing to the distance from home for many prisoners, the weekend sessions were highly sought after, and were always booked up for several weeks in advance.
- 4.35** The visits hall was large and bright, and a clear effort had been made to enhance the environment, with posters and information notices on display. Staff supervision was attentive but not imposing, and we observed some friendly and helpful interactions between staff and visitors. Prisoners no longer had to wear high-visibility bibs.
- 4.36** Vending machines provided hot and cold drinks and confectionary but there was no access to any hot food. The children's play area was reasonably well equipped with age-specific toys and activities but there was still no official supervision or crèche facility.
- 4.37** There were no parenting skills courses; the only support available for prisoners and their families consisted of the Storybook Dads project (see paragraph 3.33) and enhanced family visits, which had been provided six times in the previous year. Both of these initiatives were popular and staff had gone to considerable effort to make the family days purposeful and enjoyable. Reasonable criteria were applied to the selection of prisoners for these days, taking into consideration both safety and security issues.

## Recommendation

- 4.38 Additional weekend visits should be provided.**

## Attitudes, thinking and behaviour

- 4.39** An appropriate range of accredited offending behaviour programmes was provided: the thinking skills programme (TSP), Resolve and Building Skills for Recovery. Programmes were delivered by staff from HMP Moorlands as there was no programmes team based at the establishment, although one was due to be introduced (see below).
- 4.40** Too few groups were provided, leading to a large number of prisoners waiting for a place. For example, 90 prisoners were waiting for a place on either TSP or Resolve but in the previous year only about 60 places had been provided for both programmes combined. In our survey, fewer prisoners than at similar prison and than at the time of the previous inspection said that it was easy to access an offending behaviour programme (14% versus 23% and 19%, respectively). This shortfall was due to be resolved in April 2016, with the introduction of a programmes team at the establishment which would provide more groups each year to meet the need.
- 4.41** Some courses aimed at changing attitudes, thinking and behaviour were delivered by the chaplaincy but there was no formal victim awareness programme, other than an in-cell work booklet. There was little evidence of offence-focused one-to-one work being undertaken by offender supervisors (see main recommendation S60).

## 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 NOMS

- 5.1** Prisoners nearing release should have access to timely, effective and comprehensive resettlement services. (S61)

### Main recommendations

To the governor

- 5.2** Violence reduction management systems should establish and address the underlying causes of violence, particularly if they relate to drugs. Identified causes should be addressed with a prison-wide strategy to reduce violence. Perpetrators should be identified and managed, and victims should be supported. (S57)
- 5.3** Vulnerable prisoners and victims of bullying should not be routinely segregated and isolated on normal location. They should have a support plan and access to association and activities, and their underlying safety issues should be addressed. (S58, repeated recommendation HP53)
- 5.4** Prisoners should have timely access to a GP, in line with community provision, and be able to attend all clinically necessary external hospital appointments; these should not be cancelled repeatedly owing to shortages of prison staff. (S59)
- 5.5** All prisoners should have a high-quality, up-to-date offender assessment system (OASys) assessment and regular and meaningful contact with their offender supervisor, to enable effective management of risk, promote progression and challenge offending behaviour. (S60)

### Recommendations

To NOMS

#### Offender management and planning

- 5.6** Escort vehicles should be provided promptly, to avoid prisoners facing unnecessary delays in progressive transfers. (4.21)

## Recommendations

## To the governor

### Early days in custody

- 5.7** First night procedures should ensure that accommodation is adequately prepared and include a private interview with a member of staff which addresses feelings of safety, and night staff should make themselves known to all new arrivals. (1.6)
- 5.8** Prisoners who have to wait for induction should have access to essential information as they require it. (1.7)

### Self-harm and suicide

- 5.9** The quality of assessment, care in custody and teamwork (ACCT) assessment, planning and care should be improved and this should be reflected in the quality of case records. (1.18, repeated recommendation 1.38)
- 5.10** All staff should have up-to-date training in self-harm and suicide prevention. (1.19, repeated recommendation 1.37)
- 5.11** Action plans arising from death-in-custody investigations should be overseen by the safer custody meeting and their implementation kept under review to ensure that they are embedded in practice. (1.20)

### Safeguarding

- 5.12** There should be a local safeguarding adults policy, supported by a training programme, which outlines how staff should identify concerns and make referrals to the local safeguarding adults board. (1.23)

### Security

- 5.13** Closed visits should be imposed only for visits-related activity. (1.30, repeated recommendation 1.55)
- 5.14** Mandatory and suspicion drug testing should be adequately resourced to undertake the full range of testing. (1.31)

### Incentives and earned privileges

- 5.15** The incentives and earned privileges scheme should be applied consistently with timely reviews and a clear focus on incentivising good behaviour, through effective and consultative target setting. (1.35)

### Discipline

- 5.16** Use of force dossiers should always include officer reports and a completed F213 (injury to prisoner) form. (1.42)
- 5.17** A formal reintegration and care planning process for segregated prisoners should be introduced. (1.47, repeated recommendation 1.82)

### Substance misuse

- 5.18** An in-depth substance use needs analysis should be conducted to update the drug and alcohol strategy and develop substance use interventions of sufficient intensity and ease of access to meet the needs of the prison's population. (1.54, repeated recommendation 1.92)
- 5.19** Treatment regimes for substance misuse should be more recovery focused, and prisoners should be offered increased support and coordinated care to enhance motivation and improve treatment outcomes. (1.55)

### Residential units

- 5.20** All cells should be clean and adequately furnished. (2.8)
- 5.21** Prisoners should be able to access their stored property within 14 days of their application. (2.9, repeated recommendation 2.12)

### Staff-prisoner relationships

- 5.22** Electronic case note entries by staff, including personal officers, should be regular and meaningful. (2.13)

### Equality and diversity

- 5.23** Equality impact assessments should be undertaken and adverse data from the equality monitoring tool should be examined promptly. Consequent actions should be included in the action plan and progress reported to the prisoner equality action team meeting. (2.17)
- 5.24** All prisoners with disabilities should have their needs fully addressed, including the provision of care and evacuation plans for those who need them. (2.24)
- 5.25** Prisoner buddies and peer representatives should receive adequate supervision, training and support in their role. (2.25)

### Health services

- 5.26** Prisoners from L wing visiting the health centre should have access to a secure, comfortable waiting area. (2.42)
- 5.27** Sufficient custodial staff should be trained in basic life support and know the location of automated external defibrillators, to ensure a prompt response to out-of-hours emergencies. (2.43)
- 5.28** Prisoners should be able to access a well-advertised health care complaints system and receive a timely response which is quality assured, with signposting to enable concerns to be escalated if a prisoner remains dissatisfied. (2.44)
- 5.29** Waiting times for podiatry and physiotherapy services should be equivalent to those found in the community. (2.50)
- 5.30** Prisoners with chronic and complex diseases should have formal, good quality care plans. (2.51)
- 5.31** Medication administration should be fully supervised by prison staff. (2.56)

- 5.32** In-possession risk assessments should be completed for every prisoner, with the reasons for any decision made being clearly documented. (2.57)
- 5.33** The introduction of patient group directions should be considered, to enable the legal supply of more potent medication by the pharmacist and/or nurse. (2.58)
- 5.34** Appropriate arrangements to enable prisoners with mobility issues to access the dental suite should be introduced. (2.61)
- 5.35** All dental equipment should be safe for use, with assurance provided by clear maintenance schedules and accessibility of contemporary safety certification. (2.62)
- 5.36** The capacity of the primary mental health team should be expanded, to ensure that it meets the needs identified in the draft health needs assessment. (2.68)
- 5.37** The transfer of prisoners to external health care beds should be expedited and occur within Department of Health transfer target timescales. (2.69)

#### Catering

- 5.38** Breakfast packs should be enhanced and should be distributed on the morning they are to be eaten. (2.74)

#### Purchases

- 5.39** Prisoners should be able to receive their first full shop order within a few days of arrival. (2.78)
- 5.40** Prisoners should not be charged an administrative fee on catalogue orders. (2.79)

#### Time out of cell

- 5.41** Prisoners who are unemployed (through no fault of their own), older or have disabilities should be unlocked during the core day, with regime activities provided. (3.4, repeated recommendation 3.5)

#### Learning and skills and work activities

- 5.42** The prison should ensure that the plans to introduce more prison industry and work places are implemented, so that all prisoners, including vulnerable and excluded prisoners, can be fully occupied for the core day. (3.13)
- 5.43** Prisoners taking distance learning or Open University courses should have the opportunity to improve their academic writing and thinking skills. (3.16)
- 5.44** The prison should ensure that health and safety control measures are rigorously applied to all prison work activities, so that prisoners are adequately protected from potential hazards to their personal health and safety. (3.23)
- 5.45** The prison should ensure that all prisoners arrive promptly and are ready to start work or training activities at the start of sessions. (3.27)



### **Strategic management of resettlement**

- 5.46** The resettlement strategy should be based on a comprehensive needs analysis and locate the offender management unit at the centre of reducing reoffending work. (4.6)

### **Offender management and planning**

- 5.47** Management oversight of case management, including the quality of offender assessment system (OASys) assessments and sentence plans, should result in clear improvements. (4.13)
- 5.48** The multi-agency public protection arrangements (MAPPA) management level should be confirmed at least six months before release, to promote good information sharing and develop risk management plans well ahead of release. (4.18)

### **Reintegration planning**

- 5.49** Additional weekend visits should be provided. (4.38)



## Section 6. Appendices

### Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Alison Perry	Team leader
Sandra Fieldhouse	Inspector
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Ian Dickens	Inspector
Karen Dillon	Inspector
Liz Walsh	Inspector
Natalie Hall	Researcher
Helen Ranns	Researcher
Catherine Shaw	Researcher
Laura Green	Researcher
Anna Fenton	Researcher
Sigrid Engelen	Substance misuse inspector
Steve Eley	Health services inspector
Paul Tarbuck	Health services inspector
Sue Melvin	Pharmacist
Christopher Jones	Ofsted inspector
Malcolm Fraser	Ofsted inspector
Charles Searle	Ofsted inspector
Paddy Doyle	Offender management inspector
Jo Dowling	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 2013, reception processes were good. First night arrangements were perfunctory on the category C site but induction was comprehensive and informative. First night and induction arrangements on the category D site were inadequate. Most prisoners on the category C site felt safe but the care and safety of those who were more vulnerable was poor. Too many prisoners on the category D site felt unsafe. Levels of self-harm were not high but processes were weak. Security was generally proportionate on the category C site but excessive on the category D site. The availability and use of illegal drugs were high. The monitoring of use of force was weak. The use of segregation was high and reintegration planning poor. Clinical care for those requiring substance misuse treatment was good but there were too few interventions available. Outcomes for prisoners were not sufficiently good on the category C site and poor on the category D site.*

#### **Main recommendations**

Prisoners on the category D site should be consulted about their feelings of safety, and all data relating to safety should be collated and analysed and action taken to make the prison safer. (HP52)

#### **No longer relevant**

Vulnerable prisoners and victims of bullying should not be routinely segregated on normal location. They should have a support plan and access to association and activities, and their underlying safety issues should be addressed. (HP53)

**Not achieved** (recommendation repeated, S58)

#### **Recommendations**

Prisoners should be disembarked promptly from the escort van. (1.4)

#### **Achieved**

Newly arrived prisoners should be offered access to a Listener. (1.12)

#### **Achieved**

On both sites, first night procedures should include a private interview with a member of staff which addresses feelings of safety, and night staff should make themselves known to new arrivals. (1.13)

#### **Partially achieved**

Prisoners should be provided with up-to-date written information about the prison on their first night. (1.14)

#### **Achieved**

All new prisoners on the category D site should be given a full reception, welcome and briefing about the site on their first night and they should receive a thorough induction. (I.15)

**No longer relevant**

The safer custody meeting should analyse the data provided, to identify patterns and trends and set strategic objectives across both sites. (I.25)

**Not achieved**

There should be plans for victims of assaults and bullying which identify how they can be supported and kept safe. (I.26)

**Not achieved**

There should be a local safer custody strategy which makes reference to the specific needs of the population held. (I.36)

**Partially achieved**

All staff should have up-to-date training in self-harm and suicide prevention. (I.37)

**Not achieved** (recommendation repeated, I.19)

The quality of assessment, care in custody and teamwork (ACCT) assessment, planning and care should be improved and this should be reflected in the quality of case records. (I.38)

**Not achieved** (recommendation repeated, I.18)

There should be adequate provision of Listener services on the category D site. (I.39)

**No longer relevant**

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. (I.45)

**Achieved**

Closed visits should be imposed only for visits-related activity. (I.55)

**Not achieved** (recommendation repeated, I.30)

Security conditions for prisoners on the open site should be in line with those at other open sites and proportionate to the risks posed. (I.56)

**No longer relevant**

Security arrangements at night time on the older category C site wings should be amended so that prompt assistance and intervention can be provided in an emergency. (I.57)

**Achieved**

Drug testing figures should be collated by type and separated by wing and site to provide effective management information. (I.58)

**Not achieved**

The use of force committee should formally review all uses of force and examine data to identify trends and emerging issues. (I.71)

**Achieved**

All use of force dossiers should include a fully completed F213 (injury to prisoner) form. (I.72)

**Not achieved**

All planned interventions should be video-recorded for evidential and training purposes. (I.73)

**Achieved**

All incidents of use of special accommodation should be properly authorised, monitored, formally recorded and reviewed. (I.74)

**Achieved**

The smoking ban in the segregation unit should be reviewed and the consequences for prisoners in crisis considered. (I.79)

**Achieved**

All prisoners in the segregation unit should have daily access to showers and telephone calls. (I. 80)

**Achieved**

Opportunities for associated activity (including exercise) should be introduced, subject to appropriate risk assessment. (I.81)

**Achieved**

A formal reintegration and care planning process for segregated prisoners should be introduced. (I.82)

**Not achieved** (recommendation repeated, I.47)

An in-depth substance use needs analysis should be conducted to update the drug and alcohol strategy and develop substance use interventions of sufficient intensity and ease of access to meet the needs of the prison's population. (I.92)

**Not achieved** (recommendation repeated, I.54)

Peer supporters and self-help groups such as Alcoholics Anonymous and Narcotics Anonymous should be put in place. (I.93)

**Partially achieved**

The prison should ensure an integrated approach to tackling both drug supply and demand reduction. (I.94)

**Achieved**

## Respect

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

*At the last inspection, in 2013, across both sites external areas, communal areas and cells were mainly clean. Staff-prisoner relationships were mixed and too often remote on the larger wings and the category D site. Fewer prisoners on the category D site than in similar prisons said that staff treated them with respect. Applications were poorly managed. Although complaints were well managed, prisoners lacked faith in the system. Prisoner consultation arrangements were poor. Equality and diversity provision was neglected and undeveloped and the needs of most minority groups were not met. The lack of faith provision, particularly on the category D site, was unacceptable and religious tensions were evident. Health services were reasonably good but compromised by poor access on the category D site. Food was reasonable but served too early. Outcomes for prisoners were not sufficiently good on the category C site and poor on the category D site.*

### Main recommendations

Governance and management oversight of diversity should be prioritised to ensure that the needs of all prisoners with protected characteristics are identified, assessed and met and that any negative perceptions of particular groups are understood. (HP54)

**Partially achieved**

Suitable planned on-site health and learning and skills services which meet the needs of the population should be provided on the category D site. (HP55)

**No longer relevant**

### **Recommendations**

The shower rooms on the category D site should be refurbished and regularly cleaned and maintained. (2.10)

**No longer relevant**

Replies to applications should be logged and monitored for timeliness. (2.11)

**Achieved**

Prisoners should be able to access their stored property within 14 days. (2.12)

**Not achieved** (recommendation repeated, 2.9)

Regular, meaningful prisoner consultation meetings should be introduced. (2.21)

**Achieved**

Staff case note entries should be regular and meaningful and a system of regular quality checks should be introduced. (2.22)

**Not achieved**

Foreign national prisoners should have access to written information in their own language, and professional interpreting services should be used when required. (2.36)

**Achieved**

Regular corporate worship and adequate faith facilities should be provided for all faiths on both sites. (2.40)

**Achieved**

Legal services officers should have up-to-date training and be accessible by those on the category D site. (2.46)

**Not achieved**

There should be an up-to-date health needs assessment that includes the needs of category D prisoners. (2.52)

**Achieved**

All staff should know where the emergency equipment is kept and all first-aid equipment should contain a standardised range of products that are checked regularly. Sufficient officers should be trained in first aid and resuscitation skills. (2.53)

**Not achieved**

Feedback from prisoners should be used to develop health services. (2.54)

**Not achieved**

A full range of health promotion literature should be available for prisoners who do not speak English or who have difficulty in reading. (2.61)

**Not achieved**

The pharmacist and pharmacy technician should be supported to develop pharmacy services such as pharmacy-led clinics and medicine use reviews. (2.71)

**Not achieved**



The larger wings should have a discipline officer managing the medicine queues. (2.72)

**Not achieved**

A range of patient group directions should be introduced, to enable the supply of more potent medications and avoid unnecessary consultations with the doctor. (2.73)

**Achieved**

Category D prisoners should be consulted about their views of the dental services and access to the dentist for category D prisoners should be monitored. (2.79)

**No longer relevant**

The dental equipment and environment should comply with infection control requirements, including the availability of a separate decontamination area. (2.80)

**Partially achieved**

Officers should receive training in mental health awareness. (2.84)

**Partially achieved**

The length of time that prisoners wait for assessment and transfer to secure mental health services should be reduced. (2.85)

**Partially achieved**

A full range of mental health services should be provided, including for personality disorders and learning disabilities. (2.86)

**Achieved**

Serveries and trolleys should be left clean overnight, and servery workers should wear appropriate protective clothing. (2.92)

**Partially achieved**

Prisoners should be regularly consulted about the food. (2.93)

**Achieved**

Prisoners should be able to place catalogue orders more frequently and should not be charged an administration fee for orders. (2.99)

**Partially achieved**

## Purposeful activity

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

*At the last inspection, in 2013, for those working, time out of cell was reasonable but too many prisoners on the category C site were locked up during the day and too many were unemployed or not involved in activity. On the category C site, the management of learning and skills was good. Learning and skills provision was of a high quality, with an appropriate range and variety, and effective teaching, learning and coaching. Achievements were mainly outstanding but opportunities to accredit some work skills were missed. The category D site had no regular planned learning and skills provision. Most prisoners on this site were unemployed or underemployed in low-skilled domestic work. PE on the category C site was excellent but on the category D site was too limited. Library services were reasonable but access was limited across both sites. Outcomes for prisoners were reasonably good on the category C site and poor on the category D site.*

## Recommendations

Evening association periods should be extended. (3.4)

**Achieved**

Prisoners who are unemployed (through no fault of their own), older or have disabilities should be unlocked during the core day, with regime activities provided. (3.5)

**Not achieved** (recommendation repeated, 3.4)

The attendance rate of prisoners at activities should be improved. (3.13)

**Achieved**

The planning of support for English and mathematics in workshops should be sufficiently focused. (3.23)

**Achieved**

The punctuality of prisoners at activities should be improved and lateness challenged by tutors. (3.24)

**Not achieved**

Resources and facilities should be improved in barbering and industrial cleaning. (3.25)

**Achieved**

The employability skills that prisoners develop at work should be recognised and recorded. (3.31)

**Not achieved**

Access to the library on both the category C and category D sites should be improved. (3.36)

**Achieved**

The library on the category D site should provide areas for private study and access to computers. (3.37)

**No longer relevant**

## 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 2013, the strategic management of resettlement had recently improved but was not informed by a needs analysis. The management of risk of harm was hindered by infrequent offender supervisor contact. Offender assessment system (OASys) assessments and reviews were mainly up to date. Home detention curfew processes were good. Public protection and recategorisation processes were reasonable but had insufficient offender supervisor involvement. Resettlement provision on the category C site was poorly coordinated and most of the provision was only adequate. Prisoners on the category D site had some opportunities for working outside the prison but were poorly prepared for open conditions and for release. Outcomes for prisoners were not sufficiently good on the category C site and poor on the category D site.*

## Main recommendations

Specialist resettlement support should be made available and the services available should be monitored to establish how many prisoners are helped. (HP56)

**Not achieved**

## Recommendations

A regular and comprehensive needs analysis of the diverse population should be used to develop the reducing reoffending strategy and action plan. (4.7)

**Not achieved**

There should be an evaluation of reducing reoffending service delivery and effectiveness which includes prisoners' views. (4.8)

**Partially achieved**

Release on temporary licence day release hours should support a full day's work or home/family visit, and practical obstacles to taking day release should be minimised. (4.9)

**No longer relevant**

Prisoners arriving at the establishment should have an up-to-date offender assessment system (OASys) assessment and sentence plan. (4.17)

**Not achieved**

The quality of the risk of harm analysis and management plans should be improved. (4.18)

**Not achieved**

Prisoners should be supported in achieving their sentence plan targets, including meaningful contacts with their offender supervisor which are focused on offending behaviour and the management of the risk of harm. (4.19)

**Not achieved**

Prisoner transfer requests should always be informed by the views of the offender supervisor. (4.29)

**Partially achieved**

Support for indeterminate-sentenced prisoners, particularly those on the category D site, should be improved. (4.34)

**Not achieved**

Better links with employers should be developed to provide improved employment opportunities for prisoners on release. (4.42)

**Achieved**

The amount of release on temporary licence and the variety of work, especially paid work, should be increased on the category D site. (4.43)

**No longer relevant**

Information, advice and guidance should be introduced and support provided for prisoners with CV building and job search on the category D site. (4.44)

**No longer relevant**

Support for prisoners on both sites to maintain contact with their families and friends should be prioritised and better family pathway provision developed, including regular family days. (4.57)

**Partially achieved**

Regular surveys of the views visitors should be completed and improvements made as necessary. (4.58)

**Achieved**

Prisoners should not have to wear prison clothes and a high-visibility vest during visits. (4.59)

**Not achieved**

Access to structured offending behaviour work, including accredited programmes, should be improved. (4.63)

**Partially achieved**

## Appendix III: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	0	919	91.
Recall	0	81	8
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	1	0.1
Other	0	1	0.1
<b>Total</b>		<b>1,002</b>	<b>100</b>

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	2	0.2
Less than six months	0	1	0.1
six months to less than 12 months	0	0	0
12 months to less than 2 years	0	3	0.3
2 years to less than 4 years	0	77	7.7
4 years to less than 10 years	0	663	66.2
10 years and over (not life)	0	96	9.6
ISPP (indeterminate sentence for public protection)		79	7.9
Life		81	8.1
<b>Total</b>		<b>1,002</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here: 21		
Under 21 years	0	0
21 years to 29 years	377	37.6
30 years to 39 years	364	36.3
40 years to 49 years	176	17.6
50 years to 59 years	70	7
60 years to 69 years	12	1.2
70 plus years	3	0.3
Please state maximum age here: 83		
<b>Total</b>	<b>1002</b>	<b>100</b>

Nationality	18–20-year-olds	21 and over	%
British	0	970	97
Foreign nationals	0	32	3
<b>Total</b>		<b>1,002</b>	<b>100</b>

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	0	2	0.2
Category A	0	0	0
Category B	0	0	0

Category C	0	983	98.3
Category D	0	15	1.5
Other	0	0	0
<b>Total</b>			

<b>Ethnicity</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
White			
British	0	720	72
Irish	0	9	0.9
Gypsy/Irish Traveller	0	10	1
Other white	0	12	1.2
		751	75.1
Mixed			
White and black Caribbean	0	36	3.6
White and black African	0	2	0.2
White and Asian	0	4	0.4
Other mixed	0	6	0.6
		48	4.8
Asian or Asian British			
Indian	0	18	1.8
Pakistani	0	71	7.1
Bangladeshi	0	7	0.7
Chinese	0	0	0
Other Asian	0	15	1.5
		111	11.1
Black or black British			
Caribbean	0	48	4.8
African	0	12	1.2
Other black	0	16	1.6
		76	7.6
Other ethnic group			
Arab	0	0	0
Other ethnic group	0	5	0.5
		5	0.5
Not stated	0	11	1.1
<b>Total</b>	<b>0</b>	<b>1,002</b>	<b>100</b>

<b>Religion</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Baptist	0	0	0
Church of England	0	208	20.8
Roman Catholic	0	185	18.5
Other Christian denominations	0	85	8.5
Muslim	0	176	17.6
Sikh	0	6	0.6
Hindu	0	1	0.1
Buddhist	0	20	2
Jewish	0	1	0.1
Other	0	8	0.8
No religion	0	309	31
<b>Total</b>	<b>0</b>	<b>1,002</b>	<b>100</b>

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)			Not known
<b>Total</b>			

**Sentenced prisoners only**

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			84	8.4
1 month to 3 months			167	16.7
3 months to six months			161	16.1
six months to 1 year			253	25.3
1 year to 2 years			253	25.3
2 years to 4 years			64	6.4
4 years or more			18	1.8
<b>Total</b>			<b>1,002</b>	<b>100</b>

**Sentenced prisoners only**

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	47	4.7
<b>Total</b>		<b>47</b>	<b>4.7</b>

**Unsentenced prisoners only**

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

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





## Appendix IV: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

### Sampling

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

### 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 7 March 2016 the prisoner population at HMP Lindholme was 998. Using the method described above, questionnaires were distributed to a sample of 223 prisoners.

We received a total of 171 completed questionnaires, a response rate of 77%. This included one questionnaire completed via interview. Twenty-three respondents refused to complete a questionnaire and 29 questionnaires were not returned.

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<sup>8</sup> 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
A	12
B	9
C	14
D	10
E	10
F	9
G	25
J	32
K	35
L (vulnerable prisoner unit)	11
Segregation unit	4

### Presentation of survey results and analyses

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

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

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

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Lindholme in 2016 compared with responses from prisoners surveyed in all other category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 36 category C training prisons since April 2012.
- The current survey responses from HMP Lindholme in 2016 compared with the responses of prisoners surveyed at HMP Lindholme in 2013.
- A comparison within the 2016 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2016 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2016 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2016 survey between A to F wings and all other wings (G, J, K and L).

<sup>9</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing,  $p < 0.01$  was considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

# Survey summary

## Section I: About you

<b>Q1.2</b>	<b>How old are you?</b>		
	<i>Under 21</i>		1 (1%)
	<i>21 - 29</i>		66 (39%)
	<i>30 - 39</i>		64 (37%)
	<i>40 - 49</i>		29 (17%)
	<i>50 - 59</i>		9 (5%)
	<i>60 - 69</i>		2 (1%)
	<i>70 and over</i>		0 (0%)
<b>Q1.3</b>	<b>Are you sentenced?</b>		
	<i>Yes</i>		150 (89%)
	<i>Yes - on recall</i>		19 (11%)
	<i>No - awaiting trial</i>		0 (0%)
	<i>No - awaiting sentence</i>		0 (0%)
	<i>No - awaiting deportation</i>		0 (0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	<b>Not sentenced</b>		0 (0%)
	<i>Less than 6 months</i>		1 (1%)
	<i>6 months to less than 1 year</i>		2 (1%)
	<i>1 year to less than 2 years</i>		5 (3%)
	<i>2 years to less than 4 years</i>		15 (9%)
	<i>4 years to less than 10 years</i>		96 (57%)
	<i>10 years or more</i>		18 (11%)
	<i>IPP (indeterminate sentence for public protection)</i>		19 (11%)
	<i>Life</i>		11 (7%)
<b>Q1.5</b>	<b>Are you a foreign national (i.e. do not have UK citizenship)?</b>		
	<i>Yes</i>		4 (2%)
	<i>No</i>		164 (98%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	<i>Yes</i>		168 (100%)
	<i>No</i>		0 (0%)
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	<i>Yes</i>		168 (99%)
	<i>No</i>		2 (1%)
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	117 (70%)	<i>Asian or Asian British - Chinese</i> 1 (1%)
	<i>White - Irish</i>	6 (4%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	7 (4%)	<i>Mixed race - white and black Caribbean</i> 4 (2%)
	<i>Black or black British - Caribbean</i>	8 (5%)	<i>Mixed race - white and black African</i> 1 (1%)
	<i>Black or black British - African</i>	2 (1%)	<i>Mixed race - white and Asian</i> 1 (1%)
	<i>Black or black British - other</i>	1 (1%)	<i>Mixed race - other</i> 1 (1%)
	<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Arab</i> 1 (1%)
	<i>Asian or Asian British - Pakistani</i>	15 (9%)	<i>Other ethnic group</i> 0 (0%)

Asian or Asian British - Bangladeshi 2 (1%)

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

Yes	5 (3%)
No	159 (97%)

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

None	45 (26%)	Hindu	0 (0%)
Church of England	44 (26%)	Jewish	0 (0%)
Catholic	36 (21%)	Muslim	29 (17%)
Protestant	2 (1%)	Sikh	0 (0%)
Other Christian denomination	3 (2%)	Other	3 (2%)
Buddhist	8 (5%)		

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

Heterosexual/ Straight	165 (98%)
Homosexual/Gay	3 (2%)
Bisexual	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	41 (24%)
No	128 (76%)

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

Yes	4 (2%)
No	164 (98%)

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

Yes	45 (27%)
No	124 (73%)

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

Yes	95 (56%)
No	74 (44%)

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

Less than 2 hours	107 (63%)
2 hours or longer	56 (33%)
Don't remember	7 (4%)

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

<b>My journey was less than two hours</b>	107 (63%)
Yes	46 (27%)
No	15 (9%)
Don't remember	2 (1%)

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

<b>My journey was less than two hours</b>	107 (63%)
Yes	6 (4%)
No	53 (31%)
Don't remember	3 (2%)

<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>		
	Yes		98 (58%)
	No		61 (36%)
	Don't remember		9 (5%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>		
	Yes		139 (83%)
	No		26 (15%)
	Don't remember		3 (2%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>		
	Very well		45 (26%)
	Well		85 (50%)
	Neither		28 (16%)
	Badly		8 (5%)
	Very badly		3 (2%)
	Don't remember		1 (1%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)</b>		
	Yes, someone told me		102 (61%)
	Yes, I received written information		18 (11%)
	No, I was not told anything		47 (28%)
	Don't remember		2 (1%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>		
	Yes		134 (79%)
	No		35 (21%)
	Don't remember		0 (0%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>			
	Less than 2 hours		82 (49%)	
	2 hours or longer		85 (50%)	
	Don't remember		2 (1%)	
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>			
	Yes		144 (87%)	
	No		19 (12%)	
	Don't remember		2 (1%)	
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>			
	Very well		53 (31%)	
	Well		74 (44%)	
	Neither		33 (20%)	
	Badly		4 (2%)	
	Very badly		2 (1%)	
	Don't remember		3 (2%)	
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>			
	Loss of property	37 (22%)	Physical health	22 (13%)
	Housing problems	16 (10%)	Mental health	39 (24%)
	Contacting employers	1 (1%)	Needing protection from other prisoners	6 (4%)

	Contacting family	37 (22%)	Getting phone numbers	45 (27%)
	Childcare	2 (1%)	Other	6 (4%)
	Money worries	21 (13%)	<b>Did not have any problems</b>	53 (32%)
	Feeling depressed or suicidal	27 (16%)		
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>			
	Yes			37 (23%)
	No			69 (43%)
	<b>Did not have any problems</b>			53 (33%)
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>			
	Tobacco			151 (89%)
	A shower			34 (20%)
	A free telephone call			49 (29%)
	Something to eat			69 (41%)
	PIN phone credit			96 (57%)
	Toiletries/ basic items			62 (37%)
	<b>Did not receive anything</b>			5 (3%)
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>			
	Chaplain			77 (46%)
	Someone from health services			92 (55%)
	A Listener/Samaritans			40 (24%)
	Prison shop/ canteen			37 (22%)
	<b>Did not have access to any of these</b>			39 (23%)
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>			
	What was going to happen to you			62 (39%)
	What support was available for people feeling depressed or suicidal			43 (27%)
	How to make routine requests (applications)			48 (30%)
	Your entitlement to visits			42 (27%)
	Health services			57 (36%)
	Chaplaincy			57 (36%)
	<b>Not offered any information</b>			63 (40%)
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>			
	Yes			131 (78%)
	No			30 (18%)
	Don't remember			6 (4%)
<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>			
	<b>Have not been on an induction course</b>			31 (19%)
	Within the first week			88 (53%)
	More than a week			40 (24%)
	Don't remember			8 (5%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>			
	<b>Have not been on an induction course</b>			31 (19%)
	Yes			75 (45%)
	No			49 (30%)
	Don't remember			10 (6%)

<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	<i>Did not receive an assessment</i>	38 (23%)
	<i>Within the first week</i>	40 (24%)
	<i>More than a week</i>	66 (40%)
	<i>Don't remember</i>	21 (13%)

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

<b>Q4.1</b>	<b>How easy is it to...</b>					
		Very easy	Easy	Neither	Difficult	Very difficult N/A
	<i>Communicate with your solicitor or legal representative?</i>	20 (12%)	40 (25%)	20 (12%)	43 (26%)	22 (13%) 18 (11%)
	<i>Attend legal visits?</i>	21 (15%)	55 (38%)	20 (14%)	10 (7%)	5 (3%) 32 (22%)
	<i>Get bail information?</i>	6 (4%)	15 (11%)	17 (12%)	18 (13%)	12 (9%) 69 (50%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>					
	<i>Not had any letters</i>					24 (14%)
	<i>Yes</i>					92 (55%)
	<i>No</i>					52 (31%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>					
	<i>Yes</i>					62 (37%)
	<i>No</i>					16 (10%)
	<i>Don't know</i>					89 (53%)
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>					
		Yes	No	Don't know		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	107 (64%)	58 (35%)	3 (2%)		
	<i>Are you normally able to have a shower every day?</i>	145 (86%)	19 (11%)	4 (2%)		
	<i>Do you normally receive clean sheets every week?</i>	101 (60%)	58 (35%)	9 (5%)		
	<i>Do you normally get cell cleaning materials every week?</i>	108 (65%)	56 (34%)	2 (1%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	43 (26%)	116 (69%)	9 (5%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	118 (71%)	45 (27%)	3 (2%)		
	<i>If you need to, can you normally get your stored property?</i>	25 (15%)	96 (58%)	44 (27%)		
<b>Q4.5</b>	<b>What is the food like here?</b>					
	<i>Very good</i>					2 (1%)
	<i>Good</i>					36 (21%)
	<i>Neither</i>					35 (21%)
	<i>Bad</i>					52 (31%)
	<i>Very bad</i>					45 (26%)
<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>					
	<i>Have not bought anything yet/ don't know</i>					6 (4%)
	<i>Yes</i>					73 (43%)
	<i>No</i>					90 (53%)
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>					
	<i>Yes</i>					87 (51%)
	<i>No</i>					13 (8%)
	<i>Don't know</i>					69 (41%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>					
	<i>Yes</i>					84 (50%)

No	31 (18%)
Don't know/ N/A	53 (32%)

<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>	
	Yes	89 (54%)
	No	14 (8%)
	Don't know/ N/A	63 (38%)

<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	<b>I don't want to attend</b>	20 (12%)
	Very easy	38 (23%)
	Easy	38 (23%)
	Neither	17 (10%)
	Difficult	13 (8%)
	Very difficult	10 (6%)
	Don't know	30 (18%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>	
	Yes	119 (71%)
	No	43 (26%)
	Don't know	6 (4%)

<b>Q5.2</b>	<b>Please answer the following questions about applications (if you have not made an application please tick the 'not made one' option).</b>			
		<b>Not made one</b>	Yes	No
	Are <i>applications</i> dealt with fairly?	12 (7%)	57 (35%)	92 (57%)
	Are <i>applications</i> dealt with quickly (within seven days)?	12 (8%)	20 (13%)	127 (80%)

<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>	
	Yes	111 (68%)
	No	40 (24%)
	Don't know	13 (8%)

<b>Q5.4</b>	<b>Please answer the following questions about complaints (if you have not made a complaint please tick the 'not made one' option).</b>			
		<b>Not made one</b>	Yes	No
	Are <i>complaints</i> dealt with fairly?	29 (17%)	44 (26%)	96 (57%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	29 (18%)	18 (11%)	113 (71%)

<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes	38 (23%)
	No	130 (77%)

<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	<b>Don't know who they are</b>	42 (26%)
	Very easy	6 (4%)
	Easy	21 (13%)
	Neither	44 (27%)
	Difficult	24 (15%)
	Very difficult	24 (15%)



### 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>	9 (5%)
Yes	85 (51%)
No	65 (39%)
<i>Don't know</i>	7 (4%)

**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>	9 (6%)
Yes	71 (44%)
No	76 (47%)
<i>Don't know</i>	7 (4%)

**Q6.3 In the last six months have any members of staff physically restrained you (C&R)?**

Yes	18 (11%)
No	147 (89%)

**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>	126 (78%)
<i>Very well</i>	6 (4%)
<i>Well</i>	13 (8%)
<i>Neither</i>	8 (5%)
<i>Badly</i>	3 (2%)
<i>Very badly</i>	5 (3%)

### Section 7: Relationships with staff

**Q7.1 Do most staff treat you with respect?**

Yes	137 (85%)
No	25 (15%)

**Q7.2 Is there a member of staff you can turn to for help if you have a problem?**

Yes	123 (75%)
No	41 (25%)

**Q7.3 Has a member of staff checked on you personally in the last week to see how you are getting on?**

Yes	38 (23%)
No	127 (77%)

**Q7.4 How often do staff normally speak to you during association?**

<i>Do not go on association</i>	5 (3%)
<i>Never</i>	42 (26%)
<i>Rarely</i>	48 (29%)
<i>Some of the time</i>	48 (29%)
<i>Most of the time</i>	15 (9%)
<i>All of the time</i>	6 (4%)

**Q7.5 When did you first meet your personal (named) officer?**

<i>I have not met him/her</i>	92 (55%)
<i>In the first week</i>	27 (16%)
<i>More than a week</i>	29 (17%)

Don't remember 19 (11%)

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

**Do not have a personal officer/ I have not met him/ her** 92 (55%)  
 Very helpful 23 (14%)  
 Helpful 25 (15%)  
 Neither 15 (9%)  
 Not very helpful 9 (5%)  
 Not at all helpful 4 (2%)

**Section 8: Safety**

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

Yes 90 (54%)  
 No 78 (46%)

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

Yes 30 (19%)  
 No 127 (81%)

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

<b>Never felt unsafe</b>	78 (50%)	<i>At meal times</i>	7 (4%)
<i>Everywhere</i>	40 (26%)	<i>At health services</i>	9 (6%)
<i>Segregation unit</i>	3 (2%)	<i>Visits area</i>	9 (6%)
<i>Association areas</i>	17 (11%)	<i>In wing showers</i>	13 (8%)
<i>Reception area</i>	5 (3%)	<i>In gym showers</i>	9 (6%)
<i>At the gym</i>	15 (10%)	<i>In corridors/stairwells</i>	13 (8%)
<i>In an exercise yard</i>	19 (12%)	<i>On your landing/wing</i>	19 (12%)
<i>At work</i>	15 (10%)	<i>In your cell</i>	11 (7%)
<i>During movement</i>	24 (15%)	<i>At religious services</i>	4 (3%)
<i>At education</i>	10 (6%)		

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

Yes 48 (29%)  
 No 118 (71%)

**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>	20 (12%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	16 (10%)
<i>Sexual abuse</i>	3 (2%)
<i>Feeling threatened or intimidated</i>	27 (16%)
<i>Having your canteen/property taken</i>	15 (9%)
<i>Medication</i>	4 (2%)
<i>Debt</i>	11 (7%)
<i>Drugs</i>	10 (6%)
<i>Your race or ethnic origin</i>	3 (2%)
<i>Your religion/religious beliefs</i>	2 (1%)
<i>Your nationality</i>	2 (1%)
<i>You are from a different part of the country than others</i>	8 (5%)
<i>You are from a traveller community</i>	0 (0%)
<i>Your sexual orientation</i>	2 (1%)
<i>Your age</i>	3 (2%)
<i>You have a disability</i>	3 (2%)
<i>You were new here</i>	5 (3%)
<i>Your offence/ crime</i>	3 (2%)
<i>Gang related issues</i>	6 (4%)

<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes	48 (29%)
	No	120 (71%)
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	22 (13%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	5 (3%)
	<i>Sexual abuse</i>	5 (3%)
	<i>Feeling threatened or intimidated</i>	18 (11%)
	<i>Medication</i>	11 (7%)
	<i>Debt</i>	4 (2%)
	<i>Drugs</i>	4 (2%)
	<i>Your race or ethnic origin</i>	12 (7%)
	<i>Your religion/religious beliefs</i>	8 (5%)
	<i>Your nationality</i>	7 (4%)
	<i>You are from a different part of the country than others</i>	4 (2%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	3 (2%)
	<i>You were new here</i>	1 (1%)
	<i>Your offence/ crime</i>	3 (2%)
	<i>Gang related issues</i>	3 (2%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	<b>Not been victimised</b>	92 (60%)
	Yes	26 (17%)
	No	36 (23%)

### Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people?</b>						
		<b>Don't know</b>	<b>Very easy</b>	<b>Easy</b>	<b>Neither</b>	<b>Difficult</b>	<b>Very difficult</b>
	The doctor	7 (4%)	5 (3%)	16 (10%)	6 (4%)	49 (30%)	79 (49%)
	The nurse	6 (4%)	18 (11%)	51 (31%)	14 (9%)	41 (25%)	33 (20%)
	The dentist	11 (7%)	2 (1%)	15 (9%)	10 (6%)	46 (28%)	78 (48%)
<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?</b>						
		<b>Not been</b>	<b>Very good</b>	<b>Good</b>	<b>Neither</b>	<b>Bad</b>	<b>Very bad</b>
	The doctor	17 (10%)	7 (4%)	41 (25%)	24 (15%)	36 (22%)	39 (24%)
	The nurse	7 (4%)	12 (8%)	41 (26%)	25 (16%)	30 (19%)	45 (28%)
	The dentist	29 (19%)	8 (5%)	28 (18%)	27 (17%)	25 (16%)	39 (25%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<b>Not been</b>					5 (3%)	
	<b>Very good</b>					6 (4%)	
	<b>Good</b>					21 (13%)	
	<b>Neither</b>					24 (15%)	
	<b>Bad</b>					44 (28%)	
	<b>Very bad</b>					59 (37%)	
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes					87 (53%)	
	No					76 (47%)	

<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>	
	<i>Not taking medication</i>	76 (47%)
	<i>Yes, all my meds</i>	42 (26%)
	<i>Yes, some of my meds</i>	18 (11%)
	<i>No</i>	27 (17%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>	
	<i>Yes</i>	69 (42%)
	<i>No</i>	94 (58%)
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?</b>	
	<i>Do not have any emotional or mental health problems</i>	94 (59%)
	<i>Yes</i>	29 (18%)
	<i>No</i>	35 (22%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	<i>Yes</i>	58 (35%)
	<i>No</i>	107 (65%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	<i>Yes</i>	32 (19%)
	<i>No</i>	133 (81%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	<i>Very easy</i>	80 (48%)
	<i>Easy</i>	21 (13%)
	<i>Neither</i>	8 (5%)
	<i>Difficult</i>	6 (4%)
	<i>Very difficult</i>	1 (1%)
	<i>Don't know</i>	50 (30%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	<i>Very easy</i>	54 (33%)
	<i>Easy</i>	24 (15%)
	<i>Neither</i>	15 (9%)
	<i>Difficult</i>	9 (5%)
	<i>Very difficult</i>	5 (3%)
	<i>Don't know</i>	58 (35%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	<i>Yes</i>	33 (20%)
	<i>No</i>	131 (80%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	<i>Yes</i>	16 (10%)
	<i>No</i>	148 (90%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<i>Did not / do not have a drug problem</i>	85 (56%)
	<i>Yes</i>	31 (20%)
	<i>No</i>	36 (24%)

<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?</b>	
	<i>Did not / do not have an alcohol problem</i>	133 (83%)
	Yes	14 (9%)
	No	14 (9%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help</i>	113 (76%)
	Yes	24 (16%)
	No	12 (8%)

### Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>					
		<b>Don't know</b>	<b>Very Easy</b>	<b>Easy</b>	<b>Neither</b>	<b>Difficult</b>
						<b>Very difficult</b>
	Prison job	15 (9%)	17 (10%)	52 (32%)	24 (15%)	31 (19%)
	Vocational or skills training	28 (18%)	11 (7%)	48 (31%)	26 (17%)	25 (16%)
	Education (including basic skills)	23 (15%)	22 (14%)	53 (35%)	29 (19%)	16 (10%)
	Offending behaviour programmes	34 (22%)	6 (4%)	15 (10%)	22 (14%)	34 (22%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>					
	<i>Not involved in any of these</i>					37 (23%)
	Prison job					99 (62%)
	Vocational or skills training					37 (23%)
	Education (including basic skills)					35 (22%)
	Offending behaviour programmes					13 (8%)
<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>					
		<b>Not been involved</b>	<b>Yes</b>	<b>No</b>		<b>Don't know</b>
	Prison job	21 (15%)	60 (43%)	46 (33%)		14 (10%)
	Vocational or skills training	27 (21%)	73 (56%)	16 (12%)		14 (11%)
	Education (including basic skills)	25 (20%)	68 (54%)	26 (20%)		8 (6%)
	Offending behaviour programmes	33 (28%)	44 (37%)	26 (22%)		17 (14%)
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>					
	<i>Don't want to go</i>					29 (18%)
	Never					29 (18%)
	Less than once a week					54 (34%)
	About once a week					42 (26%)
	More than once a week					7 (4%)
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>					
	<i>Don't use it</i>					51 (32%)
	Yes					72 (45%)
	No					37 (23%)
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>					
	<i>Don't want to go</i>					28 (18%)
	0					28 (18%)
	1 to 2					34 (21%)
	3 to 5					68 (43%)
	More than 5					2 (1%)

<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>	
	<i>Don't want to go</i>	13 (8%)
	0	8 (5%)
	1 to 2	37 (23%)
	3 to 5	53 (33%)
	More than 5	52 (32%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>	
	<i>Don't want to go</i>	4 (2%)
	0	8 (5%)
	1 to 2	11 (7%)
	3 to 5	83 (51%)
	More than 5	58 (35%)
<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)</b>	
	<i>Less than 2 hours</i>	36 (22%)
	2 to less than 4 hours	11 (7%)
	4 to less than 6 hours	29 (18%)
	6 to less than 8 hours	29 (18%)
	8 to less than 10 hours	21 (13%)
	10 hours or more	27 (17%)
	Don't know	9 (6%)

### Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	Yes	36 (22%)
	No	126 (78%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes	88 (55%)
	No	73 (45%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes	48 (29%)
	No	115 (71%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i>	15 (9%)
	Very easy	10 (6%)
	Easy	30 (19%)
	Neither	16 (10%)
	Difficult	51 (32%)
	Very difficult	34 (21%)
	Don't know	4 (3%)

### Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<b>Not sentenced</b>	0 (0%)
	Yes	140 (86%)
	No	23 (14%)

<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)</b>	
	<b>Not sentenced/ NA</b>	23 (14%)
	No contact	44 (27%)
	Letter	50 (31%)
	Phone	44 (27%)
	Visit	41 (25%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes	124 (78%)
	No	35 (22%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<b>Not sentenced</b>	0 (0%)
	Yes	100 (62%)
	No	61 (38%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<b>Do not have a sentence plan/ not sentenced</b>	61 (38%)
	Very involved	31 (19%)
	Involved	24 (15%)
	Neither	7 (4%)
	Not very involved	22 (14%)
	Not at all involved	16 (10%)
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)</b>	
	<b>Do not have a sentence plan/ not sentenced</b>	61 (39%)
	Nobody	47 (30%)
	Offender supervisor	41 (26%)
	Offender manager	26 (16%)
	Named/ personal officer	8 (5%)
	Staff from other departments	14 (9%)
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>	
	<b>Do not have a sentence plan/ not sentenced</b>	61 (38%)
	Yes	58 (36%)
	No	27 (17%)
	Don't know	13 (8%)
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>	
	<b>Do not have a sentence plan/ not sentenced</b>	61 (38%)
	Yes	22 (14%)
	No	53 (33%)
	Don't know	23 (14%)
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>	
	<b>Do not have a sentence plan/ not sentenced</b>	61 (38%)
	Yes	21 (13%)
	No	48 (30%)
	Don't know	31 (19%)
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>	
	Yes	12 (8%)
	No	73 (46%)
	Don't know	73 (46%)

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

Yes	26 (16%)
No	132 (84%)

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

	<i>Do not need help</i>	Yes	No
Employment	29 (19%)	34 (22%)	91 (59%)
Accommodation	32 (21%)	38 (26%)	79 (53%)
Benefits	29 (20%)	33 (23%)	84 (58%)
Finances	32 (23%)	21 (15%)	85 (62%)
Education	31 (22%)	28 (20%)	80 (58%)
Drugs and alcohol	37 (26%)	39 (27%)	67 (47%)

**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?**

<b>Not sentenced</b>	0 (0%)
Yes	94 (60%)
No	63 (40%)



## Main comparator and comparator to last time



### Prisoner survey responses HMP Lindholme 2016

**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

		HMP Lindholme 2016	Category C Training Prisons Comparator	HMP Lindholme 2016	HMP Lindholme 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>171</b>	<b>6,338</b>	<b>171</b>	<b>183</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	1%	2%	1%	0%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	11%	9%	11%	11%
1.4	Is your sentence less than 12 months?	2%	6%	2%	5%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	11%	9%	11%	6%
1.5	Are you a foreign national?	2%	10%	2%	6%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	99%	98%	99%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	22%	25%	22%	28%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%	3%	3%
1.1	Are you Muslim?	17%	13%	17%	18%
1.11	Are you homosexual/gay or bisexual?	2%	4%	2%	2%
1.12	Do you consider yourself to have a disability?	24%	21%	24%	15%
1.13	Are you a veteran (ex-armed services)?	2%	6%	2%	6%
1.14	Is this your first time in prison?	27%	39%	27%	26%
1.15	Do you have any children under the age of 18?	56%	51%	56%	55%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	33%	46%	33%	26%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	73%	73%	73%	76%
2.3	Were you offered a toilet break?	10%	8%	10%	9%
2.4	Was the van clean?	58%	63%	58%	69%
2.5	Did you feel safe?	83%	79%	83%	84%
2.6	Were you treated well/very well by the escort staff?	76%	73%	76%	67%
2.7	Before you arrived here were you told that you were coming here?	61%	60%	61%	63%
2.7	Before you arrived here did you receive any written information about coming here?	11%	14%	11%	19%
2.8	When you first arrived here did your property arrive at the same time as you?	79%	86%	79%	88%

## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	49%	54%	49%	47%
3.2	When you were searched in reception, was this carried out in a respectful way?	87%	85%	87%	85%
3.3	Were you treated well/very well in reception?	75%	76%	75%	74%
	When you first arrived:				
3.4	Did you have any problems?	68%	60%	68%	62%
3.4	Did you have any problems with loss of property?	22%	18%	22%	17%
3.4	Did you have any housing problems?	10%	13%	10%	13%
3.4	Did you have any problems contacting employers?	1%	2%	1%	2%
3.4	Did you have any problems contacting family?	22%	18%	22%	20%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	2%	1%	0%
3.4	Did you have any money worries?	13%	13%	13%	9%
3.4	Did you have any problems with feeling depressed or suicidal?	16%	14%	16%	11%
3.4	Did you have any physical health problems?	13%	13%	13%	10%
3.4	Did you have any mental health problems?	24%	16%	24%	11%
3.4	Did you have any problems with needing protection from other prisoners?	4%	5%	4%	4%
3.4	Did you have problems accessing phone numbers?	27%	15%	27%	28%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	35%	36%	35%	27%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	89%	74%	89%	84%
3.6	A shower?	20%	28%	20%	29%
3.6	A free telephone call?	29%	43%	29%	23%
3.6	Something to eat?	41%	56%	41%	47%
3.6	PIN phone credit?	57%	51%	57%	75%
3.6	Toiletries/ basic items?	37%	47%	37%	37%
<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	46%	53%	46%	44%
3.7	Someone from health services?	55%	70%	55%	64%
3.7	A Listener/Samaritans?	24%	34%	24%	19%
3.7	Prison shop/ canteen?	22%	24%	22%	16%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	39%	50%	39%	42%
3.8	Support was available for people feeling depressed or suicidal?	27%	40%	27%	25%

## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
3.8	How to make routine requests?	30%	44%	30%	31%
3.8	Your entitlement to visits?	27%	40%	27%	34%
3.8	Health services?	36%	52%	36%	45%
3.8	The chaplaincy?	36%	49%	36%	38%
3.9	Did you feel safe on your first night here?	79%	82%	79%	88%
3.10	Have you been on an induction course?	81%	91%	81%	90%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	56%	60%	56%	53%
3.12	Did you receive an education (skills for life) assessment?	77%	84%	77%	82%
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	37%	46%	37%	50%
4.1	Attend legal visits?	53%	47%	53%	52%
4.1	Get bail information?	15%	14%	15%	17%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	55%	39%	55%	46%
4.3	Can you get legal books in the library?	37%	43%	37%	41%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	64%	67%	64%	59%
4.4	Are you normally able to have a shower every day?	86%	93%	86%	95%
4.4	Do you normally receive clean sheets every week?	60%	74%	60%	69%
4.4	Do you normally get cell cleaning materials every week?	65%	67%	65%	65%
4.4	Is your cell call bell normally answered within five minutes?	26%	36%	26%	33%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	71%	69%	71%	71%
4.4	Can you normally get your stored property, if you need to?	15%	24%	15%	16%
4.5	Is the food in this prison good/very good?	22%	30%	22%	12%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	49%	43%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	52%	57%	52%	41%
4.8	Are your religious beliefs are respected?	50%	53%	50%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	54%	58%	54%	53%
4.10	Is it easy/very easy to attend religious services?	46%	50%	46%	50%
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	71%	82%	71%	77%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	38%	58%	38%	57%
5.2	Do you feel applications are dealt with quickly (within seven days)?	14%	41%	14%	37%
5.3	Is it easy to make a complaint?	68%	60%	68%	59%

## Main comparator and comparator to last time

### Key to tables

		HMP Lindholme 2016	Category C Training Prisons Comparator	HMP Lindholme 2016	HMP Lindholme 2013
	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				
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	31%	35%	31%	25%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	14%	30%	14%	23%
5.5	Have you ever been prevented from making a complaint when you wanted to?	23%	19%	23%	20%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	17%	30%	17%	18%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	51%	49%	51%	54%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	46%	44%	50%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	7%	11%	8%
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?	54%	37%	54%	42%
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	85%	80%	85%	75%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	75%	74%	75%	71%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	23%	31%	23%	22%
7.4	Do staff normally speak to you most of the time/all of the time during association?	13%	21%	13%	16%
7.5	Do you have a personal officer?	45%	65%	45%	62%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	63%	63%	63%	70%
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	54%	36%	54%	31%
8.2	Do you feel unsafe now?	19%	15%	19%	16%
8.4	Have you been victimised by other prisoners here?	29%	28%	29%	21%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	12%	12%	12%	8%
8.5	Hit, kicked or assaulted you?	10%	8%	10%	5%
8.5	Sexually abused you?	2%	1%	2%	1%
8.5	Threatened or intimidated you?	16%	16%	16%	18%
8.5	Taken your canteen/property?	9%	7%	9%	3%
8.5	Victimised you because of medication?	2%	4%	2%	3%
8.5	Victimised you because of debt?	7%	4%	7%	4%
8.5	Victimised you because of drugs?	6%	4%	6%	3%
8.5	Victimised you because of your race or ethnic origin?	2%	4%	2%	3%
8.5	Victimised you because of your religion/religious beliefs?	1%	3%	1%	3%

## Main comparator and comparator to last time

### Key to tables

	Any percentage highlighted in green is significantly better	HMP Lindholme 2016	Category C Training Prisons Comparator	HMP Lindholme 2016	HMP Lindholme 2013
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Victimised you because of your nationality?	1%	3%	1%	3%
8.5	Victimised you because you were from a different part of the country?	5%	4%	5%	3%
8.5	Victimised you because you are from a Traveller community?	0%	1%	0%	0%
8.5	Victimised you because of your sexual orientation?	1%	2%	1%	1%
8.5	Victimised you because of your age?	2%	3%	2%	1%
8.5	Victimised you because you have a disability?	2%	3%	2%	2%
8.5	Victimised you because you were new here?	3%	5%	3%	4%
8.5	Victimised you because of your offence/crime?	2%	5%	2%	1%
8.5	Victimised you because of gang related issues?	4%	5%	4%	3%
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	29%	29%	29%	36%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	13%	11%	13%	10%
8.7	Hit, kicked or assaulted you?	3%	4%	3%	4%
8.7	Sexually abused you?	3%	1%	3%	1%
8.7	Threatened or intimidated you?	11%	12%	11%	17%
8.7	Victimised you because of medication?	7%	3%	7%	4%
8.7	Victimised you because of debt?	2%	2%	2%	2%
8.7	Victimised you because of drugs?	2%	2%	2%	3%
8.7	Victimised you because of your race or ethnic origin?	7%	4%	7%	4%
8.7	Victimised you because of your religion/religious beliefs?	5%	3%	5%	4%
8.7	Victimised you because of your nationality?	4%	2%	4%	3%
8.7	Victimised you because you were from a different part of the country?	2%	3%	2%	3%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.7	Victimised you because of your sexual orientation?	0%	1%	0%	0%
8.7	Victimised you because of your age?	1%	2%	1%	2%
8.7	Victimised you because you have a disability?	2%	3%	2%	2%
8.7	Victimised you because you were new here?	1%	4%	1%	6%
8.7	Victimised you because of your offence/crime?	2%	4%	2%	2%
8.7	Victimised you because of gang related issues?	2%	3%	2%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	42%	40%	42%	38%

## Main comparator and comparator to last time

### Key to tables

Any percentage highlighted in green is significantly better		HMP Lindholme 2016	Category C Training Prisons Comparator	HMP Lindholme 2016	HMP Lindholme 2013
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	13%	30%	13%	25%
9.1	Is it easy/very easy to see the nurse?	42%	51%	42%	65%
9.1	Is it easy/very easy to see the dentist?	11%	14%	11%	14%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	33%	49%	33%	42%
9.2	The nurse?	35%	58%	35%	59%
9.2	The dentist?	28%	43%	28%	46%
9.3	The overall quality of health services?	18%	44%	18%	36%
9.4	Are you currently taking medication?	53%	49%	53%	50%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	69%	83%	69%	85%
9.6	Do you have any emotional well being or mental health problems?	42%	31%	42%	26%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	45%	52%	45%	56%
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	35%	24%	35%	28%
10.2	Did you have a problem with alcohol when you came into this prison?	19%	16%	19%	16%
10.3	Is it easy/very easy to get illegal drugs in this prison?	61%	38%	61%	43%
10.4	Is it easy/very easy to get alcohol in this prison?	47%	23%	47%	30%
10.5	Have you developed a problem with drugs since you have been in this prison?	20%	9%	20%	6%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	10%	7%	10%	8%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	46%	62%	46%	68%
10.8	Have you received any support or help with your alcohol problem while in this prison?	50%	64%	50%	57%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	67%	77%	67%	66%
<b>SECTION 11: Activities</b>					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	42%	47%	42%	44%
11.1	Vocational or skills training?	38%	42%	38%	43%
11.1	Education (including basic skills)?	49%	56%	49%	59%
11.1	Offending behaviour programmes?	14%	23%	14%	19%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	62%	59%	62%	47%

## Main comparator and comparator to last time

### Key to tables

Any percentage highlighted in green is significantly better		HMP Lindholme 2016	Category C Training Prisons Comparator	HMP Lindholme 2016	HMP Lindholme 2013
Any percentage highlighted in blue is significantly worse					
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11.2	Vocational or skills training?	23%	16%	23%	18%
11.2	Education (including basic skills)?	22%	23%	22%	22%
11.2	Offending behaviour programmes?	8%	12%	8%	7%
11.3	Have you had a job while in this prison?	85%	83%	85%	76%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	50%	44%	50%	41%
11.3	Have you been involved in vocational or skills training while in this prison?	79%	74%	79%	70%
	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?	71%	56%	71%	63%
11.3	Have you been involved in education while in this prison?	80%	79%	80%	79%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	67%	58%	67%	56%
11.3	Have you been involved in offending behaviour programmes while in this prison?	73%	70%	73%	70%
	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?	51%	50%	51%	46%
11.4	Do you go to the library at least once a week?	30%	44%	30%	39%
11.5	Does the library have a wide enough range of materials to meet your needs?	45%	46%	45%	45%
11.6	Do you go to the gym three or more times a week?	44%	33%	44%	47%
11.7	Do you go outside for exercise three or more times a week?	64%	52%	64%	62%
11.8	Do you go on association more than five times each week?	35%	67%	35%	85%
11.9	Do you spend ten or more hours out of your cell on a weekday?	17%	17%	17%	21%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	22%	35%	22%	35%
12.2	Have you had any problems with sending or receiving mail?	55%	42%	55%	47%
12.3	Have you had any problems getting access to the telephones?	29%	21%	29%	31%
12.4	Is it easy/ very easy for your friends and family to get here?	25%	28%	25%	25%
<b>SECTION 13: Preparation for release</b>					
	For those who are sentenced:				
13.1	Do you have a named offender manager (home probation officer) in the probation service?	86%	82%	86%	84%
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	32%	36%	32%	35%
13.2	Contact by letter?	36%	35%	36%	43%
13.2	Contact by phone?	32%	25%	32%	22%
13.2	Contact by visit?	30%	32%	30%	27%
13.3	Do you have a named offender supervisor in this prison?	78%	75%	78%	68%

## Main comparator and comparator to last time

### Key to tables

Any percentage highlighted in green is significantly better		HMP Lindholme 2016	Category C Training Prisons Comparator	HMP Lindholme 2016	HMP Lindholme 2013
Any percentage highlighted in blue is significantly worse					
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Percentages which are not highlighted show there is no significant difference					
For those who are sentenced:					
13.4	Do you have a sentence plan?	62%	64%	62%	75%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	55%	52%	55%	54%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	48%	47%	48%	60%
13.6	Offender supervisor?	42%	36%	42%	28%
13.6	Offender manager?	27%	27%	27%	18%
13.6	Named/ personal officer?	8%	13%	8%	2%
13.6	Staff from other departments?	15%	15%	15%	7%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	59%	61%	59%	54%
13.8	Are there plans for you to achieve any of your targets in another prison?	22%	19%	22%	29%
13.9	Are there plans for you to achieve any of your targets in the community?	21%	28%	21%	26%
13.10	Do you have a needs based custody plan?	8%	7%	8%	6%
13.11	Do you feel that any member of staff has helped you to prepare for release?	17%	16%	17%	10%
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?	27%	34%	27%	36%
13.12	Accommodation?	33%	38%	33%	41%
13.12	Benefits?	28%	39%	28%	41%
13.12	Finances?	20%	28%	20%	25%
13.12	Education?	26%	35%	26%	36%
13.12	Drugs and alcohol?	37%	44%	37%	50%
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?	60%	55%	60%	52%



## Diversity analysis



### Key question responses (ethnicity and religion) HMP Lindholme 2016

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

#### Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>37</b>	<b>130</b>	<b>29</b>	<b>141</b>
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	3%	2%	0%	3%
1.6	Do you understand spoken English?	100%	100%	100%	100%
1.7	Do you understand written English?	100%	98%	97%	99%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)N			89%	8%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	4%	0%	4%
1.1	Are you Muslim?	70%	2%		
1.12	Do you consider yourself to have a disability?	13%	27%	11%	27%
1.13	Are you a veteran (ex-armed services)?	0%	3%	0%	3%
1.14	Is this your first time in prison?	36%	25%	29%	26%
2.6	Were you treated well/very well by the escort staff?	78%	76%	83%	75%
2.7	Before you arrived here were you told that you were coming here?	53%	64%	57%	62%
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	89%	86%	87%
3.3	Were you treated well/very well in reception?	76%	74%	83%	73%
3.4	Did you have any problems when you first arrived?	74%	66%	74%	67%
3.7	Did you have access to someone from health care when you first arrived here?	47%	56%	54%	55%
3.9	Did you feel safe on your first night here?	78%	78%	79%	78%
3.10	Have you been on an induction course?	78%	83%	83%	81%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	31%	39%	32%	38%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	62%	65%	66%	64%
4.4	Are you normally able to have a shower every day?	76%	89%	76%	88%
4.4	Is your cell call bell normally answered within five minutes?	19%	28%	21%	27%
4.5	Is the food in this prison good/very good?	22%	22%	24%	22%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	24%	49%	31%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	46%	53%	52%	51%
4.8	Do you feel your religious beliefs are respected?	65%	46%	72%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	58%	52%	72%	49%
5.1	Is it easy to make an application?	50%	76%	46%	76%
5.3	Is it easy to make a complaint?	63%	68%	64%	68%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	53%	52%	52%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	44%	43%	43%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	13%	7%	12%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	83%	85%	93%	83%
7.2	Is there a member of staff you can turn to for help if you have a problem in the prison?	80%	73%	78%	74%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	20%	11%	25%	10%
7.4	Do you have a personal officer?	51%	43%	54%	43%
8.1	Have you ever felt unsafe here?	46%	57%	52%	54%
8.2	Do you feel unsafe now?	20%	19%	19%	19%
8.3	Have you been victimised by other prisoners?	17%	32%	29%	29%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	9%	19%	14%	17%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	2%	4%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%	0%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	1%	4%	1%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	2%	0%	2%
8.6	Have you been victimised by a member of staff?	32%	28%	31%	28%
8.7	Have you ever felt threatened or intimidated by staff here?	16%	9%	11%	11%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	24%	2%	21%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	16%	2%	24%	1%
8.7	Have you been victimised because of your nationality? (By staff)	11%	2%	11%	3%
8.7	Have you been victimised because you have a disability? (By staff)	0%	2%	0%	2%
9.1	Is it easy/very easy to see the doctor?	11%	14%	19%	12%
9.1	Is it easy/ very easy to see the nurse?	28%	46%	37%	44%
9.4	Are you currently taking medication?	43%	57%	44%	56%
9.6	Do you feel you have any emotional well being/mental health issues?	28%	47%	32%	45%
10.3	Is it easy/very easy to get illegal drugs in this prison?	50%	64%	57%	62%
11.2	Are you currently working in the prison?	61%	63%	60%	62%
11.2	Are you currently undertaking vocational or skills training?	24%	23%	24%	23%
11.2	Are you currently in education (including basic skills)?	21%	21%	24%	21%
11.2	Are you currently taking part in an offending behaviour programme?	15%	7%	12%	8%
11.4	Do you go to the library at least once a week?	31%	30%	30%	30%
11.6	Do you go to the gym three or more times a week?	62%	39%	64%	40%
11.7	Do you go outside for exercise three or more times a week?	57%	66%	52%	67%
11.8	On average, do you go on association more than five times each week?	31%	37%	37%	35%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	15%	18%	15%	17%
12.2	Have you had any problems sending or receiving mail?	41%	58%	38%	58%
12.3	Have you had any problems getting access to the telephones?	28%	30%	34%	29%

## Diversity Analysis



### Key question responses (disability) HMP Lindholme 2016

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

#### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>41</b>	<b>128</b>
1.3	Are you sentenced?	<b>100%</b>	<b>100%</b>
1.5	Are you a foreign national?	<b>3%</b>	<b>2%</b>
1.6	Do you understand spoken English?	<b>100%</b>	<b>100%</b>
1.7	Do you understand written English?	<b>100%</b>	<b>98%</b>
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	<b>12%</b>	<b>25%</b>
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	<b>3%</b>	<b>3%</b>
1.1	Are you Muslim?	<b>8%</b>	<b>20%</b>
1.13	Are you a veteran (ex-armed services)?	<b>0%</b>	<b>3%</b>
1.14	Is this your first time in prison?	<b>24%</b>	<b>27%</b>
2.6	Were you treated well/very well by the escort staff?	<b>76%</b>	<b>76%</b>
2.7	Before you arrived here were you told that you were coming here?	<b>56%</b>	<b>62%</b>
3.2	When you were searched in reception, was this carried out in a respectful way?	<b>92%</b>	<b>86%</b>
3.3	Were you treated well/very well in reception?	<b>88%</b>	<b>71%</b>
3.4	Did you have any problems when you first arrived?	<b>90%</b>	<b>61%</b>
3.7	Did you have access to someone from health care when you first arrived here?	<b>65%</b>	<b>51%</b>
3.9	Did you feel safe on your first night here?	<b>70%</b>	<b>81%</b>
3.10	Have you been on an induction course?	<b>82%</b>	<b>82%</b>
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	<b>36%</b>	<b>38%</b>
4.4	Are you normally offered enough clean, suitable clothes for the week?	<b>58%</b>	<b>67%</b>
4.4	Are you normally able to have a shower every day?	<b>90%</b>	<b>86%</b>

## 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	Is your cell call bell normally answered within five minutes?	20%	27%
4.5	Is the food in this prison good/very good?	23%	22%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	35%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	61%	49%
4.8	Do you feel your religious beliefs are respected?	49%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	56%	52%
5.1	Is it easy to make an application?	72%	70%
5.3	Is it easy to make a complaint?	66%	69%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	55%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	11%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	92%	82%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	74%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	3%	16%
7.4	Do you have a personal officer?	36%	47%
8.1	Have you ever felt unsafe here?	64%	50%
8.2	Do you feel unsafe now?	21%	19%
8.3	Have you been victimised by other prisoners?	44%	24%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	26%	14%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	1%
8.5	Have you been victimised because of your age? (By prisoners)	5%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	8%	0%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to have a disability</b>	<b>Do not consider themselves to have a disability</b>
	Any percentage highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	31%	28%
8.7	Have you ever felt threatened or intimidated by staff here?	8%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	9%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	6%
8.7	Have you been victimised because of your nationality? (By staff)	3%	5%
8.7	Have you been victimised because of your age? (By staff)	3%	1%
8.7	Have you been victimised because you have a disability? (By staff)	5%	1%
9.1	Is it easy/very easy to see the doctor?	15%	12%
9.1	Is it easy/ very easy to see the nurse?	47%	42%
9.4	Are you currently taking medication?	79%	46%
9.6	Do you feel you have any emotional well being/mental health issues?	76%	32%
10.3	Is it easy/very easy to get illegal drugs in this prison?	72%	58%
11.2	Are you currently working in the prison?	64%	62%
11.2	Are you currently undertaking vocational or skills training?	22%	23%
11.2	Are you currently in education (including basic skills)?	17%	23%
11.2	Are you currently taking part in an offending behaviour programme?	3%	10%
11.4	Do you go to the library at least once a week?	41%	27%
11.6	Do you go to the gym three or more times a week?	27%	49%
11.7	Do you go outside for exercise three or more times a week?	66%	64%
11.8	On average, do you go on association more than five times each week?	32%	37%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	22%	16%
12.2	Have you had any problems sending or receiving mail?	53%	55%
12.3	Have you had any problems getting access to the telephones?	32%	28%



## Prisoner survey responses (Wing comparator) HMP Lindholme 2016

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

### Key to tables

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	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>64</b>	<b>103</b>
<b>SECTION 1: General information</b>			
1.2	Are you under 21 years of age?	0%	1%
1.3	Are you sentenced?	100%	100%
1.3	Are you on recall?	5%	15%
1.4	Is your sentence less than 12 months?	0%	3%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	15%
1.5	Are you a foreign national?	2%	3%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	25%	22%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	3%
1.1	Are you Muslim?	13%	20%
1.11	Are you homosexual/gay or bisexual?	2%	3%
1.12	Do you consider yourself to have a disability?	11%	31%
1.13	Are you a veteran (ex-armed services)?	5%	1%
1.14	Is this your first time in prison?	40%	18%
1.15	Do you have any children under the age of 18?	64%	50%
<b>SECTION 2: Transfers and escorts</b>			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	39%	30%
2.5	Did you feel safe?	86%	80%
2.6	Were you treated well/very well by the escort staff?	81%	75%
2.7	Before you arrived here were you told that you were coming here?	69%	57%
2.8	When you first arrived here did your property arrive at the same time as you?	75%	82%
<b>SECTION 3: Reception, first night and induction</b>			
3.1	Were you in reception for less than 2 hours?	56%	45%
3.2	When you were searched in reception, was this carried out in a respectful way?	90%	86%
3.3	Were you treated well/very well in reception?	75%	76%

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	When you first arrived:		
3.4	Did you have any problems?	48%	80%
3.4	Did you have any problems with loss of property?	21%	22%
3.4	Did you have any housing problems?	3%	13%
3.4	Did you have any problems contacting employers?	0%	1%
3.4	Did you have any problems contacting family?	10%	29%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	0%
3.4	Did you have any money worries?	6%	16%
3.4	Did you have any problems with feeling depressed or suicidal?	3%	25%
3.4	Did you have any physical health problems?	10%	15%
3.4	Did you have any mental health problems?	8%	35%
3.4	Did you have any problems with needing protection from other prisoners?	0%	5%
3.4	Did you have problems accessing phone numbers?	21%	31%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	81%	94%
3.6	A shower?	13%	26%
3.6	A free telephone call?	19%	36%
3.6	Something to eat?	37%	44%
3.6	PIN phone credit?	47%	62%
3.6	Toiletries/ basic items?	34%	39%
<b>SECTION 3: Reception, first night and induction continued</b>			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	45%	46%
3.7	Someone from health services?	56%	55%
3.7	A Listener/Samaritans?	24%	24%
3.7	Prison shop/ canteen?	17%	25%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	46%	36%
3.8	Support was available for people feeling depressed or suicidal?	33%	24%
3.8	How to make routine requests?	36%	27%
3.8	Your entitlement to visits?	36%	20%
3.8	Health services?	39%	34%
3.8	The chaplaincy?	46%	30%



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3.9	Did you feel safe on your first night here?	86%	76%
3.10	Have you been on an induction course?	87%	78%
3.12	Did you receive an education (skills for life) assessment?	81%	73%
<b>SECTION 4: Legal rights and respectful custody</b>			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	46%	30%
4.1	Attend legal visits?	52%	54%
4.1	Get bail information?	12%	17%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	53%	57%
4.3	Can you get legal books in the library?	44%	34%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	70%	60%
4.4	Are you normally able to have a shower every day?	100%	77%
4.4	Do you normally receive clean sheets every week?	76%	51%
4.4	Do you normally get cell cleaning materials every week?	76%	58%
4.4	Is your cell call bell normally answered within five minutes?	41%	16%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	85%	63%
4.4	Can you normally get your stored property, if you need to?	18%	13%
4.5	Is the food in this prison good/very good?	27%	19%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	64%	45%
4.8	Are your religious beliefs are respected?	48%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	52%	56%
4.10	Is it easy/very easy to attend religious services?	46%	47%
<b>SECTION 5: Applications and complaints</b>			
5.1	Is it easy to make an application?	77%	66%
5.3	Is it easy to make a complaint?	76%	63%
5.5	Have you ever been prevented from making a complaint when you wanted to?	21%	23%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	19%	14%
<b>SECTION 6: Incentive and earned privileges scheme</b>			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	59%	46%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	53%	37%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	11%

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<b>SECTION 7: Relationships with staff</b>			
7.1	Do most staff, in this prison, treat you with respect?	90%	82%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	86%	68%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	19%	26%
7.4	Do staff normally speak to you most of the time/all of the time during association?	24%	6%
7.5	Do you have a personal officer?	53%	40%
<b>SECTION 8: Safety</b>			
8.1	Have you ever felt unsafe here?	28%	69%
8.2	Do you feel unsafe now?	8%	27%
8.4	Have you been victimised by other prisoners here?	13%	40%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	3%	17%
8.5	Hit, kicked or assaulted you?	5%	13%
8.5	Sexually abused you?	0%	3%
8.5	Threatened or intimidated you?	5%	23%
8.5	Taken your canteen/property?	0%	14%
8.5	Victimised you because of medication?	0%	4%
8.5	Victimised you because of debt?	2%	10%
8.5	Victimised you because of drugs?	2%	9%
8.5	Victimised you because of your race or ethnic origin?	2%	2%
8.5	Victimised you because of your religion/religious beliefs?	2%	1%
8.5	Victimised you because of your nationality?	2%	1%
8.5	Victimised you because you were from a different part of the country?	0%	8%
8.5	Victimised you because you are from a traveller community?	0%	0%
8.5	Victimised you because of your sexual orientation?	0%	2%
8.5	Victimised you because of your age?	3%	1%
8.5	Victimised you because you have a disability?	2%	2%
8.5	Victimised you because you were new here?	2%	3%
8.5	Victimised you because of your offence/crime?	0%	3%
8.5	Victimised you because of gang related issues?	0%	5%

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<b>SECTION 8: Safety continued</b>			
8.6	Have you been victimised by staff here?	20%	33%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	6%	17%
8.7	Hit, kicked or assaulted you?	2%	4%
8.7	Sexually abused you?	2%	4%
8.7	Threatened or intimidated you?	8%	12%
8.7	Victimised you because of medication?	2%	9%
8.7	Victimised you because of debt?	0%	4%
8.7	Victimised you because of drugs?	0%	4%
8.7	Victimised you because of your race or ethnic origin?	5%	8%
8.7	Victimised you because of your religion/religious beliefs?	2%	7%
8.7	Victimised you because of your nationality?	2%	6%
8.7	Victimised you because you were from a different part of the country?	2%	3%
8.7	Victimised you because you are from a traveller community?	0%	2%
8.7	Victimised you because of your sexual orientation?	0%	0%
8.7	Victimised you because of your age?	3%	0%
8.7	Victimised you because you have a disability?	3%	1%
8.7	Victimised you because you were new here?	0%	1%
8.7	Victimised you because of your offence/crime?	0%	3%
8.7	Victimised you because of gang related issues?	2%	1%
<b>SECTION 9: Health services</b>			
9.1	Is it easy/very easy to see the doctor?	16%	10%
9.1	Is it easy/very easy to see the nurse?	39%	44%
9.1	Is it easy/very easy to see the dentist?	14%	8%
9.4	Are you currently taking medication?	45%	58%
9.6	Do you have any emotional well being or mental health problems?	24%	52%
<b>SECTION 10: Drugs and alcohol</b>			
10.1	Did you have a problem with drugs when you came into this prison?	13%	51%
10.2	Did you have a problem with alcohol when you came into this prison?	11%	26%
10.3	Is it easy/very easy to get illegal drugs in this prison?	48%	67%
10.4	Is it easy/very easy to get alcohol in this prison?	42%	50%

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10.5	Have you developed a problem with drugs since you have been in this prison?	6%	28%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	11%
<b>SECTION 11: Activities</b>			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	58%	33%
11.1	Vocational or skills training?	41%	36%
11.1	Education (including basic skills)?	51%	49%
11.1	Offending Behaviour Programmes?	15%	12%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	69%	61%
11.2	Vocational or skills training?	31%	19%
11.2	Education (including basic skills)?	27%	20%
11.2	Offending Behaviour Programmes?	8%	9%
11.4	Do you go to the library at least once a week?	31%	31%
11.5	Does the library have a wide enough range of materials to meet your needs?	45%	46%
11.6	Do you go to the gym three or more times a week?	67%	30%
11.7	Do you go outside for exercise three or more times a week?	83%	51%
11.8	Do you go on association more than five times each week?	35%	37%
11.9	Do you spend ten or more hours out of your cell on a weekday?	31%	8%
<b>SECTION 12: Friends and family</b>			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	29%	18%
12.2	Have you had any problems with sending or receiving mail?	57%	53%
12.3	Have you had any problems getting access to the telephones?	30%	29%
12.4	Is it easy/ very easy for your friends and family to get here?	25%	25%
<b>SECTION 13: Preparation for release</b>			
13.3	Do you have a named offender supervisor in this prison?	87%	73%
13.10	Do you have a needs based custody plan?	10%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	19%	15%