

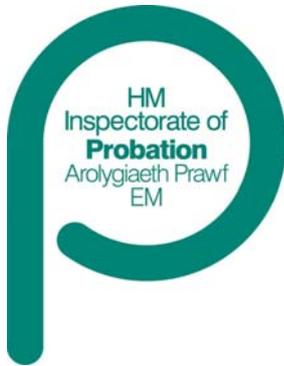
Report on an unannounced inspection of

HMP Channings Wood

by HM Chief Inspector of Prisons

3–14 October 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

HMP Channings Wood is a category C training prison in Devon holding just over 700 convicted adult male prisoners. The full range of sentences and ages were represented in the population profile but well over half of prisoners were serving four years or more and a significant minority were serving indeterminate sentences. Three of the prison's eight living units housed vulnerable prisoners, separated mainly owing to their status as sex offenders.

We last inspected Channings Wood in 2012 when we found reasonable outcomes in three of our four tests of a healthy prison, although our assessment was undermined by what we saw as an inadequate regime for a training prison. At this inspection we found that the prison had regressed markedly. Our assessments had deteriorated in three of our tests and all four – safety, respect, purposeful activity and resettlement – now evidenced outcomes that were not sufficiently good.

Safety at Channings Wood was a significant concern. Arrangements to receive new prisoners were not thorough and fewer prisoners now felt safe when they first arrived. Levels of violence had increased noticeably and were now comparable to similar establishments, but action to address violence was poorly coordinated. Support for victims and more vulnerable prisoners was lacking. Use of force had also increased but oversight was not good enough. Two prisoners had taken their own lives since we last inspected and there had been a number of near misses or serious incidents of self-harm, yet attention to this important issue was limited and the attitude to risk dismissive. As one of our main recommendations we asked the prison to prioritise improvements concerning this work.

We were not assured that the supervision of prisoners was adequate and there had been a number of acts of indiscipline, some of them serious and concerted. The prison's response to security challenges we characterised as fractured. Over half the population indicated to us that it was easy to obtain illicit substances in the prison and there was compelling evidence that substance abuse, including the abuse of new psychoactive substances, was widespread. Understanding more fully the scale of this problem and putting in place a plan to do something about it are priorities we have identified for the prison.

The general environment and most accommodation in the prison were good and most prisoners suggested to us they felt respected by staff. Our own observation of staff-prisoner relationships was more mixed, with some staff we observed being unhelpful or diffident when it came to challenging poor conduct. The promotion of equality was reasonable overall although some gaps were evident, in particular for foreign nationals. Consultation arrangements with minority groups were better than we often see. The provision of health care was best described as inconsistent.

Channings Wood is a training and resettlement prison and yet a limited restricted routine has been in place for two years. Time out of cell was reasonable for those who worked but we still found about a fifth of prisoners locked in cell during the working day. There was on paper sufficient activity, work and education for the whole population, with a good range of provision. Teaching and learning as well as other characteristics of quality were, for those who attended, generally good in both education and vocational training. Achievement rates for qualifications were improving. However, too little of the prison's managerial attention was given to ensuring prisoners attended their learning or work and many of the places available were not allocated or used. About 40% of prisoners did not do meaningful activity and staff were ineffective in supporting or requiring the attendance of prisoners at activity. This was an unacceptable situation which we asked the prison to address in another of our main recommendations.

The management of prisoners' sentences and risks had deteriorated and offender management did not hold a high enough profile in the prison. Half of all prisoners arriving at the prison did not have an offender assessment system (OASys) assessment, this despite the substantial number of high-risk cases being managed. Those plans that were completed were inconsistent and often of insufficient

quality. Offender supervision was fitful and reactive, largely owing to the diversion of staff away from this core task. Again, we saw the improvement of outcomes in this core responsibility as a priority. Public protection arrangements were mostly sound and reintegration planning was reasonably good. The work of the community rehabilitation company (CRC) was becoming increasingly effective and embedded, and provision across the resettlement pathways was providing reasonable outcomes.

Channings Wood is a prison in decline. Four years ago we found a prison coping reasonably well with its challenges. This time we found a prison struggling to cope and the impact on prisoners was evident. The senior management team had a number of vacancies, including that of deputy governor, all of which left substantial strategic and operational gaps. As a result, our major concern is that the prison just doesn't have the necessary strategies, plans or resources at a senior level to halt the deterioration.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

November 2016

Fact page

Task of the establishment

HMP Channings Wood is a category C adult male resettlement prison.

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

Public

Region/Department

South-West

Number held

706

Certified normal accommodation

698

Operational capacity

724

Date of last full inspection

17–21 September 2012

Brief history

HMP Channings Wood was built on the site of a Ministry of Defence base in 1973 and the prison officially opened in July 1974. Further building programmes have taken place over the last two decades, with the addition of 104 prisoner places.

Short description of residential units

The establishment has eight residential units, known as 'living blocks' (LB). LB1 to LB5 are similar in layout, with two spurs of 56 cells over two floors. LB1 accommodates 138 prisoners and is the only unit with single cells that are 'doubled up' and holding two prisoners. LB2 to LB5 each accommodate 112 prisoners, and are designated as single occupancy. LB6 and LB7 accommodate prisoners on the highest level of privileges, holding 34 and 40 prisoners, respectively. LB8 accommodates 64 prisoners in double cells. LB1, LB5 and LB7 house vulnerable prisoners, and the remainder of the units house mainstream prisoners.

Name of governor/director

Terry Witton

Escort contractor

GeoAmey

Health service provider

Dorset Healthcare University Foundation Trust

Learning and skills providers

Weston College

Independent Monitoring Board chair

Colin Stanley

Community rehabilitation company (CRC)

Catch 22 on behalf of the Devon and Cornwall CRC

About this inspection and report

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

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

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

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

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

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

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **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.¹

¹ 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** *First night arrangements were not sufficiently focused on prisoners' safety but peer workers provided useful support. Levels of violence had increased and prisoners' perceptions of safety had declined but were mostly comparable with those at similar prisons. Arrangements to support prisoners at risk of suicide and self-harm were very poor. There was an uncoordinated approach to security and violence reduction and too little was being done to make the prison safer. Drugs and alcohol were easily available, yet the nature and extent of the problem were not monitored and supply reduction was poorly coordinated. The levels of use of force and segregation were relatively low but oversight was limited. Substance misuse services were good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S2** *At the last inspection in 2012 we found that outcomes for prisoners in Channings Wood were reasonably good against this healthy prison test. We made 15 recommendations in the area of safety. At this follow-up inspection we found that seven of the recommendations had been achieved, seven had not been achieved and one was no longer relevant.*
- S3** Newly arrived prisoners were routinely handcuffed between escort vehicles and reception, which was unnecessary. The reception area was adequate. Peer workers provided useful support and information in reception but were involved in the handling and processing of prisoners' property, which was inappropriate.
- S4** In our survey, fewer prisoners than at comparator prisons and than at the time of the previous inspection said that they had felt safe on their first night. There was no opportunity for prisoners to disclose safety or vulnerability concerns to staff in private or make a telephone call on their first night. Some cells for new arrivals were in a poor state, having not been prepared or cleaned.
- S5** The induction process was led by Insiders (prisoners who introduce new arrivals to prison life) and was informative but did not have sufficient oversight from staff.
- S6** In our survey, 14% of prisoners said that they felt unsafe currently, which was similar to the percentage at other prisons but far higher than at the time of the previous inspection. A third of prisoners said that they had been victimised by other prisoners. The number of recorded violent incidents had increased substantially but was now comparable with that at similar prisons, although the number of incidents against staff was relatively high. Most violent incidents were not serious. Systems and practices for identifying violence were in place and a range of data was discussed and analysed at the monthly safer custody meeting. Despite this, there was no coordinated plan to reduce the number of violent incidents to make the prison safer.
- S7** Support for victims of violence was in place but was limited and often resulted in prisoners seeking sanctuary on the segregation unit or the vulnerable prisoner units. Perpetrators were not challenged sufficiently.
- S8** Despite having separate accommodation, vulnerable prisoners were not always kept safe and were routinely subject to abuse from other prisoners.

- S9 There had been two self-inflicted deaths since the previous inspection, and a number of serious near-misses. The near misses had not been investigated by the prison with sufficient rigour, in order to learn lessons. The number of self-harm incidents was far higher than we normally see at similar prisons. Incidents were not adequately interrogated to identify local trends, including the impact of the smoking ban. The quality of assessment, care in custody and teamwork (ACCT) case management documents and risk assessments for prisoners at risk of suicide or self-harm was very poor. Prisoners' intentions to self-harm were too easily dismissed and we found prisoners whose ACCT documents had been closed prematurely, and occasionally without justification.
- S10 The prison had no safeguarding policy or referral process by which staff or prisoners could raise concerns about prisoners at risk of harm, neglect or abuse. There was no manager with current responsibility for this area, and links with the local safeguarding adult board were weak.
- S11 Physical security arrangements were proportionate to the risks posed but prisoner movement around the prison was inadequately supervised. The number of significant security-related incidents, such as barricades and concerted indiscipline, had risen considerably. There was a fractured response to overall threat and risks. We were not assured that there was an effective or coordinated strategy to address some of the significant security challenges facing the prison. While there was a good intelligence gathering unit, subsequent actions were incoherent and most staff did not know the security priorities.
- S12 In our survey, over half the population said that drugs were easy to obtain, which was much higher than at similar prisons and than at the time of the previous inspection. One in six said that they had developed a drug problem while at the prison, and one in 10 said that they had developed a problem with diverted medication. More than a third of prisoners said that alcohol was easily available, and there was anecdotal evidence that prisoners had turned to alcohol and other substances following the smoking ban. The random mandatory drug testing positive rate was relatively low but this did not include testing for new 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), such as 'spice', which was particularly problematic. The prison did not adequately monitor the nature and scale of drug use or the extent of the problem. A range of effective ad-hoc supply reduction measures had been introduced, but there was no detailed plan to coordinate and direct action.
- S13 The number of incidents involving the use of force had increased since the previous inspection, although was comparable with that at similar establishments. The oversight and governance of use of force were weak, documentation was often missing, and there was inadequate monitoring to identify patterns and trends. Good de-escalation was evidenced in the video recordings of incidents that we examined.
- S14 The number of adjudications was comparable with that at similar prisons. The number of prisoners segregated was lower than at similar prisons but too many prisoners were segregated pending adjudication. Staff on the segregation unit managed some challenging prisoners well but too many prisoners were transferred out of the prison without their underlying issues being resolved.
- S15 For prisoners with substance misuse issues, psychosocial support services were easily accessible and provided an excellent range of interventions, including group work, supplemented by peer support and high-quality one-to-one casework. Clinical care was good, treatment was flexible and integration between psychosocial and clinical services had improved considerably.

Respect

S16 *External areas were pleasant and well maintained. Prisoners had good access to basic essentials and cells were mostly well equipped but most of the living blocks required substantial renovation. Most prisoners said that staff treated them respectfully but we observed mixed relationships and some poor prisoner behaviour going unchallenged. Diversity and equality arrangements were reasonable and most prisoners with protected characteristics were supported well. Faith provision was underdeveloped. Some aspects of health services required significant improvement. Prisoners were very negative about the food provided. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S17 *At the last inspection in 2012 we found that outcomes for prisoners in Channings Wood were reasonably good against this healthy prison test. We made 18 recommendations in the area of respect.² At this follow-up inspection we found that eight of the recommendations had been achieved, one had been partially achieved and nine had not been achieved.*

S18 External areas were pleasant and well maintained, and the substantial amount of rubbish thrown out of windows was quickly cleaned up. Internal communal areas were generally clean and tidy, although most residential units were damp and water damaged, and required substantial renovation. Most cells were well equipped and reasonably clean. Access to basic essentials such as clothing, bedding and cleaning materials was good. Shower areas on some of the residential units were in a poor condition and had no privacy screening. The applications system was applied inconsistently and fewer prisoners than at the time of the previous inspection said that applications were dealt with fairly or quickly.

S19 In our survey, most prisoners reported respectful treatment by staff but few said that staff regularly checked on them or spoke to them during association, and this was supported by our observations. The interactions we observed during the inspection were mainly friendly and helpful but we witnessed some unit staff responding to prisoners in an abrasive and unhelpful manner, and some failing to challenge poor behaviour.

S20 Appropriate structures supported the equality and diversity provision, but data that could be monitored through the equality monitoring tool were too limited. This, coupled with delays in their availability, meant that the prison did not identify or respond to areas of concern quickly enough. Investigations into alleged discrimination incidents were thorough, decisions appropriate and responses to complainants considered. Consultation arrangements, through the small number of equality representatives and through a number of forums and support groups for specific protected characteristics, were reasonably responsive.

S21 A relatively small number of prisoners were from a black and minority ethnic background. In our survey, they mostly reported similarly to white prisoners, and were more positive about relationships with staff and access to some regime activities.

S22 There was little dedicated provision for the few foreign national prisoners being held. A small but significant minority who spoke limited or no English felt isolated and anxious.

S23 Around a quarter of prisoners had an identified disability, and care was mostly good. Those with the most significant needs were supported by community-based care workers, but there were a few men whose needs were not met. The introduction of the trained 'buddy'

² 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.

scheme was positive but was hampered by a lack of support from some staff. Many staff were not aware of the prisoners who needed help in an emergency. Provision for the large number of older prisoners had deteriorated and they had little structured activity provided.

- S24 The support offered to many gay and bisexual prisoners on the vulnerable prisoner units was good, but was limited elsewhere.
- S25 Faith provision had suffered from the lack of a managing chaplain. The limited availability of a Muslim chaplain meant that some Muslim prisoners felt disadvantaged. However, pastoral care and support were generally good, and appreciated by prisoners.
- S26 Responses to prisoner complaints were mixed; some were very good but others were dismissive and terse, and did not address the issues raised. Replies were not always timely.
- S27 The overall delivery of health services was inconsistent. Prisoners we spoke to were generally positive about the quality of care provided but dissatisfied with access to some primary care services. Some aspects of local clinical governance did not adequately ensure patient safety. The health care unit waiting area for vulnerable prisoners was not fit for purpose and posed a risk to patient safety, care and dignity. Health care complaints lacked confidentiality and responses were often delayed. The management of long-term conditions was haphazard and lacked structure and oversight to ensure a systematic approach. Medicine queues were poorly supervised, which increased the risk of bullying and diversion, and prisoners had to wait outside in all weathers for their medication. The range of dental treatments was good but prisoners waited eight weeks for assessment and treatment, which was too long. The integrated mental health team provided a reasonably good level of secondary mental health care, although the range of treatment for primary mental health care was limited and underdeveloped. The implementation of a smoke-free environment had been planned effectively and well delivered.
- S28 The Care Quality Commission (CQC) found that there were breaches of the relevant regulations and has issued one requirement notice (see Appendix III).
- S29 In our survey, only 18% of prisoners, far fewer than at similar prisons and than at the time of the previous inspection, described the food provided as good. There had been insufficient engagement with prisoners to tackle these persistent negative perceptions. Some serveries were dirty and food trolleys were left uncleaned on living blocks overnight.

Purposeful activity

S30 *A long-standing limited regime and further regular ad-hoc restrictions on time unlocked meant that many prisoners had too little time out of cell. There were sufficient learning and skills and work activities for the population but they were poorly utilised and too few prisoners were purposefully engaged. The range and level of provision were good. The quality of teaching and learning were good and peer mentors were used effectively. Prisoners participating in activities developed good social and work skills, and achievement levels were exceptionally good. Library and PE provision were good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S31 *At the last inspection in 2012 we found that outcomes for prisoners in Channings Wood were not sufficiently good against this healthy prison test. We made nine recommendations in the area of purposeful activity. At this follow-up inspection we found that four of the recommendations had been achieved, one had been partially achieved and four had not been achieved.*

S32 The amount of time out of cell for those fully employed was reasonable, at around eight and a half hours, but for others, including the many unemployed, it could be as little as three hours.

S33 A limited regime had been in place for two years and further restrictions were applied on an almost daily basis. During our roll checks, we found too many prisoners, around 20%, locked up during the working day, which was too many, particularly for a training and resettlement prison.

S34 Managers from the prison and learning and skills provider gave effective curriculum leadership and the management of training courses in workshops and education was good. The range and level of education, work and training were good and there were sufficient activity places for the population. However, too many activity spaces remained unallocated and too many prisoners, around 40%, were not engaged in any meaningful activity at any one time. Attendance at activities was not sufficiently prioritised; staff did not sufficiently challenge non-attendance and allowed prisoners to attend recreational gym during the working day. Quality assurance and performance management arrangements, including teaching observations and self-assessment, were robust.

S35 Teaching and learning, including in vocational training, were good. Learning sessions were interactive, engaging and well planned. A large number of competent peer mentors provided good support for learners. Prisoners developed their skills in English, mathematics and employability skills well. There were several well-run initiatives to promote reading and the integration of literacy and numeracy in vocational training was good. In prison workshops, prisoners worked well and developed useful employability skills and a good work ethic.

S36 Prisoners behaved well in all activities. Those who attended learning and training sessions developed self-confidence and personal and vocational skills to help them on release. Punctuality was poor. Prisoners working in industries gained useful trade skills to help them on release.

S37 Achievement rates for most qualifications had improved significantly and were exceptionally good. Learners made very good progress in classroom sessions and attendance had improved in recent months.

S38 The library was well used, accessible, valued by prisoners and appropriately stocked. Library staff promoted reading initiatives, such as Storybook Dads (in which prisoners record stories for their children) and Turning Pages (a mentoring scheme to help prisoners learn to read),

effectively. Library usage data did not identify whether all groups of prisoners were making effective use of library services.

- S39 PE facilities were appropriate and a wide range of sport and leisure activities, including competitive team sports, was offered. There was good access to recreational PE. Accredited PE provision was available, with progression to level 2. Links with the health care department were good and provided effective support for prisoners identified as having physical and mental health needs.

Resettlement

S40 *Despite a relatively high-risk population, offender management arrangements were weak and undermined by the substantial cross-deployment of offender supervisors. Too little priority was given to offender management within the prison. Many prisoners did not have regular contact with their offender supervisor or an up-to-date offender assessment system (OASys) assessment, which affected their ability to progress and caused considerable frustration. Basic public protection processes were sound. Reintegration planning and support for prisoners across the resettlement pathways was mostly good, but children and families work was underdeveloped. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S41 *At the last inspection in 2012 we found that outcomes for prisoners in Channings Wood were reasonably good against this healthy prison test. We made 13 recommendations in the area of resettlement. At this follow-up inspection we found that five of the recommendations had been achieved, one had been partially achieved, six had not been achieved and one was no longer relevant.*

S42 The strategic oversight of reducing reoffending had deteriorated. There was no longer a robust needs analysis or action plan to support the strategy. Offender management did not have a high enough profile across the prison.

S43 Release on temporary licence had been used in a very small number of cases but it was not clear why some category D prisoners remained at the establishment, rather than going to an open prison.

S44 The prison was managing a substantial number of high-risk prisoners, with most serving long sentences and a third convicted of sex offences. In the previous few months, half of all prisoners had arrived from local prisons without an offender assessment system (OASys) assessment, and at the time of the inspection a third did not have a current assessment or sentence plan, which potentially hindered their progression. The quality of completed assessments and plans was not consistently good enough. Substantial and ongoing cross-deployment of uniformed offender supervisors hindered effective offender management, contact and support for prisoners, and resulted in a purely reactive service, with some highly demoralised staff and frustrated prisoners. Too many prisoners were released late onto home detention curfew, mainly owing to issues beyond the control of the prison.

S45 Public protection arrangements were mostly sound; risks were identified on arrival and contact restrictions were used appropriately. The interdepartmental risk management team provided a good opportunity for additional risk management in some of the more complex cases. Some prisoners did not have their multi-agency public protection arrangements (MAPPAs) management level confirmed well enough ahead of release, which limited the prison's involvement in risk planning.

- S46 Too many recategorisation reviews were late, and some considerably so. Transfers to other prisons were not clearly prioritised by offender supervisors or sentence plan needs and some were delayed by national transport difficulties.
- S47 Reintegration planning was reasonably good. The community rehabilitation company (CRC) provision was good and we saw evidence of effective information exchange between the offender management unit and community-based workers, but the effectiveness of accommodation and education, training and employment provision was not monitored. Most prisoners knew who to turn to for resettlement help and resettlement plans were reviewed before release, with referrals made as needed and appropriate action taken to address issues.
- S48 A range of accommodation services was provided, with effective links to regional and national housing agencies. However, around 9% prisoners were released homeless.
- S49 Good employer links and partnership working promoted specific job roles and industries to prisoners on release. A pre-release course provided a range of employability skills, including CV writing, but the virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used effectively for job search.
- S50 Pre-release planning for prisoners with physical and mental health needs was timely and effective. There were good links with a local hospice, and palliative care and end-of-life services when required. Prisoners with substance misuse issues could undertake a release preparation course. Release planning was comprehensive and there was good liaison with community service providers.
- S51 Prisoners were provided with a range of finance and benefits advice but there was little support for those with debts as the debt advice service had recently ended. Prisoners were given assistance to open bank accounts.
- S52 Many prisoners were being held a long way from their families. Visits facilities were reasonable but visits often started late. Support for families, including parenting and relationship courses, was underdeveloped.
- S53 The range of accredited offending behaviour programmes was adequate and supported by a comprehensive needs analysis. Programme places were prioritised well but access was sometimes delayed by a limited number of places and the lack of an OASys assessment.

Main concerns and recommendations

- S54 Concern: There had been two self-inflicted deaths in the previous six months, and the number of prisoners self-harming was high. ACCT care and case management arrangements for those at risk of self-harm were very poor, and we were particularly concerned that ACCT documents were closed too early, without the risk of self-harm being reduced.

Recommendation: The care and case management of those at risk of self-harm should be improved. In particular, risks should be identified and properly assessed, and care plans should be actioned before assessment, care in custody and teamwork (ACCT) documents are closed.

S55 Concern: Drugs and alcohol were too easily available but the prison did not adequately monitor the nature and scale of drug use and did not know the extent of the problem. There was no detailed plan to reduce supply reduction.

Recommendation: The nature and scale of drug abuse should be established and a plan put in place to reduce the availability of prescribed medication, illegal drugs and alcohol.

S56 Concern: Learning and skills and work activities were given insufficient priority. There were sufficient activity places for all prisoners to be fully occupied, but places were under-utilised and too many prisoners were unemployed or failed to attend.

Recommendation: Learning and skills and work activities should be given a significantly higher priority. Staff at all levels should cooperate to promote participation and attendance at learning and skills and work activities. Prisoners who do not attend should be challenged.

S57 Concern: Despite holding a relatively high-risk population, offender management was given too little priority across the prison. Offender supervisors were regularly redeployed and had little meaningful contact with prisoners. Many prisoners were without an OASys assessment or sentence plan, which hindered their management and progression.

Recommendation: Offender management work should be given sufficient priority and resources to ensure that prisoners' risks and needs are identified and managed effectively.

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 escort vehicle we saw was clean and prisoners had been given food and water during their short journey. However, the last prisoner was taken off the van 35 minutes after arrival, which was too long, considering the small number of arrivals. This wait was partly caused by the routine handcuffing of each prisoner in turn between escort vehicles and the reception area; this was unnecessary in an already secure environment.

Recommendation

- I.2** Prisoners should not be routinely handcuffed between the escort vehicle and reception building.

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.3** The reception area was adequate and staff were friendly. New arrivals were held in a waiting room until taken one at a time to see an officer at the front desk. Unless they were on the enhanced incentives and earned privileges (IEP) regime, they had to change into prison-issue clothing and their own clothes were placed in storage. New arrivals were issued with a first night pack containing soap and other essential items, and smokers could purchase an emergency e-cigarette pack. The arrivals we saw had come from a prison with an existing smoking ban, so prisoners needed little explanation about this initiative.
- I.4** Insiders (prisoners who introduce new arrivals to prison life) provided useful support and information. One of them arranged for the correct size of prison clothing to be issued. A safer custody Insider spoke to new arrivals in the holding cell about life at the establishment. A reception orderly provided refreshments, but also assisted staff in handling and processing prisoners' property, which was inappropriate.
- I.5** In our survey, fewer prisoners than at comparator prisons and than at the time of the previous inspection said that they had felt safe on their first night (76% versus 81%). Prisoners had a private interview with a nurse but the rest of the reception process was conducted at the front desk, within hearing of other prisoners and staff. There was no opportunity for new arrivals to disclose safety or vulnerability concerns to officers in private on their first night.
- I.6** There was no dedicated first night/induction unit in the main prison and prisoners were located wherever there were spaces. The newly arrived prisoners we observed were collected promptly by their unit officer, who escorted them to their cell and then to the unit

office to sign compacts. Some cells for new arrivals were in a poor state, having only just been vacated, without being prepared or cleaned. Vulnerable prisoners had better organised first night/induction arrangements and were located together on their first night.

- 1.7** The induction process was led entirely by Insiders, who collected new arrivals on the morning after arrival, gave them a talk and then took them to the various departments. Vulnerable prisoners underwent a similar process but this was necessarily structured around their more limited access to the wider prison. The programme was informative but did not have sufficient staff oversight to ensure that Insiders were staying within the boundaries of their role and delivering appropriate information.

Recommendations

- 1.8 Prisoners' property should not be handled by other prisoners.**
- 1.9 All new arrivals should have the opportunity to disclose safety and vulnerability issues in a private interview with an officer on their first night.**
- 1.10 All prisoners in peer mentoring roles should be trained and have regular supervision from staff, to help to clarify and reinforce the limits of their demanding roles.**
- 1.11 Cells for new arrivals should be prepared and cleaned.**

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.

- 1.12** The number of reported violent incidents had increased considerably but was now in line with that at similar prisons, and most violent incidents were low level. There had been 34 assaults on prisoners and 22 fights in the previous six months. There had been 23 assaults on staff during this period, which was higher than at similar prisons.
- 1.13** In our survey, 14% of prisoners said that they felt unsafe currently, which was similar to the percentage at other prisons but far higher than at the time of the previous inspection, and 45% said that they had felt unsafe at some time at the establishment. A third of respondents said that they had been victimised by other prisoners, which was higher than at comparator prisons. The most common causes of victimisation included being new to the prison (10%), debt (8%) and drugs (7%). For vulnerable prisoners, 20% said that they currently felt unsafe, which was far higher than for mainstream prisoners, despite having their own accommodation, and they were routinely subject to abuse from other prisoners. There was anecdotal evidence that some prisoners (both vulnerable and mainstream) were fearful of some aspects of the regime, such as attending the health care unit and collecting prescribed medication, because of the lack of supervision in the waiting areas and abuse from other prisoners (see also paragraphs 2.50 and 2.73, and recommendation 2.74).
- 1.14** A violence reduction policy had been developed and was underpinned by a local strategy but there was confusion between the two. There had been a recent survey of prisoners about their views on safety, and exit surveys were in place; while information from these sources

had been adopted into an action plan, the actions remained relatively low level and underdeveloped. The availability of illicit substances, such as 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) and hooch (illicitly brewed alcohol), was a significant problem at the establishment (see also main recommendation S55 and section on security). This posed a threat to the safety of prisoners and the stability of the prison, but the establishment was not fully sighted on either the extent of the problem or the link with violence.

- I.15** Systems and practices for identifying violence were in place and records of incidents were examined daily, to ensure that they were all logged, although we found evidence of some alleged assaults that the safer custody team was not aware of. The monitoring and analysis of data at the monthly safer custody meeting identified trends and hotspots. The meetings were attended by other relevant departments, such as security, but there was no coordinated strategy, and there were limited actions to address, reduce or mitigate the identified risks, to make the prison safer.
- I.16** Initial investigation into acts of violence, including unexplained injuries, were conducted promptly and monitored by the safer custody team. Most investigations were thorough and included observations from a variety of sources, such as closed-circuit television (CCTV). Despite this, there was no strategy for perpetrators of violence, who were rarely challenged, and in most cases the only intervention for victims was the opening of an assessment, care in custody and teamwork (ACCT) case management document. ACCT documents were often rudimentary, and too often the victim was simply segregated or moved to a different living block.

Recommendations

- I.17 The level of violence should be reduced through a coordinated action plan.**
- I.18 The support for victims should be increased and a strategy developed to challenge and manage perpetrators of violence appropriately.**

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.19** There had been two self-inflicted deaths since the previous inspection, both in 2016, and these were still under investigation by the Prisons and Probation Ombudsman. There had also been some recent serious attempts by prisoners to take their own lives and these had not been investigated by the prison with sufficient rigour, in order to learn lessons.
- I.20** The number of self-harm incidents was far higher than we see at similar prisons. Incidents were not adequately interrogated to identify local trends, and the impact of the smoking ban had not been assessed. Although the prison had an action plan, there was no coherent strategy to reduce the incidence of self-harm.
- I.21** The quality of ACCT documents and risk assessments was very poor. Most ACCT documents were closed within a week, sometimes without evidence of a coherent plan to

reduce the risk of self-harm. Consequently, some prisoners' distress quickly resurfaced and they were back on an ACCT document within a week or two. Prisoners' intentions to self-harm were too easily dismissed by case managers, and their reassurances to the contrary were too quickly believed. Evidence of previous serious self-harm, the best indicator of future risk, was sometimes ignored. Methods of self-harm, such as the hoarding of illicit medication, were not properly investigated (see main recommendation S54).

- I.22** In our survey, 72% of prisoners, far more than at comparator prisons, said that they were able to speak to a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) at any time. There were enough Listeners for the main prison and the vulnerable prisoner units, with more in training. They were well supported by safer custody staff and the local Samaritans.

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.³

- I.23** The prison had no safeguarding policy. This area had not had developed since the previous inspection; there was no manager with current responsibility for safeguarding, and senior managers did not have oversight of it. There was no referral process by which staff or prisoners could raise concerns about prisoners at risk of harm, neglect or abuse. The prison had links with a social worker at the local county council but this was only identified on the fourth day of the inspection, when a member of staff who had been on leave returned to work. In his absence, no one at the prison had known who to contact. Links with the local safeguarding adults board were weak and no one from the prison attended any external meetings.

Recommendation

- I.24** The prison should implement comprehensive adult safeguarding procedures.

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.25** Physical and procedural security arrangements were mostly proportionate and prisoners could move around the prison reasonably easily. However, we found instances where staff supervision was inadequate; for example, we regularly saw gatherings of prisoners with no staff presence, and even when staff were present, they often did not challenge prisoners' poor behaviour (see also paragraph 2.12).

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

- I.26** An average of 350 intelligence reports were submitted each month. These were processed promptly, and any key issues were taken to a daily meeting with senior managers. Security committee meetings were held monthly and attendance was reasonably good, with appropriate departments represented. A range of issues was discussed and the meeting was informed by a monthly intelligence assessment (MIA) that identified the top three intelligence objectives for the month. Any emerging issues in relation to extremism were addressed via the MIA and involved good working relationships with both the chaplaincy and offender management unit (see paragraph 4.15). The department was further supported by a police intelligence officer, whose time was shared with two other prisons.
- I.27** The number of significant security-related incidents, such as barricades and concerted indiscipline, had risen considerably. Staff and prisoners alike told us that this situation was due to the use of drugs and other illicit substances, which often led to debt issues.
- I.28** While all the available information, derived from the security, safer custody and drug strategy committees, indicated that violence and use of illicit substances were the main risks facing the prison, the strategy for managing the identified threat objectives was fractured and there was no coordinated action plan or strategy to deal with them (see also paragraph 1.15 and main recommendation S55). With the exception of illegal alcohol, the establishment was not aware of the extent of the drug problem, primarily because there was no ongoing monitoring or analysis of the number or nature of illicit packages being recovered. Most of the staff we spoke to, including senior managers, were not aware of the intelligence objectives for the current month. When actions had been requested as a result of an intelligence report, we were not assured that actions had been conducted promptly. Cell searches were only completed at lunchtimes, which made them too predictable and any finds were of limited value (see main recommendation S55).
- I.29** In our survey, far more respondents than elsewhere and than at the time of the previous inspection said that it was easy to get illegal drugs at the prison (56% versus 43% and 41%, respectively), that they had developed a drug problem while at the prison (16% versus 10% and 11%, respectively) and that alcohol was easily available (38% versus 24% and 26%, respectively). In addition, more than at similar prisons said that they had developed a problem with diverted medication at the prison (10% versus 7%). There was anecdotal evidence that prisoners had turned to alcohol and other substances following the smoking ban.
- I.30** The relatively low random mandatory drug testing (MDT) positive rate of 4.62% in the previous six months did not reflect the use of the NPS ‘spice’, which was particularly problematic. No suspicion tests had taken place in the current year until the previous month, when testing for NPS had been introduced, and four prisoners had already tested positive.
- I.31** Drug supply reduction was discussed at both security and drug strategy meetings and there was good joint working between departments and service providers. Initiatives such as an amnesty conducted by the substance misuse service in May 2016 had resulted in large amounts of contraband being handed in, but the establishment had not developed a detailed action plan to coordinate and direct supply reduction measures (see main recommendation S55).

Recommendation

- I.32** **The prison should ensure that the MDT and suspicion testing programmes are adequately resourced to undertake all testing within required timescales and in a way that minimises their predictability.** (Repeated recommendation 1.41)

Incentives and earned privileges⁴

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.33** The IEP scheme was advertised on the living blocks and included in the induction process. Prisoners could apply for progression to enhanced status three months after arrival or after any warnings or proven adjudications. Key differentials between the levels included improved access to visits, extended family visits, the facility to wear own clothes and increased spending capacity from private cash.
- I.34** At the time of the inspection, there were 24 prisoners on the basic level, and they were allowed to continue working, subject to risk assessment. Reviews were conducted weekly but those on basic could expect to be on this level for at least 28 days, and although there were written targets and behavioural expectations, these were generic and insufficiently focused on individual behaviour.
- I.35** The amount of time unlocked for unemployed basic prisoners was better than we normally see, at around three hours daily and with no restrictions at weekends, which gave them the opportunity to demonstrate improvements in behaviour (see also section on time out of cell).

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** There had been nearly 700 adjudications in the previous six months, which was comparable with similar establishments. More serious adjudications were referred to the independent adjudicator and, although the number of adjourned cases was relatively low, many referrals to the police were outstanding at the time of the inspection, with some going back as far as 2015, which was unacceptable.
- I.37** The documentation we examined was reasonable and the processes we observed during adjudications were fair. There had been no adjudication standardisation meeting for some time, in order to provide strategic management and oversight of the process, to identify trends and patterns, although there had been some minor discussion in the recently reformed segregation, monitoring and review group (SMARG) meeting. The adjudication tariff was reviewed annually and reflected the risks that the establishment faced in relation to illicit substances and the move to a non-smoking prison.

⁴ 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.

Recommendation

- I.38 All adjudications, including those referred to the police, should be concluded in a timely manner.**

The use of force

- I.39** Although the number of incidents involving the use of force was comparable with that at similar establishments, there had been a sharp increase since the previous inspection, from 52 to 72 incidents in the six months before inspection. Two of the incidents had required support from the National Tactical Response Group (National Offender Management Service staff trained to a higher level of incident management) and had involved the use of Pava (an incapacitant spray) and pyrotechnics.
- I.40** The video-recording of planned incidents was adequate, and those that we viewed showed a proportionate response and demonstrated an appropriate focus on de-escalation. Overall, however, the management and oversight of use of force were poor and too many incidents had incomplete documentation. There had been some meetings in relation to the use of force but they were not sufficiently well structured, and did not scrutinise all cases to provide accountability and identify patterns and trends.
- I.41** Special accommodation had been used three times in 2016 and all cases had been proportionate, with the longest use being for 3.5 hours. Documentation in this area was good and evidenced appropriate de-escalation.

Recommendation

- I.42 Force should be used proportionately and as a last resort. Any patterns and trends should be identified and acted upon.**

Segregation

- I.43** Although the overall occupation of the segregation unit was lower than we usually see at similar establishments, too many prisoners were segregated pending adjudication. The management of prisoners held under Rule 45 (segregation for good order or discipline or in the prisoner's own interests) was reasonable but targets set to improve prisoners' behaviour at Rule 45 boards were often perfunctory and generic.
- I.44** For prisoners who were located on the unit for longer periods, there were 30-day care plans, and for those held for over 42 days (of which there had been five in the previous six months), authority was in place from the deputy director of custody (DDC). Other than the DDC reviews, there was little evidence of resolution of the underlying reasons for prisoners' segregation, or of reintegration planning back to the living blocks. Since March 2016, 43% of segregated prisoners had been transferred out of the prison.
- I.45** Accommodation on the unit was clean but the exercise yard was austere. Although the latter had been painted and a concrete seat added, there was a high level of graffiti there, which made the area look neglected. All cells were adequately furnished and prisoners had kettles. There was CCTV coverage of each cell and, although use of this was not routine, coverage included the toilet area, which was inappropriate. We observed positive relationships between segregation staff and prisoners on the unit, some of whom presented challenging behaviour.

- I.46** The regime on the unit was basic, with showers, exercise and telephone calls provided daily. We were told that prisoners could exercise together, subject to risk assessment, but we did not see this during the inspection. There was a limited library provision, and staff told us that prisoners could access offending behaviour programmes or education if appropriately risk assessed, but we did not witness this or find it in any Rule 45 documentation we examined.

Recommendations

- I.47** **The underlying reasons for segregation should be explored and addressed, and plans to reintegrate prisoners back to normal location should be put in place where possible.**
- I.48** **The environment in the exercise yard should be improved and include seating, and prisoners should be exercised together unless a risk assessment precludes this.** (Repeated recommendation I.62)
- I.49** **The closed-circuit television coverage of cells should provide privacy in relation to prisoners' toilet facilities.**

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.50** The drug and alcohol strategy document was up to date and development targets were reviewed at bimonthly substance misuse strategy meetings.
- I.51** EDP Drug and Alcohol Services was the provider of psychosocial interventions. The team was well resourced and each unit had a named recovery worker. New arrivals received information about the dangers of NPS, and in particular the use of spice. The service was easily accessible and at the time of the inspection 152 prisoners were actively engaging with the team. In our survey, 71% of those who had received help or support with their drug or alcohol problem said that they had found this helpful, which was comparable with the percentage at similar prisons and at the time of the previous inspection.
- I.52** Recovery plans were detailed and of high quality. In addition to one-to-one work, EDP had introduced a modular recovery programme; this replaced the therapeutic community and was available to all prisoners, including vulnerable prisoners. Since April 2016, 104 prisoners had completed the course. A family worker offered both one-to-one and group-work support, and contributed to family days. Mutual aid consisted of regular Alcoholics Anonymous and self-management and recovery training (SMART) groups, a peer mentor was available and a service user forum met every month.
- I.53** Clinical treatment was provided by a full-time substance misuse nurse and a GP specialising in substance misuse from the Dorset Healthcare University Foundation Trust, who held weekly clinics. Prescribing regimes were flexible and currently 57 prisoners received opiate substitute treatment, with 77% reducing their dosage, which was appropriate for a longer-term population.
- I.54** Methadone and buprenorphine were administered by primary care nurses and recovery support workers in the health care building. There was good officer supervision but the

treatment room was cramped and some prisoners had to wait outside, which was not acceptable (see also paragraph 2.69).

- I.55** Joint working with the psychosocial interventions team had improved considerably. Services were now co-located and regular clinical reviews were conducted jointly. Good links with the mental health team facilitated the care of prisoners with both substance use- and mental health-related problems. However, information sharing between the primary health care and substance misuse teams was inconsistent, and in cases of spice use this potentially put prisoners' safety at risk.

Recommendation

- I.56** **Information sharing between the primary health care and substance misuse teams should be consistent, to ensure patient safety.**

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1 The external areas of the prison were well maintained and provided a pleasant environment. However, an almost constant stream of paper and other rubbish was thrown from the cell windows on some living blocks, although this was dealt with quickly by cleaners.
- 2.2 Internal communal areas were generally clean and tidy, although a general lack of investment in the ageing buildings meant that most of the original living blocks were damp and susceptible to significant rain ingress during wet weather. Living block 3 was in a particularly poor state, with half of the dining facility out of action due to constantly wet walls and floor, and mould on ceilings and walls.
- 2.3 Most cells were clean and well equipped, with sufficient furniture, toilet screens, curtains and lockable cabinets. However, 26 single cells were used to house two prisoners, which led to cramped conditions for some. There was little graffiti and in most of the living blocks the offensive display policy was generally well enforced. The exception to this was living block 6, where the general environment was grubby, there were large amounts of, often offensive, graffiti in many cells and offensive pictures went unchallenged. We were told that there was a shortage of kettles; although there was an almost constant requisition order for replacements, we saw many kettles in which the flex had been cut to provide a spark to light illicit 'cigarettes' following the imposition of the establishment-wide smoking ban (see Appendix VI). Prisoners made a number of improvised cigarettes by rolling dried grass, tea and a range of other matter in thin paper torn from books.
- 2.4 There had been some investment into upgrading the shower areas on the living blocks but over half of all shower areas had no privacy screening, were poorly ventilated and had mould and peeling paint on walls and ceilings.
- 2.5 Access to cleaning materials was good, and better than we normally see, and to clean bedding, laundry services and prison-issue clothing was also satisfactory. The quality of clothing was reasonable, with a full range of sizes available for issue. Only those on the enhanced level of the incentives and earned privileges scheme were allowed to wear their own clothes, which was over-restrictive.
- 2.6 The applications system was applied inconsistently across the prison, and in our survey far fewer prisoners than at the time of the previous inspection said that applications were answered fairly or quickly. Access to stored property was reasonable and most applications for access were actioned within seven days.
- 2.7 Access to mail and telephones was good, although some telephones lacked acoustic hoods, so were not sufficiently private.

Recommendations

- 2.8 The poor structural state of the living blocks should be addressed and buildings made waterproof.**
- 2.9 Single cells designed for one prisoner should not be used for two.** (Repeated recommendation 2.6)
- 2.10 Shower areas should be decorated adequately and privacy screens installed.**
- 2.11 All prisoners should be given the option of wearing their own clothes.** (Repeated recommendation 2.8)

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.

- 2.12** In our survey, most prisoners reported respectful treatment by staff. Although there were clear differences in staff–prisoner interactions across the differing types and roles of the living blocks, most of those we saw were friendly and helpful, and most prisoners that we spoke to were positive about the staff. However, in our survey, far fewer than at comparator prisons and than at the time of the previous inspection (20% versus 30% and 35%, respectively) said that staff had recently checked on their welfare, and only 12% (against the 21% comparator and 24% at the time of the previous inspection) said that staff usually spoke to them during association, and this was supported by our observations. We witnessed some unit staff responding to prisoners in an abrasive and unhelpful manner, and some failing to challenge poor behaviour, such as poor cell hygiene, misuse of kettles, failure to attend work, excessive in-cell graffiti and prisoners loitering outside cell windows.
- 2.13** There was a personal officer scheme in operation but staff and prisoners alike expressed frustration at the lack of continuity of unit staff, and in our survey only 55% of prisoners who had a personal officer said that they were helpful. Consultation between residential managers and prisoner unit representatives was regular and records demonstrated actions being taken to address issues raised at these meetings.

Recommendation

- 2.14 Staff should challenge all instances of poor behaviour.**

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 characteristic⁵ 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

- 2.15** The strategic management of equality and diversity was good. Despite a reduction in dedicated resources, outcomes for most prisoners remained reasonable. There was a comprehensive equality and diversity policy, and an action plan. The bimonthly equality action team meeting was chaired by the governor, and was attended by prisoner representatives. The meeting was effective in checking progress against the action plan, monitoring equality through the standard equality monitoring tool and reviewing discrimination complaints. The release of monitoring data from the central Prison Service performance hub was not timely, which meant that analysis and action were not always identified in time to respond effectively. Monitoring was limited to the Prison Service standard list of areas and had not been expanded locally to include issues that were relevant specifically to the establishment, such as allocation to activities.
- 2.16** An active equality officer was supported by prisoner equality orderlies with access to all areas of the prison, and prisoner representatives on most living blocks. These individuals provided support and advice to prisoners and liaised with the equality team regularly.
- 2.17** Discrimination incident report forms (DIRFs) were not always readily available on all living blocks. However, 35 DIRFs had been submitted in the previous six months, which was higher than in similar prisons. The DIRFs that we examined had been investigated thoroughly, findings had been well explained and responses had been considered.
- 2.18** Equality was promoted around the prison reasonably well, generally by displays related to specific protected characteristics. There was limited celebration of occasions such as Black History Month and Remembrance Day.
- 2.19** Responsive consultation and support forums, led by the equality officer, met reasonably regularly for most protected characteristics.

Recommendation

- 2.20** **Monitoring data concerning outcomes for prisoners with protected characteristics should be released in a timelier manner from the central performance hub and should be broadened to include all areas relevant to the prison.**

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

Protected characteristics

- 2.21** Only about 8% of the population were from a black and minority ethnic background. In our survey, this group generally reported similarly to white prisoners, and were more positive about some aspects of relationships with staff and access to some regime activities. Throughout the inspection, this group raised concerns about being overlooked for better-paid or more trusted jobs. The lack of monitoring made it impossible for us to prove or disprove whether these perceptions were founded (see recommendation 2.20). Identification of prisoners from a Gypsy/Romany/Traveller background was proactive and there was a Traveller prisoner representative.
- 2.22** There was little dedicated provision for the 27 foreign national prisoners being held at the time of the inspection, including two detained solely on immigration powers. There was infrequent access to Home Office staff. There was little translated written material available, and limited evidence of translation of written documentation. Professional telephone interpreting services were rarely used. Most prisoners spoke reasonable English but it was difficult to communicate with a few. We met, and equality representatives described, a few men who spoke little or no English and felt isolated and anxious. Foreign national prisoners were allowed to make a monthly call to their family abroad, but only in lieu of visits.
- 2.23** At the time of the inspection, the prison had identified about a quarter of prisoners as having a disability. In our survey, these prisoners reported more negatively than others across a range of indicators, particularly concerning access to the regime and victimisation by staff and other prisoners. Community-based care workers provided personal support for a few prisoners with the most significant needs (see paragraph 2.87). We saw lots of adjustments that had been made to meet the individual needs of prisoners, including the provision of wheelchairs, walking aids, hospital beds, lowered call bells and grab rails. However, some broader issues that affected prisoners more generically were not dealt with well enough. Showers were not accessible for some prisoners with mobility or other health issues, and as a result some had not accessed showers for an unacceptable length of time – four months, in one case. Access to outside association and aspects of the regime were sometimes limited for men with disabilities. Trained and paid ‘buddies’ offered appropriate care to prisoners on living block 5 through care plans drawn up by a social worker. However, despite some identified need elsewhere, buddies were not yet available on other locations. We were not assured that all staff understood or supported the role of buddies. At the time of the inspection, 32 prisoners needed help in an emergency situation. Personal emergency evacuation plans were not drawn up or available consistently across the living blocks, so staff were not always aware of these prisoners. Forums for prisoners with disabilities took place fairly regularly and action was taken to address some of the concerns raised.
- 2.24** About a quarter of the population were aged over 50, and provision for them had deteriorated. However, they reported equitable or better treatment than younger prisoners across most indicators of our survey. Prisoners who were retired or unfit to work were generally unlocked for most of the working day. However, other than an older prisoners group on three afternoons a week on living block 5, a less formal gathering on living block 1 and dedicated PE sessions for older prisoners, there was little other structured activity for these prisoners.
- 2.25** In our survey, 8% of prisoners described themselves as gay or bisexual. It was positive that many prisoners felt comfortable enough to disclose their sexuality to the equality team. The Rainbow Group met monthly and was well established in supporting gay, bisexual and transgender prisoners, particularly on the vulnerable prisoner units. Support for this group on the other living blocks was limited. At the time of the inspection, one prisoner identified as transgender and was being offered appropriate support.

Recommendations

- 2.26** Support for foreign national prisoners to help them feel less isolated should be improved, including the use of professional telephone interpreting services, access to a range of translated material and regular contact with the Home Office.
- 2.27** The needs for all prisoners with disabilities should be identified and met, personal emergency evacuation plan process should be standardised and all staff should be aware of prisoners who need help in an emergency.
- 2.28** A range of structured activities should be available for older prisoners.

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.

- 2.29** Chaplains represented all the main faiths. Faith facilities, including a multi-faith room and chapel, were good. The chaplaincy had worked without a managing chaplain for a considerable time and a new managing chaplain started during the inspection and was already making plans to develop and improve the provision.
- 2.30** Chaplains made daily visits to new prisoners and those on the segregation unit. Prisoners told us that they were visible on the living blocks, and appreciated the pastoral care and support they offered. Contact with families and bereavement support were provided on request.
- 2.31** In our survey, fewer prisoners than at similar establishments said that their religious beliefs were respected and that it was easy to attend religious services. Muslim prisoners told us that they felt disadvantaged because a Muslim chaplain only attended the prison on alternate weeks to lead Friday prayers, with a prisoner leading the service in the intervening weeks.

Recommendation

- 2.32** All religious services should be led by a member of the chaplaincy.

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.

- 2.33** In our survey, fewer prisoners than at similar prisons and than at the time of the previous inspection said that complaints were easy to make, and dealt with fairly or quickly. In the previous six months, 469 complaints had been submitted, which was relatively few. The main reasons for complaints included residential issues, property and the offender management unit.

- 2.34** A senior manager quality assured 10% of all complaints and provided feedback to respondents. The responses we checked varied in quality; some were detailed, while others were dismissive, terse and did not respond to the issues raised. Replies were not always timely, with some many weeks late. Complaints against staff were investigated at an appropriate level and responses to these were timely and appropriate.
- 2.35** Complaints were discussed only cursorily at senior management team meetings. Minutes did not reflect any meaningful trend or pattern analysis.

Recommendations

- 2.36** Responses to complaints should address the issues raised and should be timely.
- 2.37** Data concerning complaints should be monitored and analysed to identify and respond to any trends or patterns.

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.

- 2.38** No staff were identified to assist prisoners with legal issues. We were told that 'access to justice' computers were not available to prisoners, to help them with any ongoing legal work.
- 2.39** Legal visits generally took place in the open visits halls, so prisoners could not consult their lawyers in private.
- 2.40** The library stocked a good selection of legal textbooks.

Recommendations

- 2.41** Prisoners should have access to staff who are trained to provide advice and practical support in pursuing legal matters.
- 2.42** Prisoners should be able to consult their legal visitors in private.

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.

2.43 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁶ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement, with a subsequent notice issued by the CQC which has been detailed within Appendix III of this report.

Governance arrangements

2.44 NHS England had commissioned Dorset Healthcare University NHS Foundation Trust (DHUFT) to provide health services since April 2013. The contract was due for retendering and a recent comprehensive health and social needs assessment was in place, with recommendations for service development.

2.45 Working relationships between the commissioner, prison and provider were good, with well-attended partnership board meetings. However, there had been gaps in attendance by primary care health services staff at some relevant prison meetings, which meant that communication was not always effective.

2.46 Implementation of the 'smoke-free' legislation had been planned effectively and well delivered by health services staff. However, implementation had been time consuming and had had a negative impact on the delivery of other health services during the first few months of this process, and had delayed some plans for service improvement.

2.47 A dedicated health forum was valued by prisoners but it had not met for a few months. A patient survey had recently been conducted but it was too soon to see any changes resulting from this.

2.48 A strategic clinical governance framework was in place but some aspects of local governance did not always adequately ensure prisoner safety and continuity of care. We found some gaps in record-keeping on SystemOne (the electronic clinical record) and there was a lack of care planning within primary care for prisoners with complex health needs. Clinical records had not been audited, so the quality had not been assured and was poor in several cases we sampled. There was an under-reporting of clinical incidents, which meant that opportunities to learn from these was missed. Information sharing between the primary care and the substance misuse teams was inconsistent (see paragraph 1.55 and recommendation 1.56).

2.49 Some health care complaints were submitted via the general prison complaint system before reaching the health care department for a response; this was inappropriate as it lacked confidentiality and sometimes delayed responses. The responses we sampled were respectful, and addressed the issues raised. Health care complaints were analysed and trends were identified to improve the service.

⁶ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.50** The health care unit was clean and tidy, and a wide range of health promotion literature was available. However, an old office was being used as a waiting room for vulnerable prisoners, and was unfit for purpose. Several prisoners told us that they had received verbal and physical abuse from other prisoners while waiting in this area and in the health care unit. It was not always supervised by officers, and health services staff felt that vulnerable prisoners were placed at risk when they were escorted through the main waiting area to access some services (see also paragraph 1.13).
- 2.51** Health services staff were available from 7.30am to 6pm. They were clearly identifiable, and the interactions we observed were conducted in a caring and professional manner. Mandatory training was well managed and there was some opportunity for professional development. Too few staff had received formal managerial and clinical supervision, so it was unclear if the needs of the individual or the organisation were being met.
- 2.52** Communicable diseases were managed effectively and there was an appropriate range of policies, including safeguarding.
- 2.53** Emergency resuscitation equipment, including automated external defibrillators (AEDs), was available to health services staff, and was in good order and checked appropriately. There was an AED in the reception area, and eight more had recently been ordered to be placed across the prison. Approximately 38% of custodial staff were first-aid trained, and further training was planned. There were arrangements for ensuring cover on each shift, including nights. An ambulance was called promptly in emergencies.
- 2.54** There was good access to immunisations, screening for blood-borne viruses and to some age-appropriate screening. Good use was made of visiting sexual health and hepatitis C specialists, and barrier protection was available from health services staff.

Recommendations

- 2.55** **Clinical governance should be improved, to provide assurances that services are safe and promote continuity of care through good record keeping, reporting and analysis of clinical incidents, effective communication and supervision of staff.**
- 2.56** **There should be a separate health care complaints process which is confidential and well advertised, and responses should be timely.**
- 2.57** **The waiting area for vulnerable prisoners should be fit for purpose and safe.**

Delivery of care (physical health)

- 2.58** During reception, prisoners received a comprehensive health screening by a registered nurse and appropriate referrals were made.
- 2.59** In our survey, fewer prisoners than elsewhere and than at the time of the previous inspection said that the overall quality of health services was good or very good (35% versus 42% and 43%, respectively). Prisoners we spoke to were positive about the quality of the care they received once they were seen by health services staff but were dissatisfied about access and the length of time it took to receive an appointment, which was also reflected in our survey.
- 2.60** There were no nurse-led long-term condition clinics or care plans, and there was no effective recall system to maintain ongoing care, and patients with these conditions were

managed mainly through the GP. This affected routine GP appointment waiting times, which, at approximately six weeks, were too long. Prisoners had access to 'on the day' urgent appointments, and out-of-hours GP cover was provided to the same level as in the community. Plans to implement long-term condition assessment templates that reflected national clinical guidelines and training had been organised but there had been delays.

- 2.61 There was little oversight of waiting list information on SystmOne, which resulted in over-booking and inaccurate information about waiting times, which needed to be addressed.
- 2.62 There was a reasonable range of allied health professional clinics, including an optician, but waiting times for the podiatrist were too long.
- 2.63 External hospital appointments were well managed but too many were rescheduled, for various reasons, including a lack of escort staff.

Recommendations

- 2.64 **Prisoners with life-long conditions should receive regular reviews which generate an evidence-based care plan from appropriately trained and supervised staff.**
- 2.65 **Prisoners should have timely access to all primary care services and to external hospital appointments, to ensure continuity of care and treatment.**

Pharmacy

- 2.66 Medicines were supplied promptly by the on-site pharmacy to the three treatment rooms, mostly in named patient packs, with patient information leaflets. Pharmacy and treatment room stock was generally well managed, with date-checking and temperature records maintained. There were pharmacy-led smoking cessation and medication review clinics.
- 2.67 There was insufficient medicines storage space in the vulnerable prisoner unit treatment room, and controlled drugs cabinets in the treatment rooms were not legally compliant as they were screwed to the wall rather than using more secure expanding bolts. Methadone mixture was dispensed using an automatic pump from an unlabelled, open glass flask, which was inappropriate.
- 2.68 During the inspection, a pharmacy technician placed medicines in cabinets in the main treatment room while a patient was being treated behind a screen; this was inappropriate and posed a security risk.
- 2.69 Medicine queues were poorly supervised; this compromised patient confidentiality and increased the risk of bullying and diversion. Prisoners had to wait outside in all weathers for their medication, including controlled drugs, which was inappropriate.
- 2.70 During the inspection, a nurse spotted two in-date SystmOne prescriptions for the same item for a patient and cancelled one of them. Similar occurrences had been reported to the medicines management committee. Prisoners sometimes experienced delays in receiving their repeat prescription medication, which led to unacceptable gaps in treatment.
- 2.71 Medicines were supplied or administered by nurses against signed prescriptions or according to a wide range of patient group directions (which enable nurses to supply and administer prescription-only medicine) and appropriately recorded on SystmOne. Dosage times were

not always therapeutically appropriate, with evening medication administered at 4pm unless it was supplied in-possession.

- 2.72** An in-possession policy was in place and reviewed regularly. In September 2016, 68% of medicines had been supplied in-possession, with plans to increase this further. Patients had lockable cabinets in which to store their medication. Risk assessments had not been recorded for some patients with in-possession medication, and some provided incomplete information and had not been reviewed in a timely manner.
- 2.73** The prescribing of high-risk and tradable medicines was monitored and prescribing formularies were followed. There was pharmacist and pharmacy technician input into medicines management meetings. Drug alerts and product recalls were received and processed appropriately.

Recommendations

- 2.74** **All prisoners should receive their medication in an environment that promotes dignity, and all medication should be administered with sufficient supervision to ensure confidentiality and reduce the risk of bullying and diversion.**
- 2.75** **Medication dosage times should be therapeutically appropriate.**
- 2.76** **Repeat prescription medication should be received in a timely and safe manner to ensure continuity of care.**
- 2.77** **In-possession risk assessments should be reviewed regularly and fully recorded before issuing medication in this way.**

Dentistry

- 2.78** Dental services were provided by Access Dental and the provision was good, offering a range of treatments equivalent to that in the wider community. However, at eight weeks, waiting times for routine appointments were too long (see recommendation 2.65). Emergency provision was effective, with urgent referrals seen promptly. Oral health promotion and advice were comprehensive.
- 2.79** The dental suite was modern, clean, spacious and well equipped. There was a separate decontamination room and current infection control standards were met. Waste materials were disposed of safely.

Delivery of care (mental health)

- 2.80** The integrated mental health service was available from Monday to Friday. The multidisciplinary team provided a reasonably good level of secondary care, although the range of treatment for those with mild-to-moderate mental health needs was limited.
- 2.81** The service was well led but staff vacancies within the small team had impeded progress in implementing a comprehensive stepped care model. There were some psychological-based interventions, including guided self-help material that could be translated into different languages and some emotional well-being sessions, but no therapeutic groups. A psychiatrist and a clinical psychologist attended one day a week. Bereavement counselling was provided

via the chaplaincy. A learning disability nurse visited every two weeks and held a small caseload.

- 2.82** The team caseload was 48, which included 35 patients with serious and enduring mental health needs, who were managed under the care programme approach.
- 2.83** Approximately 31 referrals were received each month. The team met their target to assess all new referrals within a 48-hour period and more urgent referrals within 24 hours. An effective weekly mental health triage meeting reviewed all new referrals and there was also a weekly multidisciplinary team meeting to discuss ongoing care and treatment.
- 2.84** The team had positive working relationships with the prison and primary care team, and attended weekly meetings with substance misuse workers to discuss patients with a dual diagnosis (those with co-existing mental health and substance misuse problems). The team had delivered mental health awareness training to approximately 37% of custody staff, with further training planned.
- 2.85** There had been two transfers under the Mental Health Act to secure mental health units in the previous six months. One patient had been transferred within the 14-day guideline and the other patient six days over the recommended timescale.

Recommendation

- 2.86** **Prisoners should have access to a full range of support for mild and moderate mental health problems, including more access to psychological interventions and group therapies.**

Social care

- 2.87** A social worker and occupational therapist from Devon County Council worked collaboratively with the prison to address the social care needs of prisoners. Referrals were made appropriately and assessments occurred within agreed timescales. Detailed support plans were devised for those eligible and were reviewed regularly. Carers were provided from Ark Home Healthcare Ltd to implement the support plans, and prisoners we spoke to who received care told us that the service was good, and that their privacy and dignity were respected. Where necessary, specialised equipment was supplied to help individuals and keep them safe.
- 2.88** The social worker also attended the pre-release clinic, to help to ensure that the agreed packages of care continued post-release.

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.

- 2.89** Although the food we tasted was of reasonably high quality, in our survey only 18% of prisoners, far fewer than at similar prisons and than at the time of the previous inspection, described the food provided as good. Despite similar findings during the previous inspection, there had been insufficient engagement with prisoners to tackle these persistent negative perceptions. For over a year, catering staff had not met prisoners and the menu had not changed. The catering manager routinely issued a survey to prisoners but the response rate was very low.
- 2.90** Staff were aware of prisoners with special dietary requirements and invited them to the kitchen to discuss their individual needs. There was always a halal and vegan option, and the kitchen was currently celebrating Black History Month, with a weekly menu choice.
- 2.91** Although there was sufficient space on the larger living blocks, not all prisoners were provided with the opportunity to dine out of their cells. There were limited self-catering arrangements on the enhanced units, consisting of toasters and microwave ovens.
- 2.92** Some serveries we inspected were dirty. The task of cleaning the food trolleys was assigned to kitchen workers rather than servery orderlies. This meant that, because of the restricted regime, the trolleys were left uncleaned on the living blocks overnight, which was unhygienic.

Recommendations

- 2.93** There should be regular and meaningful consultation with prisoners, to address the persistent negative perceptions about the food.
- 2.94** Serveries and food trolleys should be thoroughly cleaned immediately after use.

Purchases

Expected outcomes:

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

- 2.95** Depending on their day of arrival, new prisoners could wait up to 11 days for delivery of their first shop order, although the facility to buy an e-cigarette pack in reception was offered (see also paragraph 1.3).
- 2.96** In our survey, 40% of prisoners, fewer than at similar prisons and than at the time of the previous inspection, said that the shop sold a wide enough range of goods to meet their needs. There were good prisoner consultation arrangements to ensure that the prison shop list was refreshed every quarter. However, although prisoners on the enhanced units had refrigerators, they were unable to order chilled items from the prison shop because there was no suitable overnight storage available between delivery and distribution.
- 2.97** Prisoners could shop from a range of catalogues but were charged an administration fee imposed by the National Offender Management Service nationally.

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.⁷

- 3.1** The prison had been running a published restricted regime for over two years and we saw further ad-hoc regime reductions occur almost every day during the inspection. Our roll checks showed over 20% of prisoners locked in their cells during the working day, which was too many, particularly for a training and resettlement prison. The published regime ran mostly to time but evening lock-up was almost always at 6pm, which was too early. A few prisoners were unlocked each evening to access telephones and/or a late gym session, subject to staffing availability. Prisoners on living blocks 7 and 8 were not locked in their cells; for others, time unlocked ranged from three hours for those who were unemployed to around eight and a half for full-time workers and living block orderlies.
- 3.2** Unit-based association equipment was in reasonable condition and prisoners had good access to the pleasant outside areas; this was not cancelled unduly during inclement weather.

Recommendation

- 3.3 The prison should run a regular full category C regime which starts and finishes on time.**

⁷ 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.

3.4 Ofsted⁸ made the following assessments about the learning and skills and work provision:

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

Management of learning and skills and work

- 3.5** The leadership and management of learning and skills and work required improvement. Prison managers failed to ensure that all prisoners attended purposeful activities that were likely to benefit them on their release from custody. The proportion of prisoners engaged in learning and skills and work activities was unacceptably low, at around 62% of the population at any one time (see main recommendation S56).
- 3.6** Prison managers failed to promote a culture and ethos that acknowledged participation in purposeful activity as a key priority. For example, around 40% of prisoners were not engaged in meaningful activity at any one time and too many prisoners failed to return to work after attending dental, legal or other appointments. Prisoners were also able to attend the gym during the working day, which caused unnecessary disruption to learning and skills and work activities and failed to promote a work ethic (see main recommendation S56)
- 3.7** The education and vocational training provision delivered by the education and training (OLASS) provider, Weston College, was good. The college's quality assurance and performance management arrangements were thorough. Teachers whose performance fell below the college's high expectations received swift and effective support to help them to improve. College managers made good use of formal and informal lesson observations to share good practice and promote continuous professional development.
- 3.8** The quality improvement action plan accurately identified the key improvement areas and provided suitably challenging timescales for improvement actions. Managers made good use of data on performance and course outcomes to manage the provision and to support self-assessment judgements, which were realistic, evaluative and accurate. College managers

⁸ 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>.

made particularly good use of regular learner feedback forums to make improvements and to respond to prisoners' requests for new courses and activities.

- 3.9** Prison and college managers provided good curriculum leadership. They had high expectations of teachers and of learners. Managers had designed the curriculum based on an appropriately detailed needs analysis that included an evaluation of regional demographics and labour market intelligence. Links with regional employers were good and several employers had visited the prison to talk to prisoners about the range of job opportunities potentially available to them after their release (see also section on resettlement).

Provision of activities

- 3.10** The prison provided around 670 full-time activity places, which was sufficient to meet the needs of the population. However in practice these places were poorly utilised (see section above). Prison and college managers had worked well together since the previous inspection to provide a coherent and varied range of classroom and vocational training courses that met the population's needs. Prisoners could study a particularly wide range of vocational courses that included cycle maintenance, tailoring, woodwork, barbering, and painting and decorating.
- 3.11** There were good opportunities for prisoners to gain accredited vocational qualifications in prison industries, and also to undertake distance learning courses, including with the Open University, with around 30 men enrolled on the latter courses.
- 3.12** The prison's activities team took appropriate account of prisoners' prior attainment, especially in English and mathematics, when allocating them to purposeful activity. The activities manager had recently strengthened the allocations process, so that his team now worked more closely with internal partners, including college managers and the prison's careers team, when allocating men to activities. As a consequence, most men, including vulnerable prisoners, received swift allocation to an activity that met their needs and interests.
- 3.13** The prison pay policy was equitable and did not act as a disincentive to those who chose to attend educational or vocational training.

Quality of provision

- 3.14** Teaching, learning and assessment were very effective. Teachers set high expectations for all of their learners, irrespective of ability. Learners were enthusiastic, participated readily in sessions and supported each other well. Teachers promoted the benefits of learning effectively and many learners who had not previously succeeded in formal education went on to progress and to gain qualifications in English and mathematics, and also in vocational subjects.
- 3.15** Teachers made use of a wide range of learning materials and resources to engage and challenge learners. Although computers for learners to use in classrooms and workshops were available, few teachers exploited this resource to enhance the quality of sessions further.
- 3.16** Staff were well qualified and trained, and all had appropriate specialist knowledge of the subjects they taught. Teaching and learning materials and resources were up to date and teachers made good use of topical news items, using newspaper cuttings and magazine

articles to stimulate discussion. Most teachers were confident to promote and celebrate diversity and equality topics well, often drawing on prisoners' own experiences.

- 3.17** Teachers knew their learners well. The initial assessment process carried out during induction was thorough and identified effectively learners' English and mathematics skills, as well as their previous qualifications and motivation to learn. Teachers made good use of these results to help them to plan learning activities that met learners' individual needs.
- 3.18** Prison managers had recruited and trained a team of capable prisoner peer mentors, who provided high-quality support to learners in lessons, particularly in English and mathematics. Peer mentors also worked effectively to help men engaged in prison industries work, such as in recycling, laundry and catering. Prisoners working in catering and in the cycle maintenance workshop received particularly good support with their written work.
- 3.19** In many vocational sessions, trainers made good use of extension activities to maintain the interest of more capable learners, particularly in the painting and decorating, cycle maintenance and catering workshops. In vocational sessions, trainers demonstrated good subject knowledge and used this effectively to hold prisoners' interests and foster enthusiasm and commitment. As a result, prisoners made good progress during practical sessions and their written work was of a high standard.
- 3.20** Assessment was rigorous and reliable, and the tracking of learners' progress was good. Teachers provided clear feedback to learners on the quality of their written work, to help them improve. They kept accurate records of learners' progress and of the standards they were attaining. A few learners used the college's recently introduced learner development plans to record their achievements, but use of these was not widespread.

Recommendation

- 3.21** **College managers should ensure that teachers make better use of the available computing facilities where these would further enhance the quality of sessions.**

Personal development and behaviour

- 3.22** Prisoners enjoyed attending education and vocational training sessions and developed self-confidence and work skills that prepared them well for release from custody. They behaved well in all activities and developed productive relationships, taking on and completing tasks assigned to them professionally and to a high standard.
- 3.23** In prison workshops, prisoners worked efficiently to meet deadlines and were engaged in purposeful activity that developed useful employability skills and a good work ethic. The wide range and level of vocational training courses supported prisoners' ability to develop useful trade skills, which they valued. For men working in prison industries, good opportunities were available for them to achieve accreditation relevant to the work they were doing.
- 3.24** The overall provision of advice and guidance available to prisoners through the college, the National Careers Service and prison staff, as well as qualified peers, was good. Prisoners had clear employment ambitions on release (see also section on resettlement).
- 3.25** Punctuality in education classes and vocational training was poor because prison staff did not always unlock men from their cells sufficiently promptly.

assistance for prisoners with job search and supported prisoners pursuing distance learning courses, including with the Open University.

Recommendation

- 3.34 Library staff should collate data and information on library usage, to understand better where use needs to be promoted.**

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.

- 3.35** PE staff provided a wide range of sport and leisure activities, including competitive team sports. PE facilities were good and comprised a large sports hall and a suitably equipped combined fitness and weights suite, which prisoners used regularly and frequently. Prisoners also had good access to a well-maintained outside sports field, used mostly for team games such as football and cricket.
- 3.36** A thorough induction to the health and fitness facilities was carried out for new prisoners. There was good access to recreational PE activities. Prisoners from both the main and vulnerable prisoner units had good access to the gym and attended three to four sessions each week. Accredited PE provision was available, with progression up to level 2 for prisoners from the main living blocks.
- 3.37** PE staff were well qualified and experienced. They had developed good links with the prison's health care department and provided effective support for prisoners with identified physical or mental health needs. They also ran dedicated sessions for prisoners who had reached retirement age. Gym staff had developed useful links with local football teams, who came into the prison during the summer months to compete against a team of prisoners.
- 3.38** Staff analysed gym attendance by unit, and regularly sought and acted on prisoners' views about the range and accessibility of health and fitness facilities. However, gym staff did not investigate why some prisoners did not attend, to determine if any particular groups were under-represented.
- 3.39** Shower and toilet facilities in the gym were in a poor condition. Toilets were also out of use on the sports field.

Recommendations

- 3.40 Gym use across different groups should be monitored to ensure equity of access.**
- 3.41 Showers and toilet facilities in the gym and on the sports field should be fit for use.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

- 4.1 The strategic oversight of reducing reoffending had deteriorated. The strategy was up to date but did not locate offender management at the heart of the work or set out how it would be delivered. Although we saw evidence of a needs analysis in some functions, such as accredited programme provision, the reducing reoffending strategy was not informed by a robust and up-to-date analysis of the resettlement needs of the diverse range of prisoners held at the establishment.
- 4.2 A reducing reoffending committee met quarterly but was not always well attended and did not provide an adequate focus on offender management performance. There was no longer an action plan to address gaps and weaknesses across reducing reoffending, so it was difficult to see how accountability was provided or progress monitored.
- 4.3 In the previous six months, six category D prisoners had been undertaking release on temporary licence (ROTL) for work opportunities and to promote contact with their families. We were not clear why these prisoners had not transferred to an open prison, or why it had been considered appropriate for them to stay in closed conditions while accessing ROTL. The decision appeared to have been led by the prisoners' choice rather than by sentence plan targets or risk management.

Recommendations

- 4.4 **The reducing reoffending strategy should be based on a robust and up-to-date needs analysis and fully promote the role of offender management. Oversight should be improved, including a clear action plan against which to hold providers to account.**
- 4.5 **The rationale for using release on temporary licence and not transferring category D prisoners to open prisons should be more explicit, evidenced by sentence plan targets and in line with effective risk management.**

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved in drawing up and reviewing plans.

- 4.6 The prison was managing a substantial number of high-risk prisoners, with most serving long sentences and a third convicted of sex offences. In our survey, almost all prisoners (89%),

considerably more than at similar prisons (75%), said that they had an offender supervisor in the offender management unit (OMU).

- 4.7** The effectiveness of offender management was significantly hindered by two major problems. The first was the huge backlog of offender assessment system (OASys) assessments. In the previous few months, half of all prisoners had arrived from local prisons without an assessment and sentence plan, and at the time of the inspection a third of all eligible prisoners still did not have them. It was not surprising, therefore, that in our survey far fewer prisoners than at other category C prisons and than at the time of the previous inspection said that they had a sentence plan (51% versus 62% and 65%, respectively). The lack of OASys assessments and sentence plans directly hindered some prisoners' progression. For example, prisoners could not gain category D status, access ROTL or be transferred to open prisons, and access to accredited offending behaviour programme places could be delayed. Many prisoners we spoke to were frustrated about this, and there was no robust strategy for overcoming the backlog, so the problem was likely to continue or even get worse (see main recommendation S57).
- 4.8** The quality of completed assessments and plans was not consistently good enough. In our survey, far fewer prisoners than at other category C prisons and than at the time of the previous inspection said that they had been involved in the development of the plan. Risk of harm assessments and plans were not always up to date or meaningful enough.
- 4.9** The second problem hindering the effectiveness of offender management was the substantial and ongoing cross-deployment of uniformed offender supervisors. In the previous six months, over half of the uniformed offender supervisor time had been lost. The consequences of this were huge; the remaining staff were heavily burdened and demoralised; contact with prisoners was largely reactive and absent in too many cases; and prisoners found the lack of response from their offender supervisor very frustrating. There was little evidence of management oversight in most of the cases we inspected (see main recommendation S57).
- 4.10** Prison-led home detention curfew (HDC) processes were sound. Most applications were approved and assessments were of an adequate quality. Too many prisoners were released late but the reasons for this were largely beyond the control of the prison – for example, late reports from the community-based offender manager and prisoners arriving at the establishment with only a few weeks left to serve, which made it difficult to complete the assessment on time.

Recommendations

- 4.11 All risk of harm assessments and plans should be up to date and meaningful.**
- 4.12 There should be routine oversight of the quality of offender management, including contact levels and case progression.**

Public protection

- 4.13** Public protection arrangements were sound. An up-to-date policy covered all areas of work and was specific to the establishment. There was also a violent and sexual offenders register protocol, which promoted effective use of the system. Risks to others were identified on arrival and contact restrictions were used appropriately. Mail and telephone monitoring was used when necessary, and removed at the earliest opportunity. Applications for child contact were managed appropriately and visits staff had access to up-to-date information.

- 4.14** Some prisoners did not have their multi-agency public protection arrangements (MAPPA) management level confirmed well enough ahead of release, which limited the prison's involvement in risk management planning. Out of 35 prisoners who were MAPPA cases and due for release in the next three months, seven had no management level set and it was not evident if those allocated to level 1 had been reviewed by the community-based offender manager. However, the prison had recently implemented the process for escalating their request for confirmation of the current MAPPA management level. Reports prepared for MAPPA level 2 and 3 meetings were of adequate quality.
- 4.15** The interdepartmental risk management team was effective. It met monthly, was well attended and provided a good opportunity for additional risk management in some of the more complex cases. Actions from previous meetings were followed up. Discussions were focused and concise. Every three months, part of the meeting was devoted to discussing cases involving potential extremism.
- 4.16** ROTL had been used 462 times in the previous six months, involving six prisoners.
- 4.17** Completed ROTL risk assessments were of an adequate quality and approval processes were appropriate. ROTL events were meaningful and clear plans for the time away from the prison helped to structure prisoner expectations and hold them to account.

Categorisation

- 4.18** At the time of the inspection, 65 categorisation reviews were late and some were many months overdue. While this backlog had reduced over the previous few months, it was still too large.
- 4.19** Prisoners were not able to submit a report in support of their recategorisation but were informed about the outcome in writing. The quality of the letters sent to them was adequate, setting out some simple targets to achieve before their next review.
- 4.20** Prioritisation of transfers was not informed by sentence plan needs, and we found that offender supervisors were not always involved in this decision. Some transfers were delayed by the lack of transport, particularly when just one prisoner was being transferred.

Recommendations

- 4.21 Recategorisation reviews should be completed on time and involve the prisoner submitting a report to support the progress he has made.**
- 4.22 Sufficient escort vehicles should be provided to ensure that transfers are not delayed.**
- 4.23 Transfers to other prisons should be informed by offender supervisors and the sentence plan.**

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** About 48 prisoners a month were released from the establishment, with a large proportion released to regions outside the local discharge area, which made resettlement more challenging as links with agencies further afield were more difficult to develop.
- 4.25** Reintegration planning was reasonably good. Catch 22 delivered support on behalf of the Devon and Cornwall community rehabilitation company (CRC). They were contracted to review the resettlement plan 12 weeks before release and provide help, guidance and some interventions relating to accommodation; education, training and employment; finance benefit and debt; and support to those who had been victims of abuse or sex workers in the community.
- 4.26** Data collection was reasonable but the number of people helped to obtain and keep accommodation, education, training and employment following the first few months in the community was not monitored.
- 4.27** In our survey, far more prisoners than at similar prisons said that they knew who to turn to for resettlement help across all the pathways. A prisoner orderly provided information during induction and enabled new prisoners to disclose the help they needed.
- 4.28** The quality of the resettlement reviews before release was adequate and objectives were communicated to other departments through P-NOMIS (electronic case notes). We saw evidence of effective information exchange between the OMU and community-based workers.
- 4.29** The Making a Change programme (a modular programme aimed at developing skills for resettlement and basic problem-solving) was developing.

Recommendation

- 4.30** **The number of prisoners helped to obtain and keep suitable accommodation, employment, training and education in the community should be monitored to evidence the effectiveness of resettlement work.**

Accommodation

- 4.31** The CRC had excellent links with local and national accommodation agencies, and a trained housing adviser worked hard to facilitate accommodation for those who needed it. Fifteen prisoners had been released with no fixed address in the previous three months; electronic case notes and other records showed that efforts had been made to assist them before release. Assistance with tenancies was provided, and a modular 'good tenancy' group was run weekly by CRC staff.

Education, training and employment

- 4.32** Information, advice and guidance, provided by the National Careers Service, contracted to Prospects, were good. Prospects promoted opportunities for employment well. Partnership working between Prospects staff and the CRC was good and resulted in prisoners receiving a referral to appropriate resettlement agencies.
- 4.33** Prison managers had developed good links with employers, benefiting prisoners nearing their release date. Local employers and industry specialists visited the prison regularly to talk to prisoners and promote jobs and careers in specific sectors. They also provided mock interviews, interactive workshops and professional demonstrations of particular trade skills. One employer who was experienced in recruiting staff from particularly challenging backgrounds had brought in employees who were willing to talk openly to prisoners about their own barriers to learning and how they had turned their lives around. For many prisoners, these employer visits had a particularly positive impact on their self-confidence and motivation to do well after their release from custody.
- 4.34** Weston College provided a pre-release course for prisoners from both the main and vulnerable prisoner units which enabled them to develop useful skills, including CV writing, managing their finances and independent living.
- 4.35** Weston College staff made effective use of the virtual campus (internet access for prisoners to community education, training and employment opportunities) to help men on the pre-release course search for jobs and to write letters to prospective employers. However, neither Prospects nor the CRC used this for the purpose of job search or for writing CVs.

Recommendations

- 4.36** **Prison managers should work with the resettlement agencies to collect accurate information about prisoners' employment and training destinations on release, so that they can use this information to support curriculum planning.**
- 4.37** **The prison's resettlement agencies should use the virtual campus better to prepare prisoners for their release.**

Health care

- 4.38** Prisoners were seen a week before discharge in a pre-release clinic and a summary of treatment and current medication was sent to their GP. On release, those on medication were given a week's supply to take with them. Information about how to register with a GP was given to prisoners who did not have one.
- 4.39** Patients with enduring mental health problems were managed using the care programme approach, with good liaison with community mental health teams.
- 4.40** There were good links with a local hospice and palliative care and end-of-life services when required.

Drugs and alcohol

- 4.41** The substance misuse service coordinated well with the OMU and kept offender supervisors informed of prisoners' progress. Recovery workers provided summaries following substance

misuse programme completion, made regular entries in P-NOMIS and contributed to HDC and parole reports.

- 4.42 Prisoners could undertake a two-week release preparation group, which was part of the recovery programme, as well as gaining support through self-management and recovery training (SMART) meetings. Individual release plans were detailed and included harm reduction and overdose prevention advice.
- 4.43 Referral pathways were in place, to ensure that clinical treatment continued on release. A community link worker had been appointed to extend links with community-based resettlement services, and a 'meet and greet' initiative with families started in the social visits during the inspection.

Finance, benefit and debt

- 4.44 Jobcentre Plus provided a wide range of pre-release benefits advice and assisted prisoners with claims and in making contact with their local benefits agencies shortly before release. The CRC ran a weekly finance awareness course and there was a finance module included in a 'transitions' course run by the education department. There was no debt advice service following the end of a contract with the Money Advice Service.
- 4.45 There was a good service to open bank accounts through Santander but these could not be accessed by prisoners before release, so were of little immediate use.

Recommendation

- 4.46 **Advice and assistance with debt management should be available.**

Children, families and contact with the outside world

- 4.47 Many prisoners were being held long distances from their families. In our survey, 45% of respondents said that they had children under 18 years old. Fewer prisoners than at comparator establishments said that it was easy for their family to get to the prison, and fewer than at the time of the previous inspection said that they had been supported to maintain family ties.
- 4.48 The well-equipped and welcoming visitors centre was run by Choices, a voluntary organisation. Most visits were booked electronically but the telephone booking line was still used for vulnerable prisoners. Visitors complained that it was difficult to access the telephone booking line. We were told that the take-up of visits was not monitored but that sessions were often full, and we were not assured that the number of sessions available was sufficient to meet demand.
- 4.49 Despite the fixed seating, the visits hall offered a reasonable environment. The Choices team supervised the crèche area and provided a wide range of refreshments. We observed, and were told by staff and prisoners, that visits sessions often started later than the advertised time.
- 4.50 More relaxed family visits had been facilitated twice for the vulnerable prisoner units and five times for other living blocks since April 2016. Child-centred visits had run four times in the same period, with none being facilitated for the vulnerable prisoner units. We were told that

both types of visit were included within the regular complement of visits sessions, but were open only to prisoners on the enhanced privilege level, which was poor.

- 4.51** Storybook Dads (see also paragraph 3.33) was well established in the prison and had been accessed by over 350 prisoners in 2015. The CRC and the Storybook Dads scheme had recently begun to deliver a non-accredited reintegration programme, Family First, which had been completed by only 11 prisoners at the time of the inspection. Other than this, support for families, including parenting and relationship courses, was limited.

Recommendations

- 4.52** **Provision to encourage and support prisoners to maintain family ties should be improved, including parenting and relationship courses.**
- 4.53** **Visits should start at the advertised time.** (Repeated recommendation 4.52)
- 4.54** **Subject to security checks, all prisoners should be able to access family and child-centred visits, regardless of their incentives and earned privileges level.**

Attitudes, thinking and behaviour

- 4.55** The range of programmes (Thinking Skills, Resolve, the core sex offender treatment programme and the Healthy Sex programme) was appropriate for the population. The eligibility of all new arrivals for these programmes was assessed, which was good practice. The number of commissioned places was limited, so some prisoners waited a long time to be offered a place, but programme staff worked hard to ensure that places were prioritised appropriately, based on risk levels and release dates. Prisoners who did not have an up-to-date OASys assessment faced an additional delay in being offered a place because programme staff needed to undertake other forms of eligibility and suitability assessments.
- 4.56** Programme completions were on target and, where possible, staff delivered extra programmes to meet some of the additional need.
- 4.57** An excellent database provided a detailed needs analysis but this information had not been used to shape the wider reducing reoffending strategy (see also paragraph 4.1).

Additional resettlement services

- 4.58** Although most of the CRC contract was being delivered well, support provision for victims of abuse or sex workers had not been implemented.
- 4.59** The prison held about 30 declared veterans at the time of the inspection. A Prison Service manager was responsible for offering them support, which included monthly peer-led meetings and access to a range of agencies and advice, including welfare-led needs, and clinical and health issues. This manager also engaged with the Soldiers, Sailors, Airmen and Families Association (SSAFA), particularly to provide support for families and on release. The support was advertised clearly across the prison.

- 5.38** Prisoners with life-long conditions should receive regular reviews which generate an evidence-based care plan from appropriately trained and supervised staff. (2.64)
- 5.39** Prisoners should have timely access to all primary care services and to external hospital appointments, to ensure continuity of care and treatment. (2.65)
- 5.40** All prisoners should receive their medication in an environment that promotes dignity, and all medication should be administered with sufficient supervision to ensure confidentiality and reduce the risk of bullying and diversion. (2.74)
- 5.41** Medication dosage times should be therapeutically appropriate. (2.75)
- 5.42** Repeat prescription medication should be received in a timely and safe manner to ensure continuity of care. (2.76)
- 5.43** In-possession risk assessments should be reviewed regularly and fully recorded before issuing medication in this way. (2.77)
- 5.44** Prisoners should have access to a full range of support for mild and moderate mental health problems, including more access to psychological interventions and group therapies. (2.86)

Catering

- 5.45** There should be regular and meaningful consultation with prisoners, to address the persistent negative perceptions about the food. (2.93)
- 5.46** Serveries and food trolleys should be thoroughly cleaned immediately after use. (2.94)

Time out of cell

- 5.47** The prison should run a regular full category C regime which starts and finishes on time. (3.3)

Learning and skills and work activities

- 5.48** College managers should ensure that teachers make better use of the available computing facilities where these would further enhance the quality of sessions. (3.21)
- 5.49** Prison managers should ensure that all prisoners arrive promptly and are ready to start work or training activities at the start of sessions. (3.26)
- 5.50** Library staff should collate data and information on library usage, to understand better where use needs to be promoted. (3.34)

Physical education and healthy living

- 5.51** Gym use across different groups should be monitored to ensure equity of access. (3.40)
- 5.52** Showers and toilet facilities in the gym and on the sports field should be fit for use. (3.41)

Strategic management of resettlement

- 5.53** The reducing reoffending strategy should be based on a robust and up-to-date needs analysis and fully promote the role of offender management. Oversight should be improved, including a clear action plan against which to hold providers to account. (4.4)
- 5.54** The rationale for using release on temporary licence and not transferring category D prisoners to open prisons should be more explicit, evidenced by sentence plan targets and in line with effective risk management. (4.5)

Offender management and planning

- 5.55** All risk of harm assessments and plans should be up to date and meaningful. (4.11)
- 5.56** There should be routine oversight of the quality of offender management, including contact levels and case progression. (4.12)
- 5.57** Recategorisation reviews should be completed on time and involve the prisoner submitting a report to support the progress he has made. (4.21)
- 5.58** Transfers to other prisons should be informed by offender supervisors and the sentence plan. (4.23)

Reintegration planning

- 5.59** The number of prisoners helped to obtain and keep suitable accommodation, employment, training and education in the community should be monitored to evidence the effectiveness of resettlement work. (4.30)
- 5.60** Prison managers should work with the resettlement agencies to collect accurate information about prisoners' employment and training destinations on release, so that they can use this information to support curriculum planning. (4.36)
- 5.61** The prison's resettlement agencies should use the virtual campus better to prepare prisoners for their release. (4.37)
- 5.62** Advice and assistance with debt management should be available. (4.46)
- 5.63** Provision to encourage and support prisoners to maintain family ties should be improved, including parenting and relationship courses. (4.52)
- 5.64** Visits should start at the advertised time. (4.53, repeated recommendation 4.52)
- 5.65** Subject to security checks, all prisoners should be able to access family and child-centred visits, regardless of their incentives and earned privileges level. (4.54)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief Inspector
Alison Perry	Team leader
Paul Rowlands	Inspector
Sandra Fieldhouse	Inspector
Jonathan Tickner	Inspector
Kellie Reeve	Inspector
Ian Dickens	Inspector
Maneer Afsar	Inspector (shadowing)
Alissa Redmond	Researcher
Patricia Taflan	Researcher
Helen Ranns	Researcher
Natalie-Anne Hall	Researcher
Sigrid Engelen	Substance misuse inspector
Maureen Jamieson	Health services inspector
Barry Cohen	Pharmacist
Gary Turney	Care Quality Commission inspector
Jai Sharda	Ofsted inspector
David Baber	Ofsted inspector
Matt Benbow	Ofsted inspector
Nigel Scarff	Offender management inspector
Paddy Doyle	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 2012 reception, first night and induction arrangements were reasonable. Most prisoners felt safe although some reported feeling victimised. Vulnerable prisoners were reasonably well catered for. Security was proportionate but some intelligence-led drug testing was not taking place. A large number of prisoners reported that it was easy to obtain illegal substances and had issues with diverted medications. The majority of prisoners felt the incentives and earned privileges (IEP) scheme was fair. Relationships in segregation were good but the regime was limited. Use of force was infrequent. Substance misuse services were reasonable but we remained concerned about mixing prisoners in the therapeutic community. On the basis of this inspection, we considered that outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

The prison should investigate why many prisoners felt victimised by other prisoners and staff, and address any concerns raised. (1.22)

Not achieved

All incidents of violent and antisocial behaviour should be investigated thoroughly. (1.23)

Not achieved

A solution should be found to improve CCTV coverage on landings and cameras should be installed on stairwells. (1.24)

Achieved

ACCT procedures should be improved and include more multidisciplinary involvement. (1.32)

Not achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.35)

Not achieved

The prison should ensure that the MDT and suspicion testing programmes are adequately resourced to undertake all testing within required timescales and in a way that minimises their predictability. (1.41)

Not achieved (recommendation repeated, 1.32)

The supply reduction action plan should be reviewed regularly and include the issue of diverted medication. (1.42)

Not achieved

Strip- and squat-searches of prisoners should only be carried out when deemed necessary. Authorisation should be clearly recorded against sound reasoning. (1.43)

Achieved

Managers hearing adjudications should ensure they make and record appropriate enquiries into the facts. (1.52)

Achieved

The regime in the segregation unit should, in all cases, provide a minimum level of access to basic services, including a daily shower, access to telephones and radio or other material, and activities for prisoners to occupy their time. (1.61)

Achieved

The environment in the exercise yard should be improved and include seating, and prisoners should be exercised together unless a risk assessment precludes this. (1.62)

Not achieved (recommendation repeated, 1.48)

Monitoring of adjudications, use of force and segregation should include all the protected characteristics. (1.63)

Achieved

The clinical substance misuse service should be adequately resourced and provide consistent, well coordinated care to prisoners. Clinical and psychosocial/substance misuse teams should be fully integrated. (1.70)

Achieved

Substance misuse services should introduce a mechanism for service user involvement and develop peer support. (1.71)

Achieved

The prison should not mix prisoners on the TC programme living unit with those not engaged in treatment. (1.72)

No longer relevant

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2012 living conditions were generally reasonable although some areas needed refurbishment. The grounds were pleasant. Staff-prisoner relationships were generally good and most prisoners said that they could ask a member of staff for help. Diversity was managed effectively and most strands were well developed, but disabled prisoners in our survey were extremely negative. Faith provision was good and complaints were mainly well managed. Legal services were reasonable. Health care overall was satisfactory but some areas were in need of attention. Many prisoners disliked the food. Prisoners complained about the cost of items in the prison shop. On the basis of this inspection, we considered that outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Single cells designed for one prisoner should not be used for two. (2.6)

Not achieved (recommendation repeated, 2.9)

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: Dorset Healthcare University NHS Foundation Trust

Location: Trust HQ Sentinel House, 4-6 Nuffield Road

Location ID: RDY

Regulated activities: Treatment of disease, disorder, or injury, Diagnostic and screening and Surgical procedures.

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 17

We found the provider did not have established systems or processes which effectively monitored the quality and safety of the service to ensure compliance with requirements. Nor did they assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from carrying out the regulated activity. This constituted a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

We had concerns that a robust system of governance was not in place to monitor the safety, effectiveness and quality of service provision. Local monitoring arrangements did not ensure safe and effective service delivery. Evidence showed that service provision was not monitored in a way that effectively identified the following deficits, highlighted at inspection.

Systems or processes

- We found there were no effective systems in place to assess and monitor the service provided. This meant there was no process in place to enable the provider to identify where quality and/or safety was being compromised and respond appropriately without delay to improve the quality of the care people receive.

Medicines management

- We found that staff did not manage patients' medicines consistently and safely and as a result patients did not always receive their medicines promptly. Too many patients regularly experienced delays in receiving their repeat prescriptions, resulting in unacceptable gaps in treatment, which posed a risk.

Complaints

- All complaints went via the prison central system before reaching healthcare for a response. This meant that patient details and the reason for their complaint were not kept private and confidential. This also led to a delay in healthcare receiving the complaint and as a result complaints were not responded to in a timely manner.

Clinics

- There were no established systems to ensure there were sufficient nurse led clinics to assess and monitor patients living with long term medical conditions. System One was also not utilised to enable the effective identification of these patients and no lists were held to identify levels of need or to ensure patients had received the minimum expected level of clinical review.
- We found that there were unacceptable waiting times to see health professionals. These included a six week wait for a routine appointment with the GP which was too long. There was no overall management or oversight of waiting lists for clinics. The waiting lists were not monitored or used effectively, with some prisoners not having been removed from the list having attended an appointment or being duplicated on both the main and the vulnerable prisoners' waiting list.
- There was no system in place to monitor prisoners' failure to attend health appointments; very few were followed up to ensure their needs were met.

Staff

- Staff did not receive recorded ongoing or periodic managerial and clinical supervision in their role to make sure their competence was maintained and in line with Dorset HealthCare University NHS Foundation Trust's own policy. This also meant that some staff would not meet the requirements of their relevant professional regulator.

Care provision

- We found there were no up to date care plans for people with significant health problems that detailed their care and treatment needs. The quality of System One entry records in general was inadequate. For example no record had been made when a staff member had attended an emergency and assessed a prisoner.

Appendix IV: Photograph

Exposed wires used to create a spark to light illicit 'cigarettes'



Appendix V: 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		629	89
Recall		77	10.9
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees		1	0.1
Total		707	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced		0	0.0
Less than six months		5	0.8
six months to less than 12 months		22	3.1
12 months to less than 2 years		88	12.4
2 years to less than 4 years		111	15.7
4 years to less than 10 years		259	36.6
10 years and over (not life)		48	6.8
ISPP (indeterminate sentence for public protection)		29	4.1
Life		36	9.2
Total		707	100

Age	Number of prisoners	%
Please state minimum age here: 21		
Under 21 years	0	0
21 years to 29 years	204	28.9
30 years to 39 years	172	24.3
40 years to 49 years	162	22.9
50 years to 59 years	103	14.6
60 years to 69 years	42	5.9
70 plus years	24	3.4
Please state maximum age here: 89		
Total	707	100

Nationality	18–20-year-olds	21 and over	%
British		680	96.2
Foreign nationals		27	3.8
Total		707	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced		0	0
Uncategorised sentenced			
Category A			
Category B			
Category C		698	98.7
Category D		9	1.3
Other			
Total		707	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British		612	86.6
Irish		3	0.4
Gypsy/Irish Traveller		11	1.6
Other white		14	2.0
Mixed			
White and black Caribbean		12	1.7
White and black African		2	0.3
White and Asian		2	0.3
Other mixed		1	0.1
Asian or Asian British			
Indian		4	0.6
Pakistani		2	0.3
Bangladeshi		1	0.1
Chinese		1	0.1
Other Asian		6	0.8
Black or black British			
Caribbean		15	2.1
African		7	1.0
Other black		5	0.7
Other ethnic group			
Arab		1	0.1
Other ethnic group		0	0
Not stated		8	1.1
Total		707	100

Religion	18–20-year-olds	21 and over	%
Baptist		3	0.4
Church of England		147	20.8
Roman Catholic		84	11.9
Other Christian denominations		116	17.3
Muslim		39	5.5
Sikh		3	0.4
Hindu		2	0.3
Buddhist		32	4.5
Jewish		2	0.3
Other		13	1.8
No religion		266	37.6
Total		707	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)		30	4.2
Total		30	4.2

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			77	10.9
1 month to 3 months			138	19.5
3 months to six months			129	18.2
six months to 1 year			191	26.9
1 year to 2 years			106	15.0
2 years to 4 years			52	7.4
4 years or more			13	1.8
Total			705	100

Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry		2	0.3
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).			
Total		2	0.3

Appendix VI: 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 establishment⁹. Respondents were then randomly selected from a P-NOMIS prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 3 October 2016 the prisoner population at HMP Channings Wood was 707. Using the method described above, questionnaires were distributed to a sample of 202 prisoners.

We received a total of 176 completed questionnaires, a response rate of 87%. This included two questionnaires completed via interview. Ten respondents refused to complete a questionnaire and sixteen questionnaires were not returned.

⁹ 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	15
B	12
C	15
D	12
E	14
F	12
H	13
M	16
O	9
P	8
S	14
T	20
W	16

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Channings Wood.

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 differences¹⁰ 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 Channings Wood 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 37 category C training prisons since April 2013.
- The current survey responses from HMP Channings Wood in 2016 compared with the responses of prisoners surveyed at HMP Channings Wood in 2012.
- 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 prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

¹⁰ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

- A comparison within the 2016 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2016 survey between the responses of prisoners on VP units (F, M, O, T and W) and the rest of the establishment.

Survey summary

Section I: About You

Q1.1	What wing or houseblock are you currently living on? See shortened methodology.	
Q1.2	How old are you?	
	Under 21	0 (0%)
	21 - 29.....	55 (31%)
	30 - 39.....	49 (28%)
	40 - 49.....	30 (17%)
	50 - 59.....	21 (12%)
	60 - 69.....	14 (8%)
	70 and over	7 (4%)
Q1.3	Are you sentenced?	
	Yes	150 (85%)
	Yes - on recall.....	26 (15%)
	No - awaiting trial.....	0 (0%)
	No - awaiting sentence	0 (0%)
	No - awaiting deportation.....	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced.....	0 (0%)
	Less than 6 months.....	7 (4%)
	6 months to less than 1 year	15 (9%)
	1 year to less than 2 years	22 (13%)
	2 years to less than 4 years	53 (30%)
	4 years to less than 10 years.....	56 (32%)
	10 years or more.....	8 (5%)
	IPP (indeterminate sentence for public protection)	6 (3%)
	Life.....	7 (4%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	Yes	15 (9%)
	No.....	160 (91%)
Q1.6	Do you understand spoken English?	
	Yes.....	175 (100%)
	No.....	0 (0%)
Q1.7	Do you understand written English?	
	Yes	175 (100%)
	No.....	0 (0%)

Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	146 (84%)	Asian or Asian British - Chinese..... 1 (1%)
	White - Irish	1 (1%)	Asian or Asian British - other
	White - other.....	8 (5%)	Mixed race - white and black Caribbean ..
	Black or black British - Caribbean.....	4 (2%)	Mixed race - white and black African.....
	Black or black British - African	3 (2%)	Mixed race - white and Asian.....
	Black or black British - other	0 (0%)	Mixed race - other
	Asian or Asian British - Indian	2 (1%)	Arab
	Asian or Asian British - Pakistani.....	1 (1%)	Other ethnic group.....
	Asian or Asian British - Bangladeshi.....	0 (0%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		10 (6%)
	No.....		159 (94%)
Q1.10	What is your religion?		
	None.....	71 (41%)	Hindu..... 1 (1%)
	Church of England	49 (28%)	Jewish..... 2 (1%)
	Catholic	14 (8%)	Muslim..... 10 (6%)
	Protestant.....	1 (1%)	Sikh
	Other Christian denomination	11 (6%)	Other
	Buddhist	7 (4%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight		160 (92%)
	Homosexual/Gay.....		4 (2%)
	Bisexual.....		10 (6%)
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		45 (26%)
	No.....		128 (74%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes		15 (9%)
	No.....		155 (91%)
Q1.14	Is this your first time in prison?		
	Yes		67 (39%)
	No.....		107 (61%)
Q1.15	Do you have children under the age of 18?		
	Yes		78 (45%)
	No.....		97 (55%)

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		80 (46%)
	2 hours or longer		88 (51%)
	Don't remember		5 (3%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	80 (46%)
	<i>Yes</i>	69 (40%)
	<i>No</i>	18 (10%)
	<i>Don't remember</i>	7 (4%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	80 (46%)
	<i>Yes</i>	8 (5%)
	<i>No</i>	82 (47%)
	<i>Don't remember</i>	4 (2%)
Q2.4	On your most recent journey here, was the van clean?	
	<i>Yes</i>	120 (69%)
	<i>No</i>	41 (24%)
	<i>Don't remember</i>	13 (7%)
Q2.5	On your most recent journey here, did you feel safe?	
	<i>Yes</i>	137 (78%)
	<i>No</i>	31 (18%)
	<i>Don't remember</i>	8 (5%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well</i>	52 (30%)
	<i>Well</i>	78 (44%)
	<i>Neither</i>	36 (20%)
	<i>Badly</i>	3 (2%)
	<i>Very badly</i>	0 (0%)
	<i>Don't remember</i>	7 (4%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	<i>Yes, someone told me</i>	91 (52%)
	<i>Yes, I received written information</i>	46 (26%)
	<i>No, I was not told anything</i>	36 (21%)
	<i>Don't remember</i>	6 (3%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	<i>Yes</i>	148 (86%)
	<i>No</i>	20 (12%)
	<i>Don't remember</i>	5 (3%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	84 (48%)
	<i>2 hours or longer</i>	76 (43%)
	<i>Don't remember</i>	16 (9%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	<i>Yes</i>	146 (84%)
	<i>No</i>	14 (8%)
	<i>Don't remember</i>	14 (8%)

Q3.3	Overall, how were you treated in reception?		
	Very well.....	47	(27%)
	Well.....	87	(50%)
	Neither.....	31	(18%)
	Badly.....	5	(3%)
	Very badly.....	1	(1%)
	Don't remember.....	3	(2%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	Loss of property.....	29	(17%)
	Housing problems.....	24	(14%)
	Contacting employers.....	2	(1%)
	Contacting family.....	39	(23%)
	Childcare.....	4	(2%)
	Money worries.....	23	(14%)
	Feeling depressed or suicidal.....	32	(19%)
	Physical health.....	34	(20%)
	Mental health.....	41	(24%)
	Needing protection from other prisoners.....	12	(7%)
	Getting phone numbers.....	27	(16%)
	Other.....	8	(5%)
	Did not have any problems.....	52	(31%)
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	Yes.....	45	(27%)
	No.....	69	(42%)
	Did not have any problems.....	52	(31%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	Tobacco.....	70	(40%)
	A shower.....	21	(12%)
	A free telephone call.....	26	(15%)
	Something to eat.....	102	(59%)
	PIN phone credit.....	60	(35%)
	Toiletries/ basic items.....	89	(51%)
	Did not receive anything.....	18	(10%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	Chaplain.....	83	(49%)
	Someone from health services.....	112	(66%)
	A Listener/Samaritans.....	78	(46%)
	Prison shop/ canteen.....	53	(31%)
	Did not have access to any of these.....	26	(15%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	What was going to happen to you.....	79	(47%)
	What support was available for people feeling depressed or suicidal.....	75	(45%)
	How to make routine requests (applications).....	76	(46%)
	Your entitlement to visits.....	63	(38%)
	Health services.....	86	(51%)
	Chaplaincy.....	75	(45%)
	Not offered any information.....	45	(27%)
Q3.9	Did you feel safe on your first night here?		
	Yes.....	130	(76%)
	No.....	32	(19%)
	Don't remember.....	10	(6%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	13 (8%)
	<i>Within the first week</i>	100 (58%)
	<i>More than a week</i>	49 (29%)
	<i>Don't remember</i>	9 (5%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	13 (8%)
	<i>Yes</i>	86 (50%)
	<i>No</i>	59 (35%)
	<i>Don't remember</i>	13 (8%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	32 (19%)
	<i>Within the first week</i>	41 (24%)
	<i>More than a week</i>	74 (43%)
	<i>Don't remember</i>	25 (15%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to...						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	16 (10%)	36 (22%)	29 (18%)	33 (20%)	11 (7%)	40 (24%)
	<i>Attend legal visits?</i>	18 (12%)	37 (24%)	20 (13%)	16 (10%)	4 (3%)	61 (39%)
	<i>Get bail information?</i>	6 (4%)	13 (9%)	17 (12%)	15 (11%)	9 (6%)	82 (58%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>					33 (19%)	
	<i>Yes</i>					69 (40%)	
	<i>No</i>					70 (41%)	
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>					64 (38%)	
	<i>No</i>					8 (5%)	
	<i>Don't know</i>					96 (57%)	
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	102 (61%)	64 (38%)	1 (1%)			
	<i>Are you normally able to have a shower every day?</i>	144 (84%)	27 (16%)	0 (0%)			
	<i>Do you normally receive clean sheets every week?</i>	138 (82%)	29 (17%)	1 (1%)			
	<i>Do you normally get cell cleaning materials every week?</i>	112 (66%)	57 (34%)	0 (0%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	70 (42%)	79 (47%)	18 (11%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	126 (74%)	44 (26%)	1 (1%)			
	<i>If you need to, can you normally get your stored property?</i>	42 (25%)	69 (41%)	56 (34%)			
Q4.5	What is the food like here?						
	<i>Very good</i>					3 (2%)	
	<i>Good</i>					28 (16%)	
	<i>Neither</i>					44 (26%)	
	<i>Bad</i>					46 (27%)	
	<i>Very bad</i>					50 (29%)	

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	5 (3%)
	Yes	68 (40%)
	No.....	96 (57%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	121 (72%)
	No.....	7 (4%)
	<i>Don't know</i>	41 (24%)
Q4.8	Are your religious beliefs respected?	
	Yes.....	73 (43%)
	No.....	18 (11%)
	<i>Don't know/ N/A</i>	77 (46%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	92 (55%)
	No.....	6 (4%)
	<i>Don't know/ N/A</i>	70 (42%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	37 (22%)
	<i>Very easy</i>	33 (20%)
	<i>Easy</i>	40 (24%)
	<i>Neither</i>	13 (8%)
	<i>Difficult</i>	7 (4%)
	<i>Very difficult</i>	1 (1%)
	<i>Don't know</i>	36 (22%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?		
	Yes	138 (81%)	
	No	22 (13%)	
	<i>Don't know</i>	10 (6%)	
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)		
		<i>Not made one</i>	Yes
		No	
	Are <i>applications</i> dealt with fairly?	19 (12%)	90 (56%)
	Are <i>applications</i> dealt with quickly (within seven days)?	19 (12%)	56 (36%)
		52 (32%)	82 (52%)
Q5.3	Is it easy to make a complaint?		
	Yes	84 (51%)	
	No	38 (23%)	
	<i>Don't know</i>	44 (27%)	
Q5.4	Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)		
		<i>Not made one</i>	Yes
		No	
	Are <i>complaints</i> dealt with fairly?	77 (48%)	22 (14%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	77 (48%)	14 (9%)
		63 (39%)	68 (43%)

Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	26 (16%)
	No.....	137 (84%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	32 (20%)
	Very easy.....	22 (13%)
	Easy	52 (32%)
	Neither	43 (26%)
	Difficult.....	12 (7%)
	Very difficult.....	3 (2%)

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>	8 (5%)
	Yes	97 (57%)
	No	50 (29%)
	<i>Don't know</i>	15 (9%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	8 (5%)
	Yes	78 (46%)
	No.....	61 (36%)
	<i>Don't know</i>	23 (14%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	13 (8%)
	No.....	155 (92%)
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>	143 (89%)
	Very well.....	3 (2%)
	Well.....	6 (4%)
	Neither	6 (4%)
	Badly.....	1 (1%)
	Very badly	1 (1%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	129 (77%)
	No.....	38 (23%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	119 (72%)
	No.....	46 (28%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	34 (20%)
	No.....	136 (80%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	4 (2%)
	<i>Never</i>	36 (21%)
	<i>Rarely</i>	60 (36%)
	<i>Some of the time</i>	47 (28%)
	<i>Most of the time</i>	17 (10%)
	<i>All of the time</i>	4 (2%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	56 (34%)
	<i>In the first week</i>	38 (23%)
	<i>More than a week</i>	44 (27%)
	<i>Don't remember</i>	27 (16%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	56 (33%)
	<i>Very helpful</i>	24 (14%)
	<i>Helpful</i>	38 (23%)
	<i>Neither</i>	19 (11%)
	<i>Not very helpful</i>	16 (10%)
	<i>Not at all helpful</i>	15 (9%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	<i>Yes</i>	76 (44%)
	<i>No</i>	95 (56%)
Q8.2	Do you feel unsafe now?	
	<i>Yes</i>	24 (14%)
	<i>No</i>	143 (86%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	95 (57%)
	<i>Everywhere</i>	23 (14%)
	<i>Segregation unit</i>	5 (3%)
	<i>Association areas</i>	25 (15%)
	<i>Reception area</i>	4 (2%)
	<i>At the gym</i>	9 (5%)
	<i>In an exercise yard</i>	19 (11%)
	<i>At work</i>	9 (5%)
	<i>During movement</i>	22 (13%)
	<i>At education</i>	5 (3%)
	<i>At meal times</i>	18 (11%)
	<i>At health services</i>	22 (13%)
	<i>Visits area</i>	4 (2%)
	<i>In wing showers</i>	16 (10%)
	<i>In gym showers</i>	3 (2%)
	<i>In corridors/stairwells</i>	20 (12%)
	<i>On your landing/wing</i>	27 (16%)
	<i>In your cell</i>	19 (11%)
	<i>At religious services</i>	5 (3%)
Q8.4	Have you been victimised by other prisoners here?	
	<i>Yes</i>	56 (33%)
	<i>No</i>	114 (67%)

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>	28 (16%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	18 (11%)
	<i>Sexual abuse</i>	7 (4%)
	<i>Feeling threatened or intimidated</i>	39 (23%)
	<i>Having your canteen/property taken</i>	17 (10%)
	<i>Medication</i>	10 (6%)
	<i>Debt</i>	13 (8%)
	<i>Drugs</i>	12 (7%)
	<i>Your race or ethnic origin</i>	6 (4%)
	<i>Your religion/religious beliefs</i>	5 (3%)
	<i>Your nationality</i>	8 (5%)
	<i>You are from a different part of the country than others</i>	11 (6%)
	<i>You are from a traveller community</i>	3 (2%)
	<i>Your sexual orientation</i>	8 (5%)
	<i>Your age</i>	8 (5%)
	<i>You have a disability</i>	7 (4%)
	<i>You were new here</i>	17 (10%)
	<i>Your offence/ crime</i>	14 (8%)
	<i>Gang related issues</i>	6 (4%)
Q8.6	Have you been victimised by staff here?	
	Yes	35 (21%)
	No	133 (79%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	18 (11%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	4 (2%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	17 (10%)
	<i>Medication</i>	5 (3%)
	<i>Debt</i>	1 (1%)
	<i>Drugs</i>	2 (1%)
	<i>Your race or ethnic origin</i>	1 (1%)
	<i>Your religion/religious beliefs</i>	4 (2%)
	<i>Your nationality</i>	2 (1%)
	<i>You are from a different part of the country than others</i>	4 (2%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	2 (1%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	2 (1%)
	<i>You were new here</i>	5 (3%)
	<i>Your offence/ crime</i>	9 (5%)
	<i>Gang related issues</i>	2 (1%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	102 (66%)
	Yes	16 (10%)
	No	37 (24%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	21 (13%)	5 (3%)	27 (16%)	21 (13%)	50 (30%)	42 (25%)
	The nurse	14 (8%)	21 (13%)	52 (31%)	30 (18%)	33 (20%)	16 (10%)
	The dentist	30 (18%)	5 (3%)	9 (5%)	15 (9%)	38 (23%)	67 (41%)
Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	35 (21%)	26 (16%)	45 (27%)	22 (13%)	21 (13%)	15 (9%)
	The nurse	19 (12%)	33 (21%)	56 (35%)	31 (19%)	14 (9%)	7 (4%)
	The dentist	55 (34%)	33 (20%)	38 (24%)	14 (9%)	8 (5%)	13 (8%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						12 (8%)
	<i>Very good</i>						17 (11%)
	<i>Good</i>						35 (22%)
	<i>Neither</i>						32 (20%)
	<i>Bad</i>						33 (21%)
	<i>Very bad</i>						30 (19%)
Q9.4	Are you currently taking medication?						
	Yes						92 (55%)
	No.....						75 (45%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	<i>Not taking medication</i>						75 (45%)
	<i>Yes, all my meds</i>						49 (30%)
	<i>Yes, some of my meds</i>						15 (9%)
	<i>No</i>						27 (16%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						68 (41%)
	No.....						97 (59%)
Q9.7	Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?						
	<i>Do not have any emotional or mental health problems</i>						97 (59%)
	Yes						24 (15%)
	No.....						44 (27%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	53 (32%)
	No.....	113 (68%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	36 (22%)
	No.....	129 (78%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	66 (40%)
	Easy.....	25 (15%)
	Neither.....	7 (4%)
	Difficult.....	4 (2%)
	Very difficult.....	2 (1%)
	Don't know.....	60 (37%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	35 (21%)
	Easy.....	28 (17%)
	Neither.....	16 (10%)
	Difficult.....	9 (5%)
	Very difficult.....	5 (3%)
	Don't know.....	71 (43%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	26 (16%)
	No.....	137 (84%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	16 (10%)
	No.....	147 (90%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem.....	101 (62%)
	Yes.....	39 (24%)
	No.....	22 (14%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	Did not / do not have an alcohol problem.....	129 (80%)
	Yes.....	21 (13%)
	No.....	12 (7%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help.....	112 (71%)
	Yes.....	32 (20%)
	No.....	13 (8%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	15 (9%)	35 (21%)	57 (35%)	20 (12%)	23 (14%)	13 (8%)
	Vocational or skills training	32 (20%)	19 (12%)	55 (34%)	26 (16%)	16 (10%)	13 (8%)
	Education (including basic skills)	28 (18%)	24 (15%)	56 (35%)	29 (18%)	16 (10%)	7 (4%)
	Offending behaviour programmes	49 (32%)	10 (6%)	28 (18%)	33 (21%)	17 (11%)	18 (12%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)				
	<i>Not involved in any of these</i>				36 (23%)
	Prison job				97 (61%)
	Vocational or skills training.....				19 (12%)
	Education (including basic skills).....				19 (12%)
	Offending behaviour programmes				19 (12%)
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	28 (19%)	60 (41%)	44 (30%)	14 (10%)
	Vocational or skills training	43 (33%)	52 (40%)	21 (16%)	15 (11%)
	Education (including basic skills)	37 (27%)	62 (45%)	22 (16%)	16 (12%)
	Offending behaviour programmes	48 (37%)	43 (33%)	26 (20%)	12 (9%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				16 (10%)
	<i>Never</i>				16 (10%)
	<i>Less than once a week</i>				50 (30%)
	<i>About once a week</i>				70 (43%)
	<i>More than once a week</i>				12 (7%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				29 (18%)
	<i>Yes</i>				108 (67%)
	<i>No</i>				25 (15%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				49 (30%)
	<i>0</i>				34 (21%)
	<i>1 to 2</i>				32 (20%)
	<i>3 to 5</i>				31 (19%)
	<i>More than 5</i>				16 (10%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				6 (4%)
	<i>0</i>				7 (4%)
	<i>1 to 2</i>				25 (16%)
	<i>3 to 5</i>				43 (27%)
	<i>More than 5</i>				80 (50%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				4 (3%)
	<i>0</i>				8 (5%)
	<i>1 to 2</i>				25 (16%)
	<i>3 to 5</i>				54 (34%)
	<i>More than 5</i>				69 (43%)

Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	30 (18%)
	<i>2 to less than 4 hours</i>	18 (11%)
	<i>4 to less than 6 hours</i>	38 (23%)
	<i>6 to less than 8 hours</i>	36 (22%)
	<i>8 to less than 10 hours</i>	16 (10%)
	<i>10 hours or more</i>	16 (10%)
	<i>Don't know</i>	9 (6%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	51 (31%)
	No.....	111 (69%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	62 (38%)
	No.....	103 (62%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	43 (26%)
	No.....	125 (74%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	37 (22%)
	<i>Very easy</i>	17 (10%)
	<i>Easy</i>	19 (11%)
	<i>Neither</i>	15 (9%)
	<i>Difficult</i>	36 (22%)
	<i>Very difficult</i>	43 (26%)
	<i>Don't know</i>	0 (0%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	Yes	134 (81%)
	No.....	31 (19%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	31 (19%)
	<i>No contact</i>	44 (27%)
	<i>Letter</i>	46 (28%)
	<i>Phone</i>	40 (24%)
	<i>Visit</i>	38 (23%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	147 (89%)
	No.....	19 (11%)

Q13.4	Do you have a sentence plan?	
	Not sentenced.....	0 (0%)
	Yes.....	82 (51%)
	No.....	79 (49%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/ not sentenced.....	79 (49%)
	Very involved.....	10 (6%)
	Involved.....	27 (17%)
	Neither.....	9 (6%)
	Not very involved.....	7 (4%)
	Not at all involved.....	30 (19%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)	
	Do not have a sentence plan/ not sentenced.....	79 (51%)
	Nobody.....	27 (17%)
	Offender supervisor.....	31 (20%)
	Offender manager.....	30 (19%)
	Named/ personal officer.....	9 (6%)
	Staff from other departments.....	20 (13%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/ not sentenced.....	79 (48%)
	Yes.....	51 (31%)
	No.....	11 (7%)
	Don't know.....	23 (14%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	Do not have a sentence plan/ not sentenced.....	79 (48%)
	Yes.....	14 (8%)
	No.....	51 (31%)
	Don't know.....	22 (13%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	Do not have a sentence plan/ not sentenced.....	79 (48%)
	Yes.....	27 (16%)
	No.....	29 (18%)
	Don't know.....	30 (18%)
Q13.10	Do you have a needs based custody plan?	
	Yes.....	13 (8%)
	No.....	77 (48%)
	Don't know.....	71 (44%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes.....	31 (19%)
	No.....	132 (81%)

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	53 (34%)	47 (30%)	55 (35%)
Accommodation	51 (34%)	48 (32%)	52 (34%)
Benefits	40 (26%)	66 (43%)	47 (31%)
Finances	50 (34%)	45 (31%)	51 (35%)
Education	54 (36%)	51 (34%)	47 (31%)
Drugs and alcohol	61 (40%)	55 (36%)	36 (24%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

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

Main comparator and comparator to last time



Prisoner survey responses HMP Channings Wood 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				
Number of completed questionnaires returned		176	6,455	176	188
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	2%	0%	0%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	15%	9%	15%	12%
1.4	Is your sentence less than 12 months?	13%	6%	13%	1%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	8%	3%	10%
1.5	Are you a foreign national?	9%	10%	9%	4%
1.6	Do you understand spoken English?	100%	99%	100%	100%
1.7	Do you understand written English?	100%	98%	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.)	11%	25%	11%	12%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	4%	6%	4%
1.1	Are you Muslim?	6%	13%	6%	5%
1.11	Are you homosexual/gay or bisexual?	8%	4%	8%	6%
1.12	Do you consider yourself to have a disability?	26%	21%	26%	25%
1.13	Are you a veteran (ex-armed services)?	9%	6%	9%	12%
1.14	Is this your first time in prison?	39%	39%	39%	35%
1.15	Do you have any children under the age of 18?	45%	51%	45%	52%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	51%	45%	51%	64%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	73%	74%	73%	84%
2.3	Were you offered a toilet break?	9%	8%	9%	13%
2.4	Was the van clean?	69%	61%	69%	77%
2.5	Did you feel safe?	78%	79%	78%	80%
2.6	Were you treated well/very well by the escort staff?	74%	73%	74%	78%
2.7	Before you arrived here were you told that you were coming here?	52%	60%	52%	71%
2.7	Before you arrived here did you receive any written information about coming here?	26%	13%	26%	18%
2.8	When you first arrived here did your property arrive at the same time as you?	86%	85%	86%	90%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	48%	54%	48%	52%
3.2	When you were searched in reception, was this carried out in a respectful way?	84%	85%	84%	88%
3.3	Were you treated well/very well in reception?	77%	76%	77%	81%
	When you first arrived:				
3.4	Did you have any problems?	69%	61%	69%	60%
3.4	Did you have any problems with loss of property?	17%	19%	17%	21%
3.4	Did you have any housing problems?	14%	13%	14%	13%
3.4	Did you have any problems contacting employers?	1%	2%	1%	2%
3.4	Did you have any problems contacting family?	23%	18%	23%	14%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	2%	2%	2%
3.4	Did you have any money worries?	14%	13%	14%	9%
3.4	Did you have any problems with feeling depressed or suicidal?	19%	15%	19%	12%
3.4	Did you have any physical health problems?	20%	13%	20%	9%
3.4	Did you have any mental health problems?	24%	18%	24%	12%
3.4	Did you have any problems with needing protection from other prisoners?	7%	5%	7%	5%
3.4	Did you have problems accessing phone numbers?	16%	16%	16%	15%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	40%	36%	40%	41%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	40%	76%	40%	68%
3.6	A shower?	12%	28%	12%	24%
3.6	A free telephone call?	15%	41%	15%	58%
3.6	Something to eat?	59%	56%	59%	55%
3.6	PIN phone credit?	35%	51%	35%	43%
3.6	Toiletries/ basic items?	51%	48%	51%	52%

Key to tables

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SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	49%	54%	49%	52%
3.7	Someone from health services?	66%	69%	66%	67%
3.7	A Listener/Samaritans?	46%	33%	46%	52%
3.7	Prison shop/ canteen?	31%	25%	31%	24%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	47%	50%	47%	46%
3.8	Support was available for people feeling depressed or suicidal?	45%	40%	45%	39%
3.8	How to make routine requests?	46%	44%	46%	44%
3.8	Your entitlement to visits?	38%	39%	38%	37%
3.8	Health services?	52%	51%	52%	54%
3.8	The chaplaincy?	45%	48%	45%	48%
3.9	Did you feel safe on your first night here?	76%	81%	76%	85%
3.10	Have you been on an induction course?	92%	90%	92%	88%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	55%	59%	55%	66%
3.12	Did you receive an education (skills for life) assessment?	81%	84%	81%	78%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	32%	44%	32%	47%
4.1	Attend legal visits?	35%	46%	35%	49%
4.1	Get bail information?	13%	14%	13%	8%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	40%	39%	40%	41%
4.3	Can you get legal books in the library?	38%	41%	38%	46%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	61%	67%	61%	66%
4.4	Are you normally able to have a shower every day?	84%	92%	84%	98%
4.4	Do you normally receive clean sheets every week?	82%	70%	82%	94%
4.4	Do you normally get cell cleaning materials every week?	66%	65%	66%	83%
4.4	Is your cell call bell normally answered within five minutes?	42%	34%	42%	47%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	74%	69%	74%	80%
4.4	Can you normally get your stored property, if you need to?	25%	23%	25%	33%
4.5	Is the food in this prison good/very good?	18%	31%	18%	29%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	40%	49%	40%	48%
4.7	Are you able to speak to a Listener at any time, if you want to?	72%	56%	72%	75%
4.8	Are your religious beliefs are respected?	43%	52%	43%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	55%	59%	55%	64%
4.10	Is it easy/very easy to attend religious services?	44%	49%	44%	48%

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SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	81%	81%	81%	91%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	63%	56%	63%	75%
5.2	Do you feel applications are dealt with quickly (within seven days)?	41%	38%	41%	71%
5.3	Is it easy to make a complaint?	51%	59%	51%	64%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	26%	33%	26%	38%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	17%	28%	17%	38%
5.5	Have you ever been prevented from making a complaint when you wanted to?	16%	19%	16%	17%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	45%	29%	45%	39%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	57%	48%	57%	61%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	45%	46%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	8%	8%	6%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	53%	36%	53%	50%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	77%	79%	77%	80%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	72%	73%	72%	81%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	20%	30%	20%	35%
7.4	Do staff normally speak to you most of the time/all of the time during association?	12%	21%	12%	24%
7.5	Do you have a personal officer?	66%	64%	66%	72%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	55%	62%	55%	67%

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SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	45%	37%	45%	31%
8.2	Do you feel unsafe now?	14%	16%	14%	8%
8.4	Have you been victimised by other prisoners here?	33%	27%	33%	28%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	17%	12%	17%	12%
8.5	Hit, kicked or assaulted you?	11%	8%	11%	7%
8.5	Sexually abused you?	4%	1%	4%	2%
8.5	Threatened or intimidated you?	23%	16%	23%	17%
8.5	Taken your canteen/property?	10%	7%	10%	6%
8.5	Victimised you because of medication?	6%	4%	6%	2%
8.5	Victimised you because of debt?	8%	4%	8%	2%
8.5	Victimised you because of drugs?	7%	4%	7%	4%
8.5	Victimised you because of your race or ethnic origin?	4%	3%	4%	3%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%	3%	3%
8.5	Victimised you because of your nationality?	5%	3%	5%	3%
8.5	Victimised you because you were from a different part of the country?	6%	4%	6%	4%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	2%
8.5	Victimised you because of your sexual orientation?	5%	2%	5%	2%
8.5	Victimised you because of your age?	5%	3%	5%	2%
8.5	Victimised you because you have a disability?	4%	3%	4%	4%
8.5	Victimised you because you were new here?	10%	5%	10%	4%
8.5	Victimised you because of your offence/crime?	8%	4%	8%	6%
8.5	Victimised you because of gang related issues?	4%	4%	4%	3%

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	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	21%	28%	21%	30%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	11%	10%	11%	13%
8.7	Hit, kicked or assaulted you?	2%	4%	2%	4%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	10%	12%	10%	14%
8.7	Victimised you because of medication?	3%	4%	3%	2%
8.7	Victimised you because of debt?	1%	2%	1%	1%
8.7	Victimised you because of drugs?	1%	2%	1%	1%
8.7	Victimised you because of your race or ethnic origin?	1%	4%	1%	1%
8.7	Victimised you because of your religion/religious beliefs?	2%	3%	2%	2%
8.7	Victimised you because of your nationality?	1%	3%	1%	1%
8.7	Victimised you because you were from a different part of the country?	2%	3%	2%	6%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	2%
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7	Victimised you because of your age?	1%	2%	1%	1%
8.7	Victimised you because you have a disability?	1%	3%	1%	5%
8.7	Victimised you because you were new here?	3%	4%	3%	3%
8.7	Victimised you because of your offence/crime?	5%	4%	5%	5%
8.7	Victimised you because of gang related issues?	1%	2%	1%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	30%	41%	30%	35%

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SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	19%	29%	19%	36%
9.1	Is it easy/very easy to see the nurse?	44%	49%	44%	59%
9.1	Is it easy/very easy to see the dentist?	9%	14%	9%	13%
	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?	55%	48%	55%	47%
9.2	The nurse?	63%	56%	63%	61%
9.2	The dentist?	67%	43%	67%	44%
9.3	The overall quality of health services?	35%	42%	35%	43%
9.4	Are you currently taking medication?	55%	49%	55%	55%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	70%	83%	70%	79%
9.6	Do you have any emotional well being or mental health problems?	41%	33%	41%	28%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	35%	51%	35%	47%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	32%	25%	32%	27%
10.2	Did you have a problem with alcohol when you came into this prison?	22%	16%	22%	21%
10.3	Is it easy/very easy to get illegal drugs in this prison?	56%	43%	56%	41%
10.4	Is it easy/very easy to get alcohol in this prison?	38%	24%	38%	26%
10.5	Have you developed a problem with drugs since you have been in this prison?	16%	10%	16%	11%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	10%	7%	10%	11%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	64%	61%	64%	72%
10.8	Have you received any support or help with your alcohol problem while in this prison?	64%	63%	64%	65%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	71%	77%	71%	60%

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	Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	57%	48%	57%	42%
11.1	Vocational or skills training?	46%	42%	46%	37%
11.1	Education (including basic skills)?	50%	57%	50%	44%
11.1	Offending behaviour programmes?	25%	24%	25%	27%
Are you currently involved in any of the following activities:					
11.2	A prison job?	61%	60%	61%	54%
11.2	Vocational or skills training?	12%	16%	12%	18%
11.2	Education (including basic skills)?	12%	22%	12%	19%
11.2	Offending behaviour programmes?	12%	11%	12%	18%
11.3	Have you had a job while in this prison?	81%	84%	81%	70%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	51%	43%	51%	49%
11.3	Have you been involved in vocational or skills training while in this prison?	67%	75%	67%	56%
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?	59%	56%	59%	67%
11.3	Have you been involved in education while in this prison?	73%	80%	73%	56%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	62%	58%	62%	63%
11.3	Have you been involved in offending behaviour programmes while in this prison?	63%	71%	63%	61%
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?	53%	49%	53%	61%
11.4	Do you go to the library at least once a week?	50%	41%	50%	64%
11.5	Does the library have a wide enough range of materials to meet your needs?	67%	44%	67%	71%
11.6	Do you go to the gym three or more times a week?	29%	33%	29%	26%
11.7	Do you go outside for exercise three or more times a week?	76%	53%	76%	78%
11.8	Do you go on association more than five times each week?	43%	63%	43%	76%
11.9	Do you spend ten or more hours out of your cell on a weekday?	10%	17%	10%	20%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	32%	34%	32%	42%
12.2	Have you had any problems with sending or receiving mail?	38%	42%	38%	46%
12.3	Have you had any problems getting access to the telephones?	26%	20%	26%	23%
12.4	Is it easy/ very easy for your friends and family to get here?	22%	28%	22%	22%

Main comparator and comparator to last time

Key to tables

		HMP Channings Wood 2016	Category C training prisons comparator	HMP Channings Wood 2016	HMP Channings Wood 2012
	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				
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	81%	81%	81%	93%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	33%	37%	33%	29%
13.2	Contact by letter?	34%	34%	34%	48%
13.2	Contact by phone?	30%	26%	30%	29%
13.2	Contact by visit?	28%	31%	28%	31%
13.3	Do you have a named offender supervisor in this prison?	89%	75%	89%	90%
For those who are sentenced:					
13.4	Do you have a sentence plan?	51%	62%	51%	65%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	45%	54%	45%	55%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	35%	47%	35%	37%
13.6	Offender supervisor?	40%	37%	40%	49%
13.6	Offender manager?	39%	27%	39%	31%
13.6	Named/ personal officer?	12%	13%	12%	18%
13.6	Staff from other departments?	26%	15%	26%	25%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	60%	61%	60%	66%
13.8	Are there plans for you to achieve any of your targets in another prison?	16%	19%	16%	19%
13.9	Are there plans for you to achieve any of your targets in the community?	32%	28%	32%	28%
13.10	Do you have a needs based custody plan?	8%	6%	8%	7%
13.11	Do you feel that any member of staff has helped you to prepare for release?	19%	16%	19%	19%
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?	46%	34%	46%	36%
13.12	Accommodation?	48%	37%	48%	46%
13.12	Benefits?	58%	38%	58%	50%
13.12	Finances?	47%	27%	47%	33%
13.12	Education?	52%	34%	52%	40%
13.12	Drugs and alcohol?	60%	42%	60%	60%
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%	54%	60%	67%

Diversity analysis



Key question responses (ethnicity) HMP Channings Wood 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
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		19	155
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	32%	6%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)		
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	6%
1.1	Are you Muslim?	28%	3%
1.12	Do you consider yourself to have a disability?	17%	28%
1.13	Are you a veteran (ex-armed services)?	0%	10%
1.14	Is this your first time in prison?	37%	39%
2.6	Were you treated well/very well by the escort staff?	79%	73%
2.7	Before you arrived here were you told that you were coming here?	42%	53%
3.2	When you were searched in reception, was this carried out in a respectful way?	72%	85%
3.3	Were you treated well/very well in reception?	74%	77%
3.4	Did you have any problems when you first arrived?	58%	71%
3.7	Did you have access to someone from health care when you first arrived here?	67%	66%
3.9	Did you feel safe on your first night here?	67%	77%
3.10	Have you been on an induction course?	89%	93%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	24%	32%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	56%	61%
4.4	Are you normally able to have a shower every day?	94%	83%
4.4	Is your cell call bell normally answered within five minutes?	59%	41%
4.5	Is the food in this prison good/very good?	11%	19%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	35%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	53%	73%
4.8	Do you feel your religious beliefs are respected?	56%	42%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	41%	57%
5.1	Is it easy to make an application?	82%	81%
5.3	Is it easy to make a complaint?	31%	52%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	35%	59%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	8%
7.1	Do most staff, in this prison, treat you with respect?	81%	77%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	65%	73%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	29%	10%
7.4	Do you have a personal officer?	82%	64%
8.1	Have you ever felt unsafe here?	35%	45%
8.2	Do you feel unsafe now?	11%	15%
8.3	Have you been victimised by other prisoners?	41%	33%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	6%	25%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	18%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	12%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	5%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	12%	22%
8.7	Have you ever felt threatened or intimidated by staff here?	0%	11%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	3%
8.7	Have you been victimised because of your nationality? (By staff)	0%	1%
8.7	Have you been victimised because you have a disability? (By staff)	0%	1%
9.1	Is it easy/very easy to see the doctor?	19%	18%
9.1	Is it easy/ very easy to see the nurse?	50%	43%
9.4	Are you currently taking medication?	24%	59%
9.6	Do you feel you have any emotional well being/mental health issues?	35%	42%
10.3	Is it easy/very easy to get illegal drugs in this prison?	65%	54%
11.2	Are you currently working in the prison?	50%	63%
11.2	Are you currently undertaking vocational or skills training?	6%	12%
11.2	Are you currently in education (including basic skills)?	25%	11%
11.2	Are you currently taking part in an offending behaviour programme?	6%	12%
11.4	Do you go to the library at least once a week?	71%	48%
11.6	Do you go to the gym three or more times a week?	65%	25%
11.7	Do you go outside for exercise three or more times a week?	77%	76%
11.8	On average, do you go on association more than five times each week?	35%	44%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	6%	10%
12.2	Have you had any problems sending or receiving mail?	32%	39%
12.3	Have you had any problems getting access to the telephones?	0%	29%

Diversity Analysis



Key question responses (disability, age over 50) HMP Channings Wood 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

		Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better					
	Any percentage highlighted in blue is significantly worse					
	Any percentage highlighted in orange shows a significant difference in prisoners' background details					
	Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		45	128		42	134
1.3	Are you sentenced?	100%	100%		100%	100%
1.5	Are you a foreign national?	11%	7%		0%	11%
1.6	Do you understand spoken English?	100%	100%		100%	100%
1.7	Do you understand written English?	100%	100%		100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	7%	12%		3%	13%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	19%	2%		7%	5%
1.1	Are you Muslim?	2%	6%		0%	8%
1.12	Do you consider yourself to have a disability?				36%	23%
1.13	Are you a veteran (ex-armed services)?	16%	6%		24%	4%
1.14	Is this your first time in prison?	25%	43%		32%	41%
2.6	Were you treated well/very well by the escort staff?	60%	79%		74%	74%
2.7	Before you arrived here were you told that you were coming here?	55%	52%		66%	48%
3.2	When you were searched in reception, was this carried out in a respectful way?	80%	87%		83%	84%
3.3	Were you treated well/very well in reception?	68%	80%		75%	78%
3.4	Did you have any problems when you first arrived?	93%	60%		67%	70%
3.7	Did you have access to someone from health care when you first arrived here?	56%	70%		74%	64%
3.9	Did you feel safe on your first night here?	70%	77%		83%	73%
3.10	Have you been on an induction course?	91%	94%		90%	93%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	31%	32%		31%	32%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	56%	63%	78%	56%
4.4	Are you normally able to have a shower every day?	75%	87%	83%	85%
4.4	Is your cell call bell normally answered within five minutes?	38%	43%	31%	45%
4.5	Is the food in this prison good/very good?	13%	20%	27%	15%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	27%	46%	49%	38%
4.7	Are you able to speak to a Listener at any time, if you want to?	68%	73%	90%	66%
4.8	Do you feel your religious beliefs are respected?	48%	42%	60%	38%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	72%	48%	66%	51%
5.1	Is it easy to make an application?	78%	82%	88%	79%
5.3	Is it easy to make a complaint?	44%	52%	51%	50%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	47%	61%	71%	53%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	48%	58%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	7%	0%	10%
7.1	Do most staff, in this prison, treat you with respect?	72%	79%	84%	75%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	65%	75%	79%	70%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	12%	27%	8%
7.4	Do you have a personal officer?	65%	67%	68%	66%
8.1	Have you ever felt unsafe here?	56%	40%	42%	45%
8.2	Do you feel unsafe now?	20%	11%	10%	16%
8.3	Have you been victimised by other prisoners?	42%	30%	22%	36%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	32%	20%	22%	23%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2%	4%	0%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	2%	0%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	7%	4%	3%	5%
8.5	Have you been victimised because of your age? (By prisoners)	9%	3%	8%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	12%	2%	5%	4%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	34%	16%	10%	24%
8.7	Have you ever felt threatened or intimidated by staff here?	20%	7%	5%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	1%	0%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	2%	0%	3%
8.7	Have you been victimised because of your nationality? (By staff)	0%	2%	0%	2%
8.7	Have you been victimised because of your age? (By staff)	0%	2%	3%	1%
8.7	Have you been victimised because you have a disability? (By staff)	2%	1%	0%	2%
9.1	Is it easy/very easy to see the doctor?	14%	21%	45%	12%
9.1	Is it easy/ very easy to see the nurse?	43%	44%	74%	35%
9.4	Are you currently taking medication?	76%	48%	75%	49%
9.6	Do you feel you have any emotional well being/mental health issues?	70%	32%	26%	46%
10.3	Is it easy/very easy to get illegal drugs in this prison?	63%	54%	46%	58%
11.2	Are you currently working in the prison?	50%	66%	56%	63%
11.2	Are you currently undertaking vocational or skills training?	8%	13%	10%	13%
11.2	Are you currently in education (including basic skills)?	5%	14%	13%	12%
11.2	Are you currently taking part in an offending behaviour programme?	16%	11%	3%	15%
11.4	Do you go to the library at least once a week?	35%	55%	58%	48%
11.6	Do you go to the gym three or more times a week?	15%	34%	15%	34%
11.7	Do you go outside for exercise three or more times a week?	60%	82%	71%	78%
11.8	On average, do you go on association more than five times each week?	29%	48%	39%	45%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	14%	8%	13%	9%
12.2	Have you had any problems sending or receiving mail?	50%	34%	26%	41%
12.3	Have you had any problems getting access to the telephones?	27%	26%	20%	27%



Prisoner survey responses HMP Channings Wood 2016 Wing comparator

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

Key to tables

	Any percentage highlighted in green is significantly better	F, M, O, T and W Wings	A, B, C, D, E, H, P and S Wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		73	103
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	0%
1.3	Are you sentenced?	100%	100%
1.3	Are you on recall?	14%	16%
1.4	Is your sentence less than 12 months?	7%	17%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	2%
1.5	Are you a foreign national?	6%	11%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	4%	16%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	7%
1.1	Are you Muslim?	6%	6%
1.11	Are you homosexual/gay or bisexual?	17%	2%
1.12	Do you consider yourself to have a disability?	31%	22%
1.13	Are you a veteran (ex-armed services)?	13%	6%
1.14	Is this your first time in prison?	47%	32%
1.15	Do you have any children under the age of 18?	33%	53%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	55%	48%
2.5	Did you feel safe?	75%	80%
2.6	Were you treated well/very well by the escort staff?	73%	75%
2.7	Before you arrived here were you told that you were coming here?	66%	42%
2.8	When you first arrived here did your property arrive at the same time as you?	85%	86%

Key to tables

	Any percentage highlighted in green is significantly better	F, M, O, T and W Wings	A, B, C, D, E, H, P and S Wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	43%	51%
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	83%
3.3	Were you treated well/very well in reception?	73%	80%
	When you first arrived:		
3.4	Did you have any problems?	73%	67%
3.4	Did you have any problems with loss of property?	22%	14%
3.4	Did you have any housing problems?	7%	19%
3.4	Did you have any problems contacting employers?	0%	2%
3.4	Did you have any problems contacting family?	20%	25%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	2%
3.4	Did you have any money worries?	9%	17%
3.4	Did you have any problems with feeling depressed or suicidal?	22%	17%
3.4	Did you have any physical health problems?	20%	20%
3.4	Did you have any mental health problems?	20%	27%
3.4	Did you have any problems with needing protection from other prisoners?	17%	0%
3.4	Did you have problems accessing phone numbers?	14%	17%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	40%	41%
3.6	A shower?	8%	15%
3.6	A free telephone call?	14%	16%
3.6	Something to eat?	60%	58%
3.6	PIN phone credit?	28%	40%
3.6	Toiletries/ basic items?	49%	53%

Key to tables

	Any percentage highlighted in green is significantly better	F, M, O, T and W Wings	A, B, C, D, E, H, P and S Wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	49%	49%
3.7	Someone from health services?	64%	68%
3.7	A Listener/Samaritans?	52%	42%
3.7	Prison shop/ canteen?	36%	29%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	46%	49%
3.8	Support was available for people feeling depressed or suicidal?	52%	41%
3.8	How to make routine requests?	60%	35%
3.8	Your entitlement to visits?	47%	31%
3.8	Health services?	57%	48%
3.8	The chaplaincy?	52%	41%
3.9	Did you feel safe on your first night here?	70%	80%
3.10	Have you been on an induction course?	96%	90%
3.12	Did you receive an education (skills for life) assessment?	82%	82%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	32%	31%
4.1	Attend legal visits?	41%	31%
4.1	Get bail information?	9%	17%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	45%	37%
4.3	Can you get legal books in the library?	37%	39%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	65%	58%
4.4	Are you normally able to have a shower every day?	73%	92%
4.4	Do you normally receive clean sheets every week?	87%	79%
4.4	Do you normally get cell cleaning materials every week?	73%	62%
4.4	Is your cell call bell normally answered within five minutes?	41%	43%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	66%	79%
4.4	Can you normally get your stored property, if you need to?	29%	22%
4.5	Is the food in this prison good/very good?	24%	14%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	38%
4.7	Are you able to speak to a Listener at any time, if you want to?	79%	67%
4.8	Are your religious beliefs are respected?	46%	42%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	61%	50%
4.10	Is it easy/very easy to attend religious services?	41%	46%

Key to tables

	Any percentage highlighted in green is significantly better	F, M, O, T and W Wings	A, B, C, D, E, H, P and S Wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	80%	82%
5.3	Is it easy to make a complaint?	54%	49%
5.5	Have you ever been prevented from making a complaint when you wanted to?	17%	15%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	50%	42%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	58%	56%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	52%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	3%	11%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	76%	79%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	72%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	23%	18%
7.4	Do staff normally speak to you most of the time/all of the time during association?	13%	12%
7.5	Do you have a personal officer?	73%	61%

Key to tables

	Any percentage highlighted in green is significantly better	F, M, O, T and W Wings	A, B, C, D, E, H, P and S Wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	53%	38%
8.2	Do you feel unsafe now?	20%	10%
8.4	Have you been victimised by other prisoners here?	47%	23%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	23%	12%
8.5	Hit, kicked or assaulted you?	13%	9%
8.5	Sexually abused you?	7%	2%
8.5	Threatened or intimidated you?	36%	14%
8.5	Taken your canteen/property?	11%	9%
8.5	Victimised you because of medication?	7%	5%
8.5	Victimised you because of debt?	6%	9%
8.5	Victimised you because of drugs?	3%	10%
8.5	Victimised you because of your race or ethnic origin?	1%	5%
8.5	Victimised you because of your religion/religious beliefs?	1%	4%
8.5	Victimised you because of your nationality?	6%	4%
8.5	Victimised you because you were from a different part of the country?	7%	6%
8.5	Victimised you because you are from a traveller community?	1%	2%
8.5	Victimised you because of your sexual orientation?	9%	2%
8.5	Victimised you because of your age?	7%	3%
8.5	Victimised you because you have a disability?	6%	3%
8.5	Victimised you because you were new here?	16%	6%
8.5	Victimised you because of your offence/crime?	17%	2%
8.5	Victimised you because of gang related issues?	4%	3%

Key to tables

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SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	26%	17%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	13%	9%
8.7	Hit, kicked or assaulted you?	3%	2%
8.7	Sexually abused you?	0%	1%
8.7	Threatened or intimidated you?	14%	7%
8.7	Victimised you because of medication?	1%	4%
8.7	Victimised you because of debt?	0%	1%
8.7	Victimised you because of drugs?	0%	2%
8.7	Victimised you because of your race or ethnic origin?	0%	1%
8.7	Victimised you because of your religion/religious beliefs?	3%	2%
8.7	Victimised you because of your nationality?	0%	2%
8.7	Victimised you because you were from a different part of the country?	1%	3%
8.7	Victimised you because you are from a traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	1%	1%
8.7	Victimised you because of your age?	0%	2%
8.7	Victimised you because you have a disability?	1%	1%
8.7	Victimised you because you were new here?	3%	3%
8.7	Victimised you because of your offence/crime?	9%	3%
8.7	Victimised you because of gang related issues?	0%	2%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	26%	15%
9.1	Is it easy/very easy to see the nurse?	56%	36%
9.1	Is it easy/very easy to see the dentist?	7%	9%
9.4	Are you currently taking medication?	67%	47%
9.6	Do you have any emotional well being or mental health problems?	43%	40%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	19%	41%
10.2	Did you have a problem with alcohol when you came into this prison?	22%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	57%	54%
10.4	Is it easy/very easy to get alcohol in this prison?	29%	45%
10.5	Have you developed a problem with drugs since you have been in this prison?	10%	20%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	11%

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SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	63%	52%
11.1	Vocational or skills training?	46%	46%
11.1	Education (including basic skills)?	43%	55%
11.1	Offending Behaviour Programmes?	25%	24%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	73%	53%
11.2	Vocational or skills training?	9%	14%
11.2	Education (including basic skills)?	12%	12%
11.2	Offending Behaviour Programmes?	11%	13%
11.4	Do you go to the library at least once a week?	56%	46%
11.5	Does the library have a wide enough range of materials to meet your needs?	66%	67%
11.6	Do you go to the gym three or more times a week?	15%	39%
11.7	Do you go outside for exercise three or more times a week?	73%	79%
11.8	Do you go on association more than five times each week?	44%	42%
11.9	Do you spend ten or more hours out of your cell on a weekday?	11%	9%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	39%	26%
12.2	Have you had any problems with sending or receiving mail?	33%	41%
12.3	Have you had any problems getting access to the telephones?	21%	29%
12.4	Is it easy/ very easy for your friends and family to get here?	21%	22%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	94%	85%
13.10	Do you have a needs based custody plan?	6%	10%
13.11	Do you feel that any member of staff has helped you to prepare for release?	22%	17%