

Report on an unannounced inspection of

HMP Birmingham

by HM Chief Inspector of Prisons

6–17 February 2017

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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 Birmingham is a category B local prison housing adult male prisoners which is operated by G4S Custodial Services. G4S assumed control of the prison in 2011. It holds a complex mix of prisoners and is characterised by a very high throughput, with around 500 new prisoners each month and an average stay of only six weeks. It is situated near to the centre of Birmingham and is a mixture of older Victorian buildings supplemented by accommodation for a further 450 prisoners, built just over 10 years ago, together with new workshops and facilities for education, health care and gym.

In December 2016 a major disturbance took place at the prison. Severe damage was caused to much of the more modern accommodation. Four wings were undergoing repairs at the time of this inspection and were not expected to be returned to use for some months. Following the disturbance, around 500 prisoners were moved out of the jail, leaving a population of over 900 to be housed in the older Victorian accommodation.

It should be clearly understood that the purpose of carrying out this inspection a mere two months after such a serious disturbance was not in any way to enquire into events leading up to it, look for causal factors, comment on the handling of the disturbance or make recommendations in respect of it. A totally separate enquiry process had been established to perform those functions. Nor was it the purpose of this inspection to look forward to the time when the prison would be repopulated and speculate as to what might be required to make that process a success.

The decision to inspect at the time we did was based upon two principal factors. First, after such a serious outbreak of violence and destruction at one of the country's largest and most prominent prisons, there was a clear duty on HM Inspectorate of Prisons to establish the extent to which the prison, still housing some 900 prisoners, was doing so in a safe, secure, respectful and decent way. There was also a requirement to see whether the essential functions of providing rehabilitative purposeful activity and a resettlement function for the remaining prisoners were being effectively delivered. Second, the inspection was intended to offer an independent snapshot of how the prison was performing in February 2017, and thereby give the prison's leadership a baseline from which they could plan the continuing recovery from the events of December 2016 and set clear targets for the future.

We cannot comment on whether the outbreak of rioting in December 2016 had been foreseen, or whether it was reflective of staffing levels or the state of relationships between staff and prisoners. What we can say is that during the period of the inspection – when staffing levels appeared adequate – we saw many positive interactions between staff and prisoners and, in general, relationships were respectful. This is reflected in our assessment of 'reasonably good' in the area of respect. However, we also saw too much inconsistency in the way in which poor behaviour was dealt with by staff. Prisoners need to know where the boundaries of acceptable behaviour lie, and it is unsettling and frustrating for them if those boundaries vary in an unpredictable way.

This report sets out in some detail a number of positive things that we saw at HMP Birmingham, and in particular it is noteworthy that health care was generally good, and the community rehabilitation company was working far better than we usually see. The level of consultation with prisoners was good at all levels and the prisoner council was well established. It was also impressive that there was in-cell telephony for prisoners throughout the Victorian residential wings, which was a significant achievement.

However, there were two key areas that needed to be addressed. First, the safety and stability of the prison was clearly being adversely affected by the high volume of illicit drugs, particularly new psychoactive substances (NPS), which were available. Fifty per cent of prisoners told us it was easy to get drugs, and one in seven was acquiring a drug habit while in the jail. As in so many prisons, drugs were giving rise to high levels of violence, debt and bullying. The prison had a drug supply reduction

strategy, and there was good partnership work with West Midlands Police, but more needed to be done. In particular, and in common with other establishments, there needed to be an assessment as to whether the technology being used to counter the threats posed by drones, mobile phones and prisoners concealing drugs internally was both the best available and being effectively used.

The second major area of concern was that the provision of education and training in the prison was poor. That is not to say that the range of what was on offer was poor – we found a good range of provision that met the needs of the short-term population. However, the simple fact was that not enough prisoners were able to take advantage of what was on offer. Attendance was poor, at between 40% and 60% in many sessions. Given that there were sufficient activity places for the current population, this showed not only that there was a huge waste of available resources but also that there was insufficient priority given to getting prisoners to their activities. Unsurprisingly, the assessment made by this inspection in the area of purposeful activity was ‘poor’.

The leadership of the prison was clearly committed to meeting the many challenges presented by this large and complex establishment. The events of December 2016 had had a profound effect upon many members of staff. There was still, some two months later, a palpable sense of shock at the suddenness and ferocity of what had happened. Despite this, there was a very clear determination on the part of the leadership and staff to move on from the disorder, rebuild and make progress. During a meeting with senior staff I was told, most emphatically, that they did not want ‘to be defined by what happened on 16 December’.

I am well aware that this report is likely to receive very close attention from many people and organisations who would like to understand the reasons for the riot. As I have explained above, that is not the purpose of this report, and to attempt to use it in that way would be a mistake. It would also be totally wrong for anyone to try to use the findings of this report to make comment, from a political, ideological or any other perspective, on the comparative performance or legitimacy of private and public sector prisons. That issue is completely irrelevant to HM Inspectorate of Prisons. This report is no more, and no less, than an account of the treatment of prisoners and the conditions in which we saw them being held during the period of the inspection.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

April 2017

Fact page

Task of the establishment

An adult male local and resettlement prison

Prison status

Private: G4S

Region

West Midlands

Number held

911

Certified normal accommodation

679

Operational capacity

919

Date of last full inspection

27 February–7 March 2014

Brief history

HMP Birmingham is a Victorian local and resettlement prison housing adult males and serving courts around Birmingham, Wolverhampton and Stafford. In 2004, 450 prisoner places were added to the existing 925, along with new workshops, educational facilities, a health care centre and gym.

Short description of residential units

A, B, C, D and G wings formed part of the original Victorian building. A and C wings housed remand and sentenced prisoners, with C1 holding vulnerable non-sex offenders. B wing accommodated the detoxification unit; the segregation unit was on B1 landing. D wing housed the first night centre and G wing accommodated vulnerable (sex offender) prisoners.

The health care unit had two inpatient wards: ward 1 for physical health and ward 2 for mental health, providing 15 spaces in each. J wing was a small unit for mostly older prisoners or those requiring social care. K wing housed category C prisoners and enhanced regime category B prisoners. L, M, N and P wings were newer residential units, but they were not in use following a serious disturbance in December 2016.

Name of governor/director

Peter Small

Escort contractor

GEOAmey

Health service provider

Birmingham and Solihull Mental Health Foundation Trust
Birmingham Community Healthcare NHS Foundation Trust

Learning and skills providers

Milton Keynes College
N-ergy
South and City College

Independent Monitoring Board chair

Roger Swindells

Community rehabilitation company (CRC)

Staffordshire and West Midlands 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** Reception was efficient and first night arrangements were generally good, appropriately focusing on safety. Induction was not reliable. Too many prisoners felt unsafe. Incidents of violence, often related to drugs and debt, had increased substantially and were high. Levels of self-harm were high and individual care for prisoners at risk of harm needed to improve. Security processes were mostly proportionate. Despite proactive drug supply reduction plans, drugs were too easily available. The use of force and segregation had increased but remained relatively low. The governance of force was good. Substance misuse arrangements were mostly sound. **Outcomes for prisoners were not sufficiently good against this healthy prison test.**
- S2** At the last inspection in 2014 we found that outcomes for prisoners in Birmingham were reasonably good against this healthy prison test. We made 16 recommendations in the area of safety. At this follow-up inspection we found that three of the recommendations had been achieved, two had been partially achieved and 11 had not been achieved.
- S3** Most prisoners had short journeys to the prison. Reception was very busy and clean. Staff were courteous and efficient but there were no Insiders (prisoners who introduce new arrivals to prison life) to help settle new arrivals in. Prisoners were not held too long in reception and all went to the first night centre, where individual interviews with staff covered safety and vulnerability issues. First night cells were clean but some lacked equipment, including kettles and pillows. Insider prisoners provided valuable support to prisoners the day after their arrival. Induction was not reliably provided. Some new prisoners who were difficult to locate elsewhere stayed in the first night centre too long and received an impoverished regime.
- S4** More than half of prisoners in our survey said they had felt unsafe during their time at the prison and over a third felt unsafe at the time of the inspection, both of which were higher than in comparator prisons and compared with our previous inspection. Violence towards staff and between prisoners was very high. There had been an increase, year on year since the previous inspection. Much of it was because of drugs and debt. All violent incidents were recorded but data analysis to identify patterns and trends was inconsistent. Some steps had been taken to make the prison safer, but the approach lacked comprehensive planning and action to reduce the level of violence overall. Documentation revealed that perpetrators of violence were not effectively managed or challenged and there was no effective support for victims, most of whom were located on discrete landings where the regime was poor.
- S5** Since the last inspection there had been three self-inflicted deaths. Serious incidents of self-harm were investigated and lessons learned were shared. A continuous improvement plan monitored the implementation of recommendations from the Prisons and Probation Ombudsman. Self-harm incidents had increased and were three times more common than at the last inspection. Strategic oversight of self-harm was good. Detailed information about the nature and causes of self-harm was collated and there had been some effective action to address the issues.
- S6** Care for individual prisoners at risk of self-harm was not sufficiently good. Although assessment, care in custody and teamwork case management documents for prisoners at risk of suicide or self-harm mostly assessed and identified issues well, care maps were not updated to reflect progress. Relevant staff, particularly mental health staff, did not attend

reviews regularly, and important issues for the prisoners concerned were not dealt with effectively in many cases.

- S7 There had been a large-scale disturbance in December 2016, but during the inspection we found security processes broadly proportionate. However, the management and supervision of prisoners was not consistently good. Security priorities were broadly aligned to existing threats of violence and drug concerns. A good flow of intelligence was analysed swiftly, but action was not always taken promptly enough. Survey results, finds and positive drug test results all indicated that drugs were easily available. Half of prisoners said it was easy to get illegal drugs and one in seven said they had developed a drug problem at the prison. 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) were particularly problematic and linked to medical emergencies, debt and violence. The prison had developed a detailed supply reduction action plan and proactively addressed the problem, which included concerns about drones.
- S8 The incentives and earned privileges scheme was not used well enough to promote good behaviour. It was applied inconsistently leaving some poor behaviour being neither challenged nor recorded.
- S9 The number of adjudications had increased since the previous inspection and many related to drugs or violence. The number of incidents involving force had increased but remained relatively low. Records indicated that force was used proportionately and staff regularly used de-escalation techniques. Special accommodation was used rarely and planned interventions were routinely recorded. Managerial oversight of force was good.
- S10 The regime in the segregation unit was often too limited, however lengths of stay were relatively short and the number of prisoners located there was very small. Efforts were made to reintegrate prisoners and most were safely returned to the normal location. However, we found some prisoners, in the process of being reintegrated who were effectively being segregated in the normal part of the prison without a management plan or adequate managerial oversight.
- S11 A good range of psychosocial interventions were provided for prisoners with drug and alcohol issues. Most aspects of clinical management for drug- and alcohol-dependent prisoners were good. However, we were concerned that opiate substitution treatment did not begin immediately on arrival and observations were inconsistent, which was potentially unsafe. The general availability of drugs and the large number of prisoners not in treatment in the stabilisation unit undermined the recovery process.

Respect

- S12** Residential accommodation was often overcrowded, poorly maintained and dirty and lacked sufficient furniture. Prisoner consultation arrangements were very good. We observed some good staff-prisoner relationships but too often staff failed to challenge poor behaviour or set effective boundaries. Outcomes for prisoners with protected characteristics were reasonable except for disabled prisoners, some of whose needs were not met. Too many prisoners could not attend communal worship. Complaints were well managed and legal services were very good. Health provision was reasonably good overall as was the food. **Outcomes for prisoners were reasonably good against this healthy prison test.**
- S13** At the last inspection in 2014 we found that outcomes for prisoners in Birmingham were reasonably good against this healthy prison test. We made 19 recommendations in the area of respect.² At this follow-up inspection we found that three of the recommendations had been achieved, four had been partially achieved and 12 had not been achieved.
- S14** External areas were generally tidy and debris that had been thrown out of windows was removed every day. The disturbance in December 2016 had taken much of the newer accommodation out of use, leaving mostly the Victorian accommodation, which was difficult to maintain. Some internal communal areas had been refurbished and were clean and tidy, but many of the showers, stairways and sluices were dirty and neglected. Many single cells were cramped and overcrowded, held two or more prisoners and provided inadequate privacy. Too many cells had broken windows, were in a poor state of repair and lacked sufficient furniture. In-cell phones, installed since the last inspection, enabled prisoners to maintain contact with family and friends and the electronic kiosks on wings gave prisoners control over some aspects of their everyday life, including booking visits, managing finances and making applications.
- S15** In our survey, most prisoners, although fewer than last time, said staff treated them with respect. During the inspection staffing levels appeared sufficient. We saw some friendly and supportive interactions and staff handled some challenging behaviour skilfully. However too often we saw staff failing to enforce behavioural boundaries or challenge some poor prisoner behaviour, including verbal abuse against staff and a lack of adherence to wing rules. Consultation with prisoners, including at director level, was very good and there was evidence of action being taken to address issues raised.
- S16** The strategic management of equality and diversity had deteriorated since the last inspection and was not given sufficient senior management attention. Meetings were poorly attended. The equalities team proactively monitored some protected characteristics locally, but where inequalities were identified, remedial action did not always follow. Discrimination incident reporting forms were not freely available. Too many investigations did not take place promptly enough diminishing their usefulness. There was a committed group of trained prisoner equality representatives, but the lack of community links or dedicated forums deprived minority groups of a voice or dedicated support.
- S17** Black and minority ethnic prisoners made up 36% of the population. They reported more positively in many areas of our survey: they felt safer and reported better relationships with staff than white prisoners. Provision for foreign national prisoners had improved slightly, but they could not access independent immigration advice.

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.

- S18 In our survey, prisoners with disabilities responded much more negatively than those without disabilities, and provision for this group was inadequate. Emergency evacuation plans were very poorly managed and wheelchair users had been unable to access services, such as the chapel and dentist for far too long. The disturbance had meant specially adapted cells on the newer wings could not be used, which had a significant impact and too many prisoners with mobility problems were in unsuitable accommodation. Some older prisoners had a better environment on J wing, but there were too few dedicated activities and no involvement from community organisations. Despite the equalities team's efforts, there was no provision for gay, bisexual or transgender prisoners.
- S19 Faith provision required improvement. Too many prisoners still could not attend services in the chapel. Attendance at Christian services was unusually low and there were some significant gaps in the provision, for example, there were no Buddhist, Rastafarian or Hindu chaplains.
- S20 Although prisoners were negative about the complaints process in our survey, the system was robustly managed and responses were mostly prompt. A substantial number were upheld and quality assurance was good. The prison had retained a good level of legal services.
- S21 Health care governance was mostly good, although the health complaints process was unclear. Consultation with prisoners about health services was impressive. Despite chronic nursing staffing shortages, primary health care services were reasonably good. However, some prisoners waited much too long for routine GP appointments and too many newly arrived prisoners still did not receive a timely secondary health screening. Both inpatient units offered very good support to patients with complex physical and mental health needs.
- S22 Pharmacy services were generally satisfactory, but poor officer supervision of medicine administration on some wings meant there was a risk of bullying and diversion. Dental care was good. Mental health support services had been enhanced by the addition of psychological interventions and remained good, however some patients continued to wait too long for a transfer to external mental health facilities.
- S23 In our survey, 20% of prisoners said the food was good or very good, which was similar to the comparator. We considered the food to be good, but meals were served too early. Prisoners could purchase a wide range of goods as soon as they arrived.

Purposeful activity

S24 *Time out of cell was reasonable for most, but wholly inadequate for a minority. The leadership and management of learning and skills and work activities were inadequate overall. The range of provision had improved and there were sufficient activity places for the population, but attendance was extremely poor. The quality of teaching and learning, particularly in some education sessions, was not good enough. Prisoners generally made adequate progress, but achievements in English and maths were far too low. The library was very good, but access remained problematic for many. Too few prisoners used the gym. **Outcomes for prisoners were poor against this healthy prison test.***

S25 *At the last inspection in 2014 we found that outcomes for prisoners in Birmingham were not sufficiently good against this healthy prison test. We made 15 recommendations in the area of purposeful activity. At this follow-up inspection we found that seven of the recommendations had been achieved and eight had not been achieved.*

S26 Time out of cell for fully employed prisoners was good at around 10 hours; for unemployed men, it was around four and a half hours. For some, particularly those on the first night wing, it could be as little as one hour. Too many, almost 50% of prisoners, were locked in cells during our roll checks. The regime was rarely curtailed and most prisoners had daily access to association, although delays routinely affected access to activities.

S27 The leadership and management of learning and skills and work activities were inadequate. Managers did not sufficiently focus on using education, training and work to rehabilitate prisoners. The use and collection of performance data had improved, but managers had taken too long to address the poor performance of some teaching staff.

S28 There were sufficient activity places for the existing population, but not enough for when the prison was operating at full capacity. However, attendance at education and vocational training was poor at between 40% and 60% in many sessions. The induction to education, training and work was dull and too many prisoners did not attend the mandatory initial education assessment.

S29 Too many teaching and learning sessions in education were uninspiring. Inconsistent attendance at education classes had an impact on lesson planning. English and maths were embedded well into training sessions. Staff did not adequately identify prisoners requiring learning support. Teaching and learning in vocational training were better.

S30 Learners' behaviour was good in most sessions and poor behaviour was managed well. In workshops, prisoners worked productively developing useful transferable employment skills, but they were not systematically recorded or used to help prisoners recognise what they had achieved.

S31 Achievements in English and maths for the previous year had been very poor especially at levels 1 and 2. Data for the current year showed some improvement, but more needed to be done. Achievement rates on most vocational training courses were good. Learners in vocational training made good progress and developed good skills.

S32 The library was well run and welcoming. Prisoners valued the facility. It offered a wide range of material and good links with education. For a small number of prisoners, access was reasonable, but it was closed in the evenings and at weekends, which meant prisoners engaged in full-time activity could not use it. Data analysis was not sufficiently detailed to identify specific user groups.

- S33 An appropriate range of gym equipment and facilities was provided. The induction to the gym was poorly attended and, according to the prison's data, only around 30% of the population used the gym regularly. Prior to December 2016, staffing shortages had led to gym sessions being frequently curtailed or cancelled, but during the inspection a full programme was operating. The range of programmes and accredited courses was good and success rates were high.

Resettlement

S34 *The reducing reoffending strategy was not informed by a needs analysis. Information exchange, to manage prisoners' risks, was limited. The offender management unit (OMU) worked hard to complete initial offender assessment system (OASys) documents, but too many prisoners were transferred without one being completed. Offender supervisor contact was very limited even in higher risk cases. Home detention curfew (HDC) arrangements were adequate. Basic public protection measures were sound. Categorisation arrangements were good and most prisoners were moved on promptly. The demand for resettlement services was very high and strong support was provided across most of the pathways. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S35 *At the last inspection in 2014 we found that outcomes for prisoners in Birmingham were reasonably good against this healthy prison test. We made 14 recommendations in the area of resettlement. At this follow-up inspection we found that five of the recommendations had been achieved, one had been partially achieved and eight had not been achieved.*

S36 The huge and rapid turnover of prisoners presented significant challenges for offender management and resettlement services. The reducing reoffending strategy was up to date but not informed by a needs analysis. The community rehabilitation company (CRC) provision was well established and there was a reasonably good range of partnerships within and outside the prison. Too little information was exchanged between departments, which limited risk management and planning.

S37 The OMU worked hard to complete initial OASys documents, but the National Probation Service backlog remained too high despite theirs being the higher risk cases. Population pressures meant prisoners continued to be transferred out of the prison without an OASys assessment or plan. Before December 2016, the redeployment of offender supervisors elsewhere affected offender management work. We found offender supervisors had very little contact with prisoners, including higher risk or complex cases, and had a largely reactive approach to risk management. HDC processes were managed adequately, but too many prisoners were released late due to issues beyond the prison's control.

S38 Contact restrictions for prisoners posing a risk to the public were managed appropriately. The inter-departmental risk management team remained underdeveloped and provided limited risk management support. As at our last inspection too few multi-agency public protection arrangement levels were confirmed well enough ahead of release, potentially limiting the prison's involvement in risk management planning.

S39 Initial categorisations and reviews were up to date. Most prisoners were transferred relatively quickly, but some, particularly category B men, stayed too long owing to a lack of places nationally. Transfers were rarely informed by sentence plan targets or the need for prisoners to progress.

- S40 With around 200 releases each month, the demand for resettlement help was extremely high. CRC staff were knowledgeable, confident in their role and the provision was very good.
- S41 A good range of help and support was provided for prisoners with housing problems. The CRC had helped a substantial number of prisoners to secure accommodation on release but the proportion of those going to permanent and sustained housing was not yet monitored closely enough. Specialist debt advice continued and the recent appointment of specialist housing and welfare workers would further enhance support.
- S42 A limited range of support was provided for prisoners needing help to find employment or training on release, but much of it was new. A new pre-release course was designed to help develop men's CV writing skills and prepare prisoners for life on licence. However, attendance at these sessions was not mandatory and was very low. Several promising partnerships with selected employers were in place so prisoners could develop specific skills leading to job interviews. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used to support prisoners' job search activities.
- S43 Arrangements to ensure continuity of physical and mental health care on transfer or release remained appropriate. Palliative and end-of-life care was very good. Appropriate community links were in place to facilitate through-care and post-release support for prisoners with substance misuse issues. Prisoners with money problems had access to a good range of support, including specialist debt advice.
- S44 In our survey, prisoners were more positive than the comparator and compared with the previous inspection about being able to maintain contact with family members and the provision was generally good. The visitors' centre had a full-time family support worker and helpful, experienced staff. The visits process was well managed and the prison held monthly family days, but interventions to help prisoners maintain family ties were still very new.
- S45 The prison's two offending behaviour programmes were supported by a short anger management course delivered by the CRC. There was a lack of offending behaviour work to challenge perpetrators of domestic violence and sexual offences.

Main concerns and recommendations

S46 Concern: Too many prisoners felt unsafe. Levels of violence had increased since our last inspection and were high. Much of it was linked to drugs. Some steps had been taken to make the prison safer, but there was a lack of comprehensive planning and action to reduce the level of violence overall.

Recommendation: A clear strategy and plan to reduce the level of violence should be introduced. The effectiveness of action to reduce violence should be monitored.

S47 Concern: Too often staff failed to challenge antisocial and delinquent prisoner behaviour.

Recommendation: Consistent staff-prisoner relationships should be embedded and clear expectations for prisoners' behaviour set.

S48 Concern: Some prisoners, primarily those requiring some form of protection who were on discrete landings (CI and the first night unit) had an impoverished regime. They had as little as one hour out of their cell each day and had little, if any, exercise, access to the open air or involvement in activities or association.

Recommendation: All prisoners should have a decent regime, including access to learning and skills and work activities, daily association and exercise in the open air.

S49 Concern: Managers did not focus on learning and skills as a means of reducing reoffending. There were sufficient activity places for all prisoners during the inspection as the population had temporarily declined by around 500. Despite this, attendance was very poor, with only 40% to 60% of prisoners allocated to activities attending.

Recommendation: All available activity places should be used to maximise the number of prisoners attending learning and skills and work. Prisoners allocated to activities should attend them for the full duration of their course.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1 Most prisoners had short journeys to the prison from local courts and only 15% in our survey said they spent more than two hours in the van. More than 70% in our survey said escort staff treated them well. Vans were clean and there was minimal graffiti in cellular compartments.
- I.2 Most prisoners were transported from court at the end of the day's proceedings, which meant those with hearings early in the day spent too long in court cells and reception staff had to deal with a glut of arrivals in the late afternoon. All prisoners were routinely handcuffed to staff between reception and escort vehicles, which was disproportionate in many cases.
- I.3 Person escort records (PERs) were completed adequately and had risk information where appropriate. Prisoners left the prison in good time for court and those attending on consecutive days told us they could shower each day and wear suitable clothing.
- I.4 Video links with local courts and legal representatives were good and well used.

Recommendation

- I.5 **Prisoners from local courts should be transferred promptly to the prison following their court appearance.** (Repeated recommendation 1.7)

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.6 The reception was very busy and dealt with more than 1400 prisoner movements in January 2017. The reception was clean, bright and spacious. Relevant information, including an information video, was available in holding rooms. Reception staff were efficient and welcoming and two thirds of prisoners in our survey said they were treated well.
- I.7 We saw cell-sharing risk assessment interviews being conducted at the reception desk, but no other prisoners were in hearing distance and new arrivals were offered an interview in private. Prisoners arriving were offered a shower in reception and provided with a hot meal. During the inspection, no Insiders (prisoners who introduce new arrivals to prison life) were available to provide support or information in reception as they had recently been transferred. However, new ones were being recruited.

- 1.8** New arrivals were swiftly moved to the first night centre. In our survey, more prisoners than in comparable establishments said they were in reception for less than two hours. Insiders on the wing gave prisoners bedding, toiletries and crockery and cutlery and staff offered them tobacco and grocery packs.
- 1.9** A comprehensive first night interview was conducted in semi-privacy in screened booths. It included some basic information about the prison, but most new arrivals did not spend time with Insiders before being locked up for the night. First night cells were clean, but some were overcrowded, lacked equipment, such as kettles and pillows, and were in a poor state of repair (see recommendation 2.9).
- 1.10** In our survey, only 61% said they felt safe on their first night, lower than at the last inspection and compared with similar prisons. However, staff paid better attention to new arrivals' safety than at the last inspection. Safety concerns and prisoners' vulnerabilities were discussed and recorded during the first night interview. The night duty officer in the first night centre reviewed all interview records to identify safety concerns and prisoners who required close observation. Additional checks were made during the night.
- 1.11** The induction of new prisoners was patchy. Most were unlocked during the day after their arrival for interviews with drugs workers, a chaplain and the careers service. Education inductions were scheduled for later in the week when prisoners should have moved to other wings, but they were not always undertaken (see paragraph 3.16). A presentation about the prison was often cancelled and too many prisoners moved to other wings without seeing it. However, men spent time with Insiders who explained the electronic kiosk that allowed them access to services. In our survey, only 50% of prisoners said they had been on an induction course, which was lower than in comparable prisons.
- 1.12** The first night centre was being used to hold sex offender prisoners and others who were unsafe elsewhere because there was not enough space on G wing (the dedicated sex offender wing) or other more suitable areas. The regime for prisoners in the first night centre was poor. Outdoor exercise was only offered on Sundays and there was no association time. We found 23 prisoners who were waiting for a single cell as well as 14 sex offenders and eight others who could not be moved to other wings. Prisoners waiting for a single cell place had been on the wing for up to three months. (See also paragraph 3.1 and main recommendation S48.)

Recommendation

- 1.13 All new receptions should receive an appropriate induction** (Repeated recommendation 1.21)

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.

- 1.14** Violence had increased substantially since our previous inspection. The number of assaults on staff and prisoners between June and November 2016 was 187 and 218 respectively, which was high; there were also 136 fights between prisoners. Both figures were higher than at our previous visit and compared with similar prisons. This was reflected in our survey,

where 59% of prisoners had felt unsafe at some time during their stay in Birmingham and over a third felt unsafe at the time of inspection. We found the high level of drug availability, often leading to debt, was one of the primary triggers of violence.

- I.15** There had been improvements in the recording of incidents since May 2016 and the director's daily operational brief consisted of daily feedback on incidents to ensure the prison's focus was appropriate. Data demonstrated that the increase in violence was not just because of improved recording but because there had been a consistent rise in violence year on year. While all incidents were recorded, the analysis of incidents to identify patterns and trends was inconsistent, often because the causes of violence were not detailed in full.
- I.16** The prison had a violence reduction strategy that was reasonably comprehensive, supported by a violence reduction action plan. However, there was a lack of comprehensive planning and action to reduce the levels of violence overall. The action plan consisted of relatively minor action, which would have had minimal impact. Action was not informed by key data from meetings and despite a comprehensive prisoner survey on violence in early 2016, there was no evidence that any improvements had been made as a result. (See main recommendation S46.)
- I.17** Violence was discussed at monthly safer custody meetings, although they were not always well attended. For example, the security department was aware of the large number of intelligence reports on violence and drugs but did not attend the meeting or submit a report. Action that had been taken was not always documented, but we were provided with examples of some instances where staff had focused appropriately on violence hotspots.
- I.18** The prison had around 25 violence reduction peer support workers, who were supported and supervised by the safer custody team. They were used well to help de-escalate some situations that could have led to further violence.
- I.19** Documentation demonstrated reasonable levels of investigation into violent incidents and identified any deficient areas and possible good practice. However, issues of concern were not always addressed and perpetrators of violence were not always effectively challenged. Any prisoner identified as a perpetrator of violence could be placed onto a tackling antisocial behaviour (TAB) scheme, involving three levels of monitoring with differing restrictions. TAB documents allowed staff to monitor a prisoner involved in violence and there were supplementary work booklets that encouraged him to think about his behaviour and its impact on others. However, the scheme was not applied consistently. Only 25 TAB documents had been opened during the months prior to the inspection despite the high recorded level of violence. Many of the documents we examined were incomplete; entries were observational and failed to provide details of how a prisoner's behaviour was challenged or whether appropriate targets were set.
- I.20** Support for victims of violence was poor and no victim support documents had been established during the whole of 2016. Prisoners requiring support were mostly located on C1 landing, a 21-bed unit for prisoners identified as vulnerable due to their situation (such as debt or bullying) or the first night centre. Prisoners were subject to a risk assessment prior to being placed on C1 but their regime, as for those in the first night centre was poor (see paragraphs I.12, 3.1 and main recommendation S46).
- I.21** The safer custody team had introduced a weekly safety meeting to discuss action taken against perpetrators and victims of violence. However, it was too early to establish its effectiveness.
- I.22** Prisoners convicted of sexual offences were located on G wing. During the inspection, they had a reasonable regime, with regular access to activities and exercise. Access to the gym

was temporarily enhanced for those on G wing because additional spaces were available following a reduction in the population post-disturbance.

Recommendation

- I.23 Perpetrators of violence should be challenged and their behaviour addressed and monitored.**

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.24** Since our last inspection there had been three self-inflicted deaths. The prison's strategic approach to self-harm was good. An action plan addressed recommendations arising from Prisons and Probation Ombudsman investigations. The action plan was kept under review to ensure it was updated and practice had been embedded. Serious incidents of self-harm were investigated and lessons learned identified and disseminated among relevant staff.
- I.25** Four hundred and nineteen incidents of self-harm had been recorded in the six months prior to the inspection, more than three times the number recorded at the last inspection. A wide range of information about incidents was collated, including the reasons for prisoners self-harming, and some action had been taken in response to a rise in the number of incidents in particular locations.
- I.26** At an individual level, care for prisoners at risk was not good enough in too many cases. Four hundred and thirty-three assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were established in the six months to December 2016, compared to 347 in the six months prior to the previous inspection. In the closed cases we examined, we found assessments were generally good and initial care maps reflected the issues identified. However, reviews were poorly attended and in nearly all of them only the prisoner and two wing staff were present; staff who were pertinent to individual prisoners' cases did not attend. For example, one prisoner had self-harmed due to drug substitution prescribing problems, but medical or drug treatment staff did not contribute to or attend his case reviews and he waited 10 days for a doctor's appointment, which resolved the issue. While he waited, he had resorted to using contraband medication and illegal drugs. Even where the assessment had identified mental health problems, no mental health input was provided during reviews except in one of the cases we examined. We were told reviews were not generally planned, but undertaken at short notice, making it difficult for mental health staff to attend. Care maps in closed cases often did not indicate whether the issues identified had been resolved but only that action had been taken with no indication of the outcome. At risk prisoners were now observed more frequently than previously, but timings were sometimes too predictable.
- I.27** In our survey, prisoners were more negative than in similar prisons about being able to speak to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). The prison had an adequate team of Listeners who told us they were not aware of any prisoners being refused contact, although there had sometimes been delays before they could see them. A care suite on C wing allowed for overnight sessions, but

shorter sessions had been held in unsuitable locations, such as shower rooms or in an open area of a wing.

Recommendation

- I.28 Management of ACCT procedures should ensure that all action identified in assessments are included in care maps, objectives are addressed promptly and reviews include contributions from all prison departments responsible for progressing objectives. The outcomes of action should be recorded and objectives should be achieved as far as possible before cases are closed.**

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.29** The prison had a safeguarding vulnerable adults policy that had been updated in 2015. It addressed how prisoners at risk were managed in the prison and the role of the local adult safeguarding board. A memorandum of understanding between the prison, the city council, the local health trust and mental health services set out responsibilities and referral procedures for social care (see section on social care) and safeguarding concerns.
- I.30** Staff we spoke to knew they had to refer prisoners they were concerned about to the safer custody team and were aware of the options for keeping prisoners with vulnerabilities safe and supported.

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.31** Following the serious disturbance in December 2016, a large proportion of the establishment remained out of use. In a six-month period to November 2016, 130 serious incidents had occurred.
- I.32** During the inspection, we found security procedures mostly proportionate, although some elements of physical security, such as damaged cell windows and door observation panels, required constant attention (see paragraph 2.1) due to high levels of vandalism. We found some residential areas without a staff presence or where inappropriate behaviour was not challenged (see paragraph 2.12).
- I.33** The prison's security priorities were broadly aligned to the current threat of drugs and violence. The use of mobile phones and drones to arrange and deliver drugs was identified as

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).

a significant threat and intelligence gathering had identified several hotspots and weak areas; funding had been approved to enhance physical security to reduce such risks. Staff recognised that more needed to be done to ensure that the technology used to combat threats, such as mobile phone detectors and signal blockers, was effective. The prison had close working relationships with the West Midlands Police and the regional intelligence unit so links to external crime groups following any finds within the prison could be identified.

- I.34** A total of 3577 intelligence reports had been submitted to the security department between June and November 2016, an increase compared with the previous inspection. The department processed and analysed intelligence promptly. Despite the security department's effective collation and analysis of data, too many of the tasks assigned to other prison departments were either completed late or not at all. For example, we could not be confident that cell searches were based on up-to-date intelligence, undermining attempts to reduce the volume of unauthorised articles.
- I.35** Drugs were widely available. In our survey, over half of all prisoners, 52%, said it was easy to get illegal drugs, which was more than last time (37%) and higher than in similar prisons (41%). A further 14% said they had developed a drug problem while at the prison and 29% said alcohol was easily available compared with 12% last time and a comparator of 19%.
- I.36** Mandatory drug testing (MDT) results, finds and medical incidents showed that 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) had become problematic. The use of Spice (a man-made drug that mimics the effects of cannabis but is much stronger with no discernible odour and cannot be detected by drug tests) was a particular issue. In January nurses attended prisoners under the influence of NPS on 52 occasions. The random MDT figure averaged 15.9% against a target of 12% in the previous six months and revealed mainly cannabis, subutex and opiate use, but 111 prisoners had also tested positive for synthetic cannabinoids over the same period. Target testing remained problematic and 73% of requested suspicion tests had not been completed in the previous six months.
- I.37** The prison had developed a detailed supply reduction action plan, which reflected current threats and was updated regularly, but the security and drug strategy departments needed to be more integrated and have a combined approach to reduce both the demand for drugs and their supply (see also paragraph I.61).

Recommendations

- I.38** **Tasks assigned to prison departments as a result of intelligence reports should be completed promptly and action reported back to the security department.**
- I.39** **Security and drug strategy staff should develop an integrated approach to reducing the demand and supply of drugs.**

Incentives and earned privileges

Expected outcomes:

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

- I.40** In our survey, few prisoners thought the IEP system promoted good behaviour. We observed only negative comments recorded in the electronic case notes we reviewed.
- I.41** Systems for monitoring the timeliness of reviews and warnings were good but were undermined by a lack of contributions from departments across the prison and we frequently observed poor behaviour going unchallenged and unrecorded. We were satisfied that most new prisoners now moved from entry level to standard after they had been at the prison for 14 days.
- I.42** Fifty-one prisoners were on the basic level. Most of those we spoke to expected to remain on the regime for at least 28 days and targets for all those we reviewed were generic and insufficiently focused on behavioural change.

Recommendation

- I.43** **Targets for those on the basic level should focus on addressing the individual's poor behaviour.**

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.44** The number of adjudications had increased since our previous inspection but remained relatively low. Many of the charges related to violence or drugs, reflecting the risks the establishment faced (see sections on bullying and violence reduction and security). Adjudications we observed were appropriately conducted and prisoners were fully involved in the process.
- I.45** Many serious charges were referred to the police or independent adjudicator and despite the large number, systems for monitoring hearings were good. The number of cases referred to the independent adjudicator accounted for over half of those outstanding, but measures were in place to ensure they were dealt with promptly.
- I.46** The segregation monitoring and review group (SMARG) presented data on adjudications so it could identify trends and carry out analysis. However, the meeting had only been held once between June and December 2016. Further discussions on trends relating to adjudications and segregation took place at the equalities meeting, but data were limited to information on ethnicity.

Recommendation

- I.47** A regular adjudication standardisation process should be implemented to ensure adjudications are dealt with promptly and appropriately.

The use of force

- I.48** Although the number of incidents involving force had increased since our previous inspection they remained comparatively low – 235 between June and November 2016.
- I.49** Use of force was recorded well. All planned interventions were organised and conducted appropriately. Many spontaneous incidents were also recorded through body-worn video cameras. The video recording we reviewed did not raise any concerns and documentation and use of force footage demonstrated that de-escalation techniques were used well.
- I.50** A weekly use of force meeting took place and although attendance was limited it was effective. The meeting reviewed incidents occurring over the previous seven days and identified any immediate lessons to be learnt. Staff conveyed any concerns immediately to the relevant person or department, which proved a successful method of governance. The weekly meeting was also supplemented by additional discussions about use of force at the security committee meeting.
- I.51** Special accommodation had only been used twice during 2016 and we were satisfied on both occasions that it had been an appropriate response to extreme behaviour.

Good practice

- I.52** *The weekly use of force meeting to identify and address immediate concerns or lessons to be learnt ensured the number of incidents involving force remained small.*

Segregation

- I.53** The segregation unit, on the lower floor of B wing was austere, although communal areas and most cells remained reasonably clean. The regime was basic with just daily access to showers, exercise and phone-calls but segregation continued to be used infrequently – an average of four prisoners a week were held mostly to maintain good order or discipline under rule 45 and lengths of stay were relatively short.
- I.54** Relationships in the unit were reasonable and we observed some good interactions between staff and prisoners. This was not reflected in daily records, where entries did not always outline some detailed discussions that we observed.
- I.55** Two quiet cells towards the rear of the unit were used on occasion to locate prisoners whose behaviour was perceived to be problematic. While the cells were authorised for use and not considered special accommodation, they were particularly austere. We were concerned that decisions to locate prisoners in these cells did not receive appropriate managerial attention or governance.
- I.56** During the inspection, a prisoner subject to ACCT procedures was located in the segregation unit and more segregated prisoners appeared in the closed ACCT cases we examined. There was no recorded procedure for authorising segregation where a prisoner was on an ACCT or for planning their regime during segregation.

- I.57** The prison focused on reintegrating segregated prisoners back into the normal prison location and we saw examples of successful reintegration. However, during the inspection, we found prisoners who, as part of their reintegration, were being inappropriately segregated in the normal location. Segregation staff managed these prisoners' who had access to a basic regime, such as showers and exercise, but it was not clear who was responsible for other aspects of reintegration, such as association and activities. There were no detailed management plans to oversee these prisoners and their safety could not be assured.

Recommendations

- I.58** The use of the quiet cells should be clarified and their use subject to appropriate governance.
- I.59** A senior manager should authorise the segregation of prisoners subject to ACCT procedures and ensure their regime is aligned with the ACCT care map.
- I.60** All prisoners subject to reintegration should have an effective management plan that provides sufficient information regarding their daily management. Their access to regime should be documented and any reasons for deviation from the daily published regime recorded.

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.61** The establishment's substance misuse policy and action plan were informed by a needs analysis. A drug and alcohol strategy committee met every month but was poorly attended and did not focus on integrating supply and demand reduction (see also section on security and recommendation I.39). The drug and alcohol recovery team (DART) included dedicated discipline staff who conducted compact-based drug testing, where the prison and prisoner sign an agreement on drug testing, and supervised some controlled drug administration. The team was co-located with the clinical substance misuse service in the health care centre.
- I.62** Prisoners were initially assessed on the day following their arrival and initial induction in the first night centre, which included advice on the dangers of NPS use. The service provided a good range of interventions to meet prisoners' assessed needs and 235 men were participating in ongoing structured work to achieve their care plan objectives. In addition to one-to-one work, prisoners could take part in drug and alcohol awareness and motivational enhancement sessions and a recovery-focused two-week programme. There was an active peer support scheme, mutual aid groups met regularly and service user consultation was excellent.
- I.63** Clinical substance misuse services were provided by Birmingham and Solihull Mental Health Trust. Prisoners were assessed by a substance misuse nurse on arrival. Alcohol and benzodiazepine detoxification started immediately, but opiate-dependent prisoners only received first night symptomatic relief to alleviate withdrawal.
- I.64** Prisoners were initially located in the first night centre before moving to the stabilisation unit on B wing. Regular 24-hour observations and monitoring during their first five days did not take place on either wing, which posed risks and was unsafe.

- I.65** Opiate substitution treatment (OST) started the following day after a GP, substance misuse nurse and a DART worker had carried out a joint assessment. There were 125 prisoners receiving OST. Prescribing regimes had become more flexible and most prisoners starting treatment were now on maintained doses, following stabilisation. Prisoners found to be diverting their medication, or who were under the influence of NPS received reducing dosages, which was unpopular but appropriate.
- I.66** The high prevalence of NPS use and the large number of prisoners on B wing not in treatment undermined the recovery ethos of the unit, and several prisoners told us they felt afraid. Ongoing clinical reviews were not conducted jointly with the DART team and efforts to hold joint clinics on B wing had been hampered by concerns for staff safety.
- I.67** Flaws in the supervision of controlled drug administration were addressed during the inspection. However arrangements for prisoners receiving buprenorphine had improved and they were now afforded more privacy. Dual diagnosis patients received a good level of care and continued to benefit from a designated service. Substance misuse and mental health services were well integrated.

Recommendations

- I.68** Opiate-dependent prisoners should receive treatment promptly on arrival and prescribing regimes should be in line with national guidance.
- I.69** Prisoners requiring stabilisation or detoxification should receive appropriate 24-hour monitoring and observation.
- I.70** Clinical substance misuse and psychosocial support services should improve joint working to provide more integrated care.

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1 External areas were cleaned regularly to remove the constant stream of detritus that was thrown from windows. Following the disturbance in December 2016 the newer, better accommodation was out of action, leaving only the Victorian wings (A, B, C, D and G) and K and J wings in use. Lower, more visible areas had been refurbished and were generally reasonably well maintained, but upper landings received much less attention. Despite a large number of wing cleaners and orderlies we consistently found staircases, upper landings, recesses, showers and sluice areas dirty and neglected.
- 2.2 Many cells were overcrowded and housed more prisoners than they had been designed for. In some cases, cells were unacceptably cramped, some housing four or six prisoners with no lockers or proper in-cell toilet screening. Too many cells were in a poor state of repair with broken windows, missing or damaged furniture, poor flooring and ventilation and inadequately screened toilets (see appendix VI). There was significant and sometimes offensive graffiti in cells and the offensive displays policy was not universally enforced (see appendix VI).
- 2.3 Although access to showers was good, we found many shower areas needed refurbishment and prisoners consistently complained of a lack of hot water, insufficient pressure and in some cases missing shower fittings, which meant many showers could not be used.
- 2.4 Survey results and discussions with staff and prisoners indicated it was often difficult to obtain sufficient cleaning material.
- 2.5 Prisoners we spoke to were positive about the applications system and we considered the tracking process to be excellent. Most applications were made through electronic kiosks, where applications were recorded and responses sent directly to the prisoner. Applications were monitored and a daily report highlighted outstanding action. Paper-based applications were also tracked and included in the report.
- 2.6 In-cell phones had been installed across the prison, enabling prisoners to contact family and friends at any time of day. Prisoners appreciated the phones, along with the electronic kiosks, which allowed them to carry out a range of tasks, such as booking visits, selecting meals, checking their accounts and ordering from the prison shop.
- 2.7 As at the last inspection we observed cell call bells remaining unanswered for long periods on some wings. A monitoring system identified these delays, but we were not confident follow up action took place to ensure bells received a prompt enough response.

Recommendations

- 2.8 All communal areas, including showers, should be maintained to a consistently good standard.**
- 2.9 All cells should be maintained to a reasonable standard and have windows, sufficient furniture for the number of occupants and adequate screening around in-cell toilets.**

Good practice

- 2.10** *The prison's application system, including the electronic kiosk, allowed the prison to track and follow up applications effectively.*

Staff-prisoner relationships

Expected outcomes:

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

- 2.11** In our survey, 74% of all prisoners said most staff treated them with respect, which was lower than last time but comparable with similar prisons.
- 2.12** There was a substantial number of officer vacancies, which did not have a great impact during the inspection because the prison population was a third smaller since the disturbance. We observed some friendly, supportive interactions, especially during prisoners' first night and saw some very challenging prisoners being skilfully managed. However, we also saw some poor behaviour, including staff being verbally abused and prisoners failing to adhere to wing rules on offensive displays, cell cleanliness and smoking, which were not challenged. Staff persistently failed to enforce behavioural boundaries and several prisoners said the way to get things done at Birmingham was 'to kick off', which was frustrating for the many relatively quiet and well-behaved prisoners. (See main recommendation S46.)
- 2.13** A personal officer policy was in place but it was ineffective. Electronic case notes recorded few interactions, prisoners we spoke to had little confidence in the process and in our survey only 30% of all prisoners thought that they had a personal officer.
- 2.14** Consultation was good and evident at all levels – from wing consultation to well-established prisoner council meetings and some impressive forums chaired by the director. Action plans based on the results were implemented and had a positive effect on prisoners' lives.

Recommendation

- 2.15 All prisoners should have an identified officer who supports them through their sentence and checks on them regularly. This should be reflected in comprehensive electronic case notes entries.**

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁴ 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

- 2.16** The strategic management of equality and diversity had deteriorated since the last inspection and did not receive sufficient senior management attention. The monthly equalities meeting was typically chaired by a junior manager and was frequently poorly attended. The provision had been allowed to lapse during staff absences and the equalities team had found it difficult to secure the cooperation of staff to facilitate events such as Black History Month.
- 2.17** There was a good, up-to-date equalities action plan but the local equalities policy was out of date. Prisoners could disclose protected characteristics in confidence during a first night interview with staff. The equalities team proactively monitored some protected characteristics locally using their own monitoring tool. Although it did not address areas such as sexual orientation, it did ensure some relevant analysis took place in a very busy local prison with a constantly changing population. However, where inequalities were identified, such as an under-representation of Asian men among wing workers, remedial action did not always follow.
- 2.18** Twenty-eight discrimination incidents had been reported in the six months to November 2016, which was half the number at the last inspection and relatively low. Discrimination incident reporting forms were not freely available on most wings. While some investigations were carried out reasonably well, most had been completed late, which diminished their usefulness. Too often, the prisoners involved had left Birmingham before they could be interviewed, which prevented lessons from being learned. External scrutiny arrangements had only recently restarted, but the equalities team had recruited a good, independent panel.
- 2.19** There was a committed group of prisoner equality representatives. They had been trained and the equalities manager briefed them on any changes in practice. They had a monthly, informal meeting with the equalities team and were invited to the main equalities meeting, which was good. Their roles were deliberately general and none of them focused on a particular protected characteristic. In addition, there were few links with community organisations and no regular forums. This meant minority groups had no voice or dedicated support.

Protected characteristics

- 2.20** Black and minority ethnic prisoners made up 36% of the population. They responded more positively than their white counterparts in many areas of our survey, which was positive and something we rarely find. Fewer felt unsafe at the time of the inspection (31% against 41% of white prisoners) and more said staff treated them with respect (80% against 70%). While this

⁴ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

group had a relatively positive experience at Birmingham, we found some racist graffiti on wings and some reports of discriminatory language. Bringing Hope, a local charity, continued to run Damascus Road, a programme to help prisoners from black and minority ethnic backgrounds to address their involvement in gang-related crime.

- 2.21** Our survey indicated that the number of prisoners from a Gypsy, Romany, Traveller background was much higher than the prison's recorded figure. This group had access to an irregular, informal meeting in the chapel, and there were plans to improve the provision, for instance compensating for the increased cost of calling family members on mobile phone numbers by allowing them a five-minute free call.
- 2.22** Provision for the prison's foreign national prisoners, who made up 15% of the population, had improved. Kiosk services were now available in all major languages, allowing non-English speakers to place a canteen order or make an application. Prison staff also routinely used the telephone interpreting service to communicate with this group and there was an up-to-date policy for foreign national prisoners. However, they still could not access independent immigration advice. During the inspection, 14 men were detained beyond the end of their sentence, which was high, but we were confident most were being moved to the immigration estate at the earliest opportunity.
- 2.23** Muslim prisoners made up 17% of the population. In our survey, they had largely similar views to other prisoners and raised no serious concerns during the inspection. Faith provision for them was good (see also section on faith and religious activity).
- 2.24** In our survey, prisoners with disabilities were more negative than those without disabilities across many areas. Provision for this group was inadequate and some specially adapted cells were taken out of use following the recent disturbance, which had had a significant impact. Some prisoners with the highest level of need were located in the health inpatient facility (see paragraph 2.63) but others with significant disabilities and care needs did not have their needs met. Emergency evacuation plans were inconsistently applied and very poorly managed. Wing staff were often unaware of the system for identifying prisoners with reduced mobility. Too many men, particularly those on crutches or who had undergone an operation while in prison, were inappropriately located on higher landings without an evacuation plan.
- 2.25** Wheelchair users had been unable to access services, such as the chapel and dentist, for far too long because a lift had been out of order. There was still no formal carer scheme for those with the greatest need, particularly prisoners on J wing.
- 2.26** Some 13% of prisoners were over 50. Some of these men had a better environment on J wing, where they could make use of or work in a large garden. However, there were too few dedicated activities for this group, aside from an over-40s gym class for men on the main wings. No community groups were involved with these prisoners.
- 2.27** Although the equalities team had made sustained efforts to improve the provision for gay, bisexual and transgender prisoners, there was still no structured support for them, nor any involvement from community groups. During the inspection, one prisoner identified as trans; her needs were being met by the equalities team.

Recommendations

- 2.28 Foreign national prisoners should have access to independent immigration advice.**
- 2.29 The needs of prisoners with disabilities should be identified, assessed and met and they should be able to access all prisoner services and facilities.**
- 2.30 Older prisoners should have access to a range of age appropriate activities during the day.**
- 2.31 Services should be introduced to support gay and bisexual prisoners.** (Repeated recommendation 2.39)

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.

- 2.32** Faith provision required improvement. In our survey, prisoners were more negative than in similar prisons about being able to see a chaplain on their arrival (26% against 45%). The regime in the induction unit made it difficult for chaplains to hold a private interview with new men.
- 2.33** The main chapel was well equipped, clean and tidy and provided some quiet rooms for groups. The multi-faith room was large but bare.
- 2.34** Too many prisoners, including those on G wing, still could not attend services in the chapel. Their corporate worship was held in a classroom on the wing, which remained inadequate. Prisoners at risk on CI landing and those located in the first night centre were also unable to visit the chapel. In addition, because of a broken lift and the lack of reasonable adjustments, anybody with reduced mobility or in a wheelchair was also prevented from attending. None of these groups was offered alternative ways to worship. Attendance at Christian services overall was also unusually low.
- 2.35** The chaplaincy offered good individual pastoral care to prisoners in distress and a variety of study groups for different faiths. However, there were some significant gaps in the provision, for example, there were no Buddhist, Rastafarian or Hindu chaplains. Some of these vacancies were longstanding.
- 2.36** The chaplaincy did not provide any counselling services, structured support for bereavement or victim awareness programmes. It ran an official prison visitor scheme, but only one volunteer was active.

Recommendations

- 2.37 Vulnerable and at-risk prisoners and prisoners with disabilities should have equitable access to adequate multi-faith facilities.** (Repeated recommendation 2.47)
- 2.38 All prisoners should have access to a chaplain of their faith.**

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.

- 2.39** In the six months to November 2016, prisoners made 1113 complaints, fewer than at the last inspection. However, there had been a sharp increase in complaints since the disturbance in December 2016, mostly from prisoners relocated to old wings about their property. The health complaints process was unclear (see paragraph 2.53).
- 2.40** In our survey, prisoners were more negative about the complaints process than last time. Complaints boxes were not clearly labelled, but the system itself was robustly managed and responses were mostly timely, if sometimes too curt. The prison ran a quality assurance process that saw members of the prison council check a random selection of redacted responses.
- 2.41** A substantial number of complaints, about 30% each month, were upheld, indicating a willingness to acknowledge legitimate issues. However, while monthly data analysis was good, the complaints team did not identify trends or patterns so improvements could be made.

Recommendations

- 2.42 Responses to complaints should be respectful and considerate.**
- 2.43 Complaints data should be analysed for trends so lessons are learned and improvements made.**

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.

- 2.44** The prison had retained good legal services, which our survey reflected, improving on some results at the last inspection. Two experienced legal services officers were part of the offender management unit and continued to direct prisoners to a range of advice and information. They visited new arrivals on the induction unit with bail information and could be contacted using the kiosks. Legal correspondence was dealt with appropriately. Prisoners were now notified if a letter was opened in error.

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.

2.45 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁵ 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 subsequent notices issued by the CQC which have been detailed within Appendix III of this report.

Governance arrangements

2.46 Joint working between health providers, the prison and commissioners was good. Health providers' governance structures, including the management of adverse incidents, were well integrated and robust. A full-time patient engagement worker ensured that consultation with prisoners about health and substance use services was effective and had trained and supported peer health workers on all wings. A new health needs assessment was being commissioned to replace the 2015 version.

2.47 In our survey, 30% of prisoners reported the overall quality of health services was good, which was lower than at the last inspection (47%). Prisoners we spoke to had mixed views, but many were particularly dissatisfied with the long waiting times for the GP and dentist and prescribing decisions.

2.48 Primary care continued to experience chronic and severe staffing shortages, which meant the service often struggled to meet the high level of demand. However, there was less of an impact during the inspection because prisoner numbers had declined. The primary care team was only comprised of registered nurses. Recruitment was ongoing and regular locum staff filled some gaps.

2.49 Staff had access to mandatory training and pertinent policies were available. Opportunities for further development were reasonable. Clinical supervision was well embedded among Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) staff, and although available for Birmingham Community Healthcare NHS Foundation Trust (BCHFT) staff, most relied on informal mechanisms.

2.50 The health interactions we observed were good. Clinical records were mostly good, as was care planning, and patients' involvement in decision-making was evident in mental health records but not always in other documents. Systems for identifying and managing communicable diseases and joint working with community specialists remained good.

2.51 The environment in the main health department was mostly good and waiting areas had been refurbished to a good standard since our last inspection. However, many wing-based clinical rooms were cluttered and did not meet infection control standards. Prison custody officer staffing shortages often meant prisoners could not attend internal health appointments, particularly in the main health care department, which contributed to very high non-

⁵ 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>.

attendance rates. More wing-based interventions had been introduced to offset this; however, they had taken place less often in recent months due to concerns for health staff's safety.

- 2.52** Appropriate regularly checked emergency equipment was held in clinical and strategic operational areas across the prison. Almost a third of operational staff were trained in first aid. Ambulances were called promptly for medical emergencies. The prison and local ambulance service had an agreed 'rapid access protocol'.
- 2.53** The confidential health complaint system was not advertised and the forms were not accessible on all wings. Prisoners mainly complained using the prison system, which was not sufficiently confidential. An average of 61 concerns had been received each month in the six months to January 2017 and only two formal complaints over the whole period. Responses we examined were timely, courteous and most addressed all the issues raised, but did not advise prisoners of the options available if they were unhappy with the outcome.
- 2.54** Smoking cessation services had been provided by an external agency but this had stopped and there was no regular alternative provision at the time of the inspection. Access to immunisations, sexual health services and blood borne virus testing was good. Barrier protection was available, but remained poorly advertised. Older prisoners could access all relevant community health screening services and there were good systems in place to identify and manage the health needs of senior citizens.

Recommendations

- 2.55 All clinical rooms should comply with infection control standards and offer a decent, safe and accessible environment for prisoners and staff.**
- 2.56 Prisoners should be able to complain easily through a confidential well-advertised health system that outlines escalation and support options.**
- 2.57 Prisoners should have easy access to pertinent health promotion services, including barrier protection and smoking cessation.**

Good practice

- 2.58** *Consultation with prisoners about health services was well resourced and embedded and effectively informed service delivery.*
- 2.59** *The rapid access agreement between the prison and ambulance service ensured that ambulances were dispatched promptly in an emergency.*

Delivery of care (physical health)

- 2.60** A nurse completed an initial health assessment with all new arrivals in reception. A GP was onsite to complete prescriptions and provide advice, but only saw those with urgent needs on the first night. Appropriate onward referrals were made. A further secondary screening was usually completed within a few days; however, a significant proportion still did not receive it because of the complex unlocking arrangements. Additionally, health care staff sometimes did not have the capacity to see all new arrivals promptly, although this occurred less frequently because of the decrease in prisoner numbers.

- 2.61** Prisoners requested services from electronic kiosks (see paragraph 2.5). Waiting times for most primary care clinics were reasonable, but too long for the dentist; some prisoners had excessive waits for routine GP appointments. Each wing had one routine GP clinic a week and during the inspection prisoners on most wings waited around two weeks, but those on B and C wing waited around five and three weeks respectively. High demand, high non-attendance rates, a lack of escorting officers and insufficient nurse assessment clinics were contributory factors.
- 2.62** Prisoners with acute health needs were seen promptly. Nurses were always on site and out-of-hours' GP cover was appropriate. A dedicated chronic disease nurse led on the identification and management of those with complex health needs, including palliative care and lifelong conditions.
- 2.63** Integrated teams of dedicated health care officers (discipline officers with qualifications in custodial health care) and nurses continued to provide patients with very good care in two separate physical health and mental health inpatient units. The facilities were part of a regional resource: BSMHFT coordinated bed management across the three prisons and offered good support to prisoners often with complex needs. Patients were normally admitted for clinical reasons, although insufficient cells for disabled prisoners and space on specialist units in the main prison since December 2016 meant some were located there temporarily (see paragraph 2.24). A reasonable range of therapeutic activities was provided including some in-cell activities facilitated by the occupational therapist.
- 2.64** Prisoners were referred promptly for external hospital appointments. Most referrals were for X-rays and waiting times for the prison's in-house X-Ray facility, operated by hospital radiographers, were short and had significantly reduced the demand for external escorts. In the nine months to December 2016, 30% (198 of 657) of planned appointments were cancelled due to insufficient officer escorts, which was extremely high. Nevertheless, prisoners were generally still seen within waiting times expected in the community. Planned escorts were discussed at a weekly multidisciplinary meeting to ensure they were proactively managed. A dialysis suite had been developed to provide services in-house, although no-one had required it during the inspection.

Recommendations

- 2.65 All prisoners should receive a secondary health screening within seven days of their arrival in the prison.**
- 2.66 Prisoners should be able to access all primary care clinics within community equivalent waiting times.**

Pharmacy

- 2.67** Medicines were supplied by a well-staffed in-house pharmacy. Procedures were in place to provide essential medicines promptly, however some prisoners said medication was regularly unavailable when they required it.
- 2.68** Medicines were prescribed and administered on SystmOne (the electronic clinical information system). In-possession risk assessments were completed. In-possession medication was generally administered at lunchtime by pharmacy staff, but most double occupancy cells still did not have anywhere to store medicines securely. Most medicines were administered as supervised doses three times a day at 8am, 12 noon and 5pm Monday to Thursday; from Friday to Saturday the final dose could be as early as 3pm, which meant

doses were being administered too close together leaving a large gap, which was not always clinically safe or effective. Night sedation was either given in-possession or administered around 8pm. Staff carried medication, including controlled drugs, to patients who could not attend the main medication hatches in unlabelled and unsecured medicines pots, which was poor practice.

- 2.69** At the time of the inspection medicines were administered from eight wing-based rooms. The environment was mixed and particularly poor on J and B3 wings (see paragraph 2.51). Patients mostly had no privacy when receiving their medication, exacerbated because of poor officer supervision during medication administration on most wings. Staff reported, and we observed, that this made it easier for prisoners to divert medication and for bullying to occur.
- 2.70** Potentially tradeable medicines were managed robustly and the number prescribed was comparatively low. However, we were concerned that prisoners arriving in the prison on some tradeable medication had it stopped following a rapid reduction programme without an individual assessment or patient involvement in the decision.
- 2.71** The range of medicines that could be supplied without a prescription was too limited, which created an overreliance on GP prescriptions for minor injuries and illnesses.
- 2.72** Alerts and incidents were managed correctly. Staff had access to relevant procedures, protocols and prescribing guidance. The range of pharmacy-led clinics was too limited and poorly advertised, but concerns were being addressed. A regular well-attended medicines and therapeutics committee addressed all relevant issues.
- 2.73** Medicines were generally stored correctly, but the temperatures in some medication administration rooms, including on ward I, were too high for safe storage. Refrigerator temperatures were not consistently managed effectively in all areas.

Recommendations

- 2.74** Prisoners in shared cells should be able to store medicines securely.
- 2.75** Medicines should be prescribed and administered at clinically appropriate times to required professional standards. There should be sufficient effective officer supervision to ensure privacy and reduce opportunities for bullying and diversion.
- 2.76** Health staff should be able to administer a wider range of medicines without a prescription within a robust clinical framework.
- 2.77** Room and drug refrigerator temperatures should be monitored effectively and prompt remedial action taken when required to ensure medicines are stored at the correct temperature.

Dentistry

- 2.78** Prisoners were negative about access to the dentist, although in our survey more than at our last inspection said the quality of dental services was good (30% against 22%). Most prisoners waited around eight weeks for a routine dental appointment. However, some prisoners with mobility issues had waited up to 18 months, as the lift was not working, although a limited

dental service had been provided in-cell in a few cases to alleviate symptoms. The lift was being repaired during the inspection.

- 2.79** BCHT provided a full range of dental services through 10 dental sessions per week. Access to emergency treatment was appropriate. Oral health advice was good. Dental records we examined demonstrated good care. The dental facility was reasonable and had a separate decontamination area, although it was cluttered and dusty. The twice-yearly infection control audit that was required for the suite had not been completed since April 2015. All equipment was appropriately maintained.

Recommendation

- 2.80** **The dental decontamination room should be kept free of clutter and required infection prevention standards should be maintained.**

Delivery of care (mental health)

- 2.81** In our survey, more prisoners than at our last inspection said they had mental health problems (45% against 32%) and 41% of them said they were receiving help. Unlike at the last inspection there was no ongoing programme of mental health awareness training for officers to help them identify and support prisoners with mental health problems, although 89 newer officers had received it as part of their foundation training.
- 2.82** Mental health services remained good. A team of mental health nurses, psychiatrists and psychologists provided integrated primary and secondary mental health services. The addition of psychological interventions since the last inspection had enhanced the service. Mental health nurses were based on the ward 24 hours a day and could provide crisis support out of hours if required.
- 2.83** Around 85 prisoners a month were referred through an open referral system (in which anyone could refer prisoners or they could refer themselves), most for mild to moderate mental health needs. A mental health practitioner reviewed all new referrals and prioritised assessments on the basis of clinical need. New referrals were discussed at a weekly team meeting.
- 2.84** Interventions were provided on an individual basis and, since December 2016, most took place in the main health care centre due to concerns for staff safety, which adversely affected attendance rates (see paragraph 2.51). At the time of the inspection the mental health team was supporting 164 patients, 42 of whom had moderate to severe mental health problems. Patients with the most severe needs were admitted to the mental health inpatient unit for 24-hour support.
- 2.85** Five patients had been transferred to external mental health facilities under the Mental Health Act in the six months to January. Three had been transferred promptly but two had waited around five weeks. During the inspection four patients were waiting to be transferred and were experiencing protracted delays due to external factors, particularly bed availability.

Recommendations

- 2.86 All custody officers should receive regular mental health awareness training to enable them to recognise and support prisoners with mental health problems.**
- 2.87 Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer guidelines.**

Social care

- 2.88** Those with social care needs were identified effectively and prisoners could refer themselves for an assessment. Local authority staff generally attended promptly to complete social care assessments and joint working with the prison was generally good. Thirty-four prisoners had been referred since April 2015 and during the inspection five prisoners had an agreed care plan. However, there was still no social care provider in place, although this gap in provision had been partly offset by those with the greatest need receiving care in the inpatient unit. We were advised that Advance Healthcare UK Ltd would be providing a service within weeks. Access to mobility and health aids was satisfactory.

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** In our survey, 20% of prisoners said the food was good, which was similar to comparable prisons and last time.
- 2.90** Meals during the inspection were good and we were satisfied that prisoners' cultural and religious needs were met. The on-site fryers in the main wing servery enabled catering staff to provide very freshly cooked meals, which prisoners appreciated. Prisoners still ate in their cells, often next to poorly or unscreened toilets (see appendix VI).
- 2.91** As at the last inspection, all meals were served too early and on some wings food remained on trolleys for a long time before being served. Meals were now better supervised and we were satisfied that kitchen staff regularly attended to observe the serving of meals.
- 2.92** The kitchen was clean and mostly in good order although a few ovens and fryers were awaiting repair. Prisoners working there were adequately trained and some limited opportunities for national vocation training qualifications were available. Prisoners working on wing serveries were also trained in basic food hygiene, but there was a lack of appropriate safety clothing and footwear.
- 2.93** Prisoner representatives had a weekly opportunity to discuss issues and ideas with the catering manager. However, prisoners' access to food comments books was inadequate.

Recommendation

- 2.94 All prisoners involved in the preparation and serving of food should wear appropriate clothing and have access to personal protective equipment.**

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** Prisoners could buy goods every week through the electronic kiosks and choose from an extensive list. Orders were distributed securely at cell doors to reduce the potential for bullying. New arrivals could order goods on their first day in the prison, and in our survey more prisoners than during the last inspection said they had access to the shop when they first arrived.
- 2.96** As we found in the past, fresh fruit was not included because of concerns about storage, but it was available every day as part of the prison menu. Prisoners could order popular items from catalogues and request those that were not listed depending on their incentives and earned privileges level and security policies. There was no administrative charge for catalogue orders.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁶

- 3.1** Time out of cell for full-time workers was good at around 10 hours and four and a half for others. We were concerned that around 150 prisoners on CI and in the first night centre were only unlocked for around an hour each day. Prisoners on these landings had infrequent access to exercise or any open air and limited opportunity to participate in any constructive activity or association (see main recommendation S48).
- 3.2** Regular delays in the regime had an impact on prisoners' access to activity places and spot checks showed that around 50% of prisoners were locked up during the core day, which was too many.
- 3.3** Survey results relating to prisoners' access to exercise in the open air were very poor. Only 15% said they had access three or more times a week against a comparator of 41% and 21% at the last inspection. Those in work were only offered the opportunity at weekends. Responses were much better where association was concerned: 54% said they had access more than five times a week.

⁶ 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 Ofsted⁷ made the following assessments about the learning and skills and work provision:

Overall effectiveness of learning and skills and work: *Inadequate*

Achievements of prisoners engaged in learning and skills and work: *Inadequate*

Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment: *Inadequate*

Personal development and behaviour: *Inadequate*

Leadership and management of learning and skills and work: *Inadequate*

Management of learning and skills and work

3.5 The overall leadership and management of learning and skills was inadequate. Leaders and managers had made slow progress with addressing the identified areas of improvement from the last inspection. In particular, too little had been done to improve prisoners' attendance in education, training and work, or to improve outcomes for those on training courses (see main recommendation S49). The collation and use of data had improved since the previous inspection and the recently introduced performance development group brought together all partners delivering training in the prison. However, links with residential staff needed improvement to ensure all reasons for prisoners' non-attendance were timely recorded and followed up.

3.6 The education and vocational training provision, provided by Milton Keynes College, was inadequate. Over half of the college's teachers had been identified as underperforming in relation to the quality of their teaching, with almost all the teaching staff delivering English and mathematics functional skills being on long-term sickness absence. Prison managers did not ensure that the college handled the situation well enough to maintain high quality teaching and learning, especially in English and mathematics, since the previous inspection.

3.7 College managers had implemented measures to deal with this weakness, but they had not led to sufficient or timely improvement. Too many lessons, especially in English and maths, were poor. The overall quality of the provision had declined significantly since the last inspection and was inadequate.

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

- 3.8** Well-structured quality assurance arrangements were in place to monitor most of the provision; however, too many observations did not focus sufficiently on what the learner could do and what learning was taking place.
- 3.9** The prison self-assessment process acknowledged some of the weaknesses in provision, but the report was overly descriptive and lacked judgements. Furthermore, it failed to acknowledge weaknesses in leadership and management and the severe and adverse impact on quality of the long-term staffing deficiencies and poor prisoner attendance.
- 3.10** Managers had designed the curriculum based on an appropriate needs analysis that considered regional demographics and labour market intelligence. Links with regional employers were still in their early stages, although a recent event involved around 30 employers visiting the prison to talk to prisoners about jobs and training opportunities in the local area. It was too soon to assess the full impact of the initiative.

Recommendations

- 3.11 Senior prison managers should ensure the college provides sufficient capable staff to meet the training and teaching needs of the curriculum.**
- 3.12 Staff who observe prison-run training as part of quality assurance process should focus on the learning that has taken place and identify areas for improvement to ensure all learners make rapid progress.**

Provision of activities

- 3.13** The number of vocational training, education and work activity places had increased since the previous inspection, and was sufficient for the currently reduced population following the disturbances in December 2016. However, there would not be sufficient activity spaces when the prison returned to operating at full capacity. There were approximately 900 mostly full-time activity places, including approximately 200 full-time vocational training places.
- 3.14** The provision of short courses met the needs of the short-term population appropriately. The range of vocational training was good and included barbering, brickwork, painting and decorating, carpentry and joinery, various cleaning programmes, car valeting and peer mentoring. Too many prisoners were allocated to work places on the wings, for example as cleaners and servery workers, even though there was rarely enough work to keep them all busy. The pay rate was equitable and did not disadvantage prisoners in education or training, who could access motivational bonuses when they completed qualifications.
- 3.15** Despite improvement in the process of allocating prisoners to activities, learners' attendance was very poor; very few sessions had more than 50% of those allocated attending. Learners who attended mostly made appropriate progress, but sanctions for those who did not attend were rarely applied. Although a well-established system was in place to track attendance, reasons for non-attendance were rarely identified, especially where prisoners chose not to leave the wing (see main recommendation S48). Sanctions for those who did not attend activities were rarely applied. Similarly, prisoners did not arrive promptly to their scheduled activities. In sharp contrast, attendance and punctuality for vulnerable prisoners were particularly good.
- 3.16** Prisoners' attendance at the dull education induction was very poor and only around 20% of those allocated attended. Prisoners were subsequently allocated to work without completing the mandatory education assessment. The lack of assessment information meant prisoners

were allocated to employment without their educational needs being considered. Only 12 learners had assessment and training plans in place.

Recommendation

- 3.17 Managers should provide an informative induction for all purposeful activities, which all prisoners should attend, so they know what is available and can complete the mandatory education assessment to ensure their education and training needs are captured.**

Quality of provision

- 3.18** Teaching and learning were inadequate overall. Attendance was too low in training and education, making planning difficult, and tutors did not know how many learners they could expect. In too many education sessions teaching was unimaginative, which did not inspire learners to make good progress.
- 3.19** The functional skills improvement plan implemented by the college had not had a sufficient impact on learners' development. In most vocational workshops, English and maths were integral to training, but in the contract workshops, opportunities to develop prisoners' English or maths skills were not exploited.
- 3.20** Theory and practical teaching and learning in vocational training were good. Learning sessions were well planned and prisoners developed useful, basic, practical skills on short accredited courses. For example, prisoners learned basic construction skills on a six-week course. The vocational training provision for vulnerable prisoners had improved since the previous inspection and learners gained accredited qualifications in bench joinery and painting and decorating.
- 3.21** Provision for learners requiring additional learning support required improvement. The college's regional special needs coordinator worked with tutors to provide them with guidance on supporting learners. However, in most taught sessions tutors could not support all learners fully because of the complex and challenging range of learning needs. Staff shortages within the team had reduced the availability of specialist support.
- 3.22** Learners' work was neat and well presented. Most work was marked promptly and useful feedback given to help learners develop. However, in some cases, feedback lacked sufficient detail on what the learner needed to do to improve.
- 3.23** Tutors used sessions to discuss diversity and difference. Learners effectively and purposefully engaged in discussions about living in modern Britain and the impact of living in a diverse society. Useful displays around the education department promoted equality and diversity well.

Recommendations

- 3.24** Prison and college managers should take immediate action to improve the quality of learning for prisoners through more inspirational teaching.
- 3.25** Opportunities for prisoners to develop confidence in English and mathematics should be available in all workshops.
- 3.26** The quality and availability of specialist learning support should be improved to meet the complex and challenging needs presented by prisoners.

Personal development and behaviour

- 3.27** The poor attendance and punctuality of prisoners failed to promote an appropriately industrious work ethos. The few learners who attended training and education were engaged, participated in discussions and were motivated. Prisoners' behaviour was good in sessions and tutor and other learners managed poor behaviour well. Learners were respectful of their tutors and each other.
- 3.28** Prisoners' written work was generally well presented and tidy. Standards of practical work in vocational training were good. Workers in contact workshops worked well to meet contractual targets, but their employment or interpersonal skills, such as teamwork or communication skills, were not recognised or recorded.
- 3.29** Prisoners enjoyed the opportunity to be health and safety representatives in workshops or peer mentors in education and other work areas. They enjoyed and took their roles very seriously. One contract workshop had extended hours with an in-workshop lunch break to replicate a real working environment. However, prisoners' English and mathematics skills were not sufficiently developed in the contract workshops.
- 3.30** Opportunities to progress to higher level learning were extremely limited. However, a small number of prisoners participated in the prison council and had made a positive impact. A prison choir met regularly and performed alongside parents and families at celebration of achievement events.

Recommendations

- 3.31** The development of prisoners' employability and interpersonal skills should be promoted, recognised and recorded.
- 3.32** Opportunities for prisoners to progress to higher level learning should be increased.

Education and vocational achievements

- 3.33** Achievement rates overall were inadequate, with notable differences in the achievement made by learners across different subjects, including personal and social development courses. Furthermore, too many learners withdrew from their studies before they reached completion (see main recommendation S49).
- 3.34** Achievement rates for the large majority of courses taught by the college staff in 2015–16 were low, especially in English and maths at levels 1 and 2. Data for 2016–2017 showed that

English and maths achievements had improved slightly but remained too low, especially at higher levels. Achievement rates on most short vocational courses, such as painting and decorating and brickwork, were good. Qualification achievements on courses run by N-ergy in customer service, cleaning and warehousing were good, although the number of learners who withdrew before the end of their training was high.

- 3.35** No significant performance differences between different groups of learners participating in education or vocational training were evident. The small number of learners who regularly attended training courses made appropriate progress.

Recommendations

- 3.36** **Achievement rates in functional skills English and maths courses should be improved and delivered within planned timescales.**
- 3.37** **The reasons why prisoners withdraw from their courses early should be identified and addressed.**

Library

- 3.38** The prison's library service was welcoming and well-run. Two full-time librarians managed the library, supported by three suitably qualified prison orderlies. The small proportion of prisoners who could access it valued the provision. It offered a wide range of up-to-date fiction, non-fiction and reference works, as well as easy readers, graphic novels, periodicals and newspapers, and an appropriate collection of foreign language titles, and legal material.
- 3.39** Productive working between library staff and college managers had led to an increased range of initiatives to promote literacy, including the Storybook Dads scheme (in which prisoners record stories for their children). Library staff had also hosted a number of well-attended activities, including a regular job-search club, a weekly reading group for prisoners with a history of substance misuse, and learning sessions for those on distance-learning courses.
- 3.40** The library was closed in the evenings and on weekends, which meant prisoners in full-time, purposeful activity could not use the library. Access for vulnerable prisoners was adequate.
- 3.41** Library staff did not use data sufficiently well to analyse trends in library use. For example, they did not know if particular groups, such as men from minority ethnic backgrounds or older prisoners, used the library as often as their peers.

Recommendations

- 3.42** **The library should be promoted and access improved so all prisoners, including those in full-time purposeful activity, can use it.**
- 3.43** **Library staff should collect data on library use so they can identify whether particular groups of prisoners are benefiting and take appropriate action to increase participation.**

Physical education and healthy living

Expected outcomes:

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

- 3.44** A team of physical education (PE) officers with a range of specialist sports qualifications and experience managed the PE facility, supported by a small team of orderlies, many of whom had completed appropriate gym instructor qualifications. The facilities and equipment were in good condition. The gym had a sports hall, well-equipped weights and cardiovascular areas and two outdoor all-weather pitches.
- 3.45** Initial induction to the sports facilities was not mandatory and was poorly attended; the information provided was minimal and did not include details on healthy living, fitness or well-being. Gym staff only liaised with the health care team when prisoners identified a health problem in their pre-activity questionnaires. Only around 30% of the population used the facilities, according to the prison's data, although most prisoners could attend at least twice a week. The gym was operating normally during the inspection and was open during the week, at weekends and in the evenings. However, before the disturbance in December 2016, PE staff were frequently redeployed elsewhere in the prison. Although the number of redeployments had declined, since the start of 2017, staff had been redeployed for over 100 hours in one month.
- 3.46** The range of planned activities and sports was adequate, including activities for the over-40s and for those recovering from injury, as well as regular circuit training and racquet sports, football and other team games. The programme was reviewed throughout the year following prisoner surveys to ensure it met prisoners' needs and interests. A small range of accredited training programmes was available, including in first aid, gym instructor training and lifestyle management. Achievement rates were high.

Recommendation

- 3.47 All prisoners should receive an appropriate, timely induction to PE, which should include healthy living and fitness information.**

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 About 450 prisoners were either transferred or released from HMP Birmingham each month and the average length of stay was very short at six weeks. Such a huge and rapid turnover presented significant challenges for the delivery of offender management and resettlement services.
- 4.2 The head of community engagement managed reducing reoffending work with support from lead managers for each of the resettlement pathways. There was an up-to-date reducing reoffending strategy that described the pathways but there was no comprehensive needs analysis, which meant the strategy was not specific enough to the population. Offender management still did not have a high enough profile across the prison. We found there was too little information exchange between departments and the community-based offender manager, which had an impact on the quality of risk management and planning.
- 4.3 Action plans had been developed and the reducing reoffending committee met regularly but was often poorly attended, which made it difficult to monitor progress.
- 4.4 The Staffordshire and West Midlands Community Rehabilitation Company (CRC) provided resettlement planning. It was well established and there was a reasonably good range of partnerships within and outside the prison. More needed to be done to ensure that the offender management unit (OMU) and the CRC were working well together with individual prisoners to avoid gaps and duplication and to share risk information.

Recommendations

- 4.5 **The reducing reoffending strategy should be informed by a comprehensive needs analysis.**
- 4.6 **Information sharing across departments, between the prison and community-based offender managers and the CRC should be improved to promote 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.

- 4.7** OMU staff were positive about their role and clear about their purpose. They were now co-located, which was an improvement since our last inspection, promoting better joint working between case administrators and offender supervisors.
- 4.8** Two new probation officers were being appointed and a permanent part-time senior probation officer would also be recruited to provide more expertise in risk of harm management. Two new uniformed offender supervisors were also being appointed, making OMU caseloads more manageable, even when the prison was at full capacity. Prior to December 2016, the redeployment of uniformed offender supervisors had negatively affected offender management work and we were concerned that this problem could return when the prison regained its full population.
- 4.9** The OMU had worked hard to complete initial offender assessment system (OASys) documents and, during the inspection, prison assessments were largely up to date. However, just over 20% of initial National Probation Service documents had not been completed even though they were the higher risk of harm cases.
- 4.10** Despite the prison's commitment to completing prisoners' initial OASys documents, national population pressures and demands to move prisoners on meant that too many were transferred without an assessment or plan. In addition, OASys reviews after a year or following changes in the prisoner's circumstances were not being undertaken.
- 4.11** Offender management was variable but insufficient overall. In our survey, too many prisoners (47%) felt nobody was helping them achieve their sentence plan targets. Most of the prisoners we spoke to had been at HMP Birmingham for at least a few months; they generally said it was difficult to have contact with their offender supervisor. In all but one case, we found insufficient communication between the offender supervisor and the prisoner. In some cases, there was no recorded contact and in most, we found there was not enough focus on progression, including in some higher risk or complex cases, which received a largely reactive approach.
- 4.12** Home detention curfew (HDC) suitability assessments were up to date and managed adequately. Too many prisoners were released after their eligibility date because of external factors, such as delayed reports from the community-based offender manager. Prisoners could be involved in the HDC board when their suitability was being considered.

Recommendations

- 4.13** **The transfer of all prisoners should be informed by a good up-to-date OASys document and sentence plan.**
- 4.14** **In higher risk of harm cases, where prisoners remain at the prison for several months, contact with offender supervisors should be frequent and meaningful to help prisoners make progress towards their sentence plan objectives and reduce their risk of harm.**

Public protection

- 4.15** Prisoners who presented a risk of harm to others were identified on arrival and contact restrictions, including mail and telephone monitoring, managed appropriately. Those placed on contact restrictions were informed by an offender supervisor and asked to sign an agreement. The head of security reviewed mail and telephone monitoring regularly, but without discussing cases with the OMU or the inter-departmental risk management team (IRMT). Staff monitoring calls and letters said they did not receive enough information about what to look out for, which potentially undermined the effectiveness of these restrictions. Offender supervisors were not always informed directly of any decision to stop monitoring a prisoner (see recommendation 4.6).
- 4.16** The IRMT meeting was held every month but provided limited risk management support. For example, staff from many departments outside the OMU failed to attend over several months and it did not review all high-risk cases. There was little evidence that the IRMT produced any outcomes and some offender supervisors continued to question its effectiveness.
- 4.17** As at our last inspection too few multi-agency public protection arrangement (MAPPA) levels were confirmed well enough ahead of prisoners' release, which potentially limited the prison's involvement in risk management planning. The National Probation Service was not routinely reminded about the planned release of a MAPPA prisoner. Information exchange between offender supervisors and offender managers was also limited, which meant risk information during a prisoners' custodial phase, which could have led to a review of their MAPPA level, was not shared.

Recommendations

- 4.18** **The effectiveness of the IRMT should be improved: all high risk of harm cases due for release should be reviewed regularly and risk management plans should be drawn up and delivered in partnership with others including, where relevant, MAPPA meetings.**
- 4.19** **Communication with probation offender managers should be improved to ensure that all information demonstrating a prisoner's risk of harm to others is shared and, where necessary, leads to a review of their MAPPA level and the development of a robust release plan.**

Categorisation

- 4.20** Processes within the OMU were managed well. During the inspection, initial categorisations and reviews were up to date and staff had made efforts to remove the backlog that had previously been in place. Reviews were adequate, but not always supported by information from other departments, which made them more difficult for offender supervisors to complete (see recommendation 4.6).
- 4.21** Prisoners were invited to a decision board when they were being considered for category D status or where the decision to reduce the level to C was borderline. However, those remaining at their current categorisation levels were not always told about the outcome or what they needed to do differently before the next review.
- 4.22** Most category C prisoners were transferred relatively quickly. However, transfers were driven by population pressures rather than sentence plan targets and the need for individual

prisoners to progress. It was unhelpful for some prisoners to be moved on with only a month left to serve, potentially interrupting resettlement work that had started.

- 4.23** On the other hand, some prisoners remained at HMP Birmingham for too long and had few opportunities to undertake offending behaviour work. Some category B prisoners, particularly sex offenders had little chance of being transferred because of the lack of places nationally. Some of them had been held at HMP Birmingham for over a year.

Recommendations

- 4.24 Prisoners not awarded re-categorisation should be told about the reasons and be given clear behavioural targets to achieve before their next review.**
- 4.25 More places should be made available for category B prisoners, including sex offenders, to ensure they do not have to stay at a local prison for too long.**

Indeterminate sentence prisoners

- 4.26** During the inspection, the prison held 40 indeterminate or life sentenced prisoners. Those on remand potentially facing an indeterminate sentence had contact with an offender supervisor who explained the implications of such a sentence. A useful information pack had also been developed.

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.

- 4.27** The demand for resettlement help was extremely high: there were around 200 releases a month and many were serving very short sentences. CRC staff were knowledgeable and confident in their role. The provision was very good and two police officers helped the most prolific offenders make contact with community groups.
- 4.28** The CRC saw all prisoners shortly after their arrival to develop a resettlement plan and interviewed those being released in their last three months. There was a lack of joint working between the CRC and OMU in cases serving over 12 months. For example, sentence plans and resettlement plans sometimes conflicted with one another and the CRC frequently failed to share information with offender supervisors about any action taken or outcomes achieved. More needed to be done to ensure these two functions worked more closely together.
- 4.29** A pre-release session was held three weeks before a prisoner's release, but too many failed to attend. It looked like a promising initiative, bringing together a range of partner agencies to promote good resettlement plans and explore practical steps to be taken on release (see also paragraph 4.34).

Recommendation

- 4.30 Joint working between the CRC and the OMU should be improved to ensure good information exchange and effective resettlement plans.**

Accommodation

- 4.31** A good range of help and support was provided to prisoners with housing problems, including those being released outside the immediate resettlement area. This included assistance in maintaining tenancies on arrival and making referrals for housing on release. The recent appointment of two specialist housing and welfare workers would enhance this support. There was evidence that outcomes for a substantial number of prisoners, who would have otherwise been homeless on release without the support of the CRC, were good.
- 4.32** The prison did not yet monitor closely enough the proportion of those going to permanent and sustained housing on release and those released to very temporary accommodation. It was therefore difficult to tell just how effective the provision was.

Recommendation

- 4.33 The number of prisoners being released without a fixed address or to temporary accommodation should be closely monitored and validated.**

Education, training and employment

- 4.34** The quality of the National Careers Service provision provided by Prospects required improvement. All prisoners received an appropriate initial assessment and skills screening, which advisers used to produce a skills action plan to support their transition to further education, training or employment on release. The CRC had recently provided a pre-release course for prisoners to help them develop CV writing skills, manage their finances, and build independent living skills. However, advisers had no access to OASys documents, and entries on the Prison Service IT system were brief and contained insufficient information to ensure they were adequately informed before interventions (see recommendation 4.30). Attendance at these sessions was not mandatory and was very low.
- 4.35** The CRC had organised a visit of around 30 local employers to talk to prisoners about employment in their respective sectors. Several promising partnership initiatives had developed as a result, for example, prisoners worked with employers to develop CVs and build specific skills leading to job interviews. However, it was too soon to assess the impact on prisoners' job outcomes. The verified number of prisoners who had gone on to find work following release was very low. The CRC had developed processes for contacting former prisoners on release, but they had not been well enough embedded for any impact to be observed. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used to support job search activities.

Health care

- 4.36** Prisoners were seen in reception before their release and offered a summary of their medical notes, which was also sent to their GP. Take home medication was provided where required, although it was not always possible when a prisoner was released at short notice.

The mental health team liaised effectively with community services. Support for patients with palliative and end-of-life needs was very good. Effective joint working between the prison, health providers and community services supported good care that reflected the patients' wishes. This was reflected in several deaths in custody reviews.

Recommendation

- 4.37 Robust systems should be in place to ensure all patients, including those released at very short notice, can continue with their prescribed medication post-release without any breaks.**

Drugs and alcohol

- 4.38** Clinical substance misuse and the drug and alcohol recovery teams (DART) held joint clinics pre-release to arrange treatment continuation in the community. The DART contributed to HDC and parole reports as well as transfer plans.
- 4.39** Harm reduction and overdose prevention advice and information were delivered consistently, and there were good links with community drug intervention programme (DIP) services. DIP teams did not yet offer pre-release clinics at the prison but planned to do so.

Finance, benefit and debt

- 4.40** In our survey, around a quarter of prisoners reported having money worries on arrival. A good range of help and support was available for prisoners with money problems, including access to the Jobcentre Plus to arrange benefit claims on release. CRC staff could help prisoners deal with minor financial problems and men could also access specialist debt advice from Birmingham Settlement and Citizens Advice, which was particularly helpful. There was no money management course to help prisoners develop better skills and difficulties with the HM Prison and Probation Service contract enabling prisoners to open a bank account meant the service was not working during the inspection.

Recommendation

- 4.41 Prisoners should be able to open a bank account prior to release.**

Children, families and contact with the outside world

- 4.42** In our survey, 40% of prisoners, more than at the last inspection or at comparator prisons, said staff had helped them maintain contact with family members. The provision was generally good. Prisoners booked visits themselves using the electronic kiosks. Most visitors came from the local area and usually arrived just before their visit.
- 4.43** The visitors' centre, run by charity HALOW, was open seven days a week and offered a children's play area and a café. Some of the helpful, experienced staff had been working there for many years and knew the area and some of the families well. They employed a full-time family support worker who saw prisoners in the legal visits area.

- 4.44** Visits ran in the mornings, afternoons and some evenings. Enough slots were available, although demand was lower than usual because of the temporary closure of several residential units. The visits process was well managed and there were no significant delays.
- 4.45** The visits hall was spacious and clean. It had a café and a children's play area run by a HALOW worker. Visitors were no longer subject to full searches, but the area reserved for breastfeeding, essentially a windowless cupboard, was inappropriate.
- 4.46** Broader family provision was improving. The prison held monthly family days which had recently been open to all prisoners in the last three months of their sentence. There had been one family day for the sex offender population, but take-up was poor and it had not been repeated.
- 4.47** The Prison Advice and Care Trust had begun delivering courses to help prisoners build and maintain ties with their families. However, the work had been interrupted by the recent disturbance and was still very new.

Recommendation

- 4.48 Breastfeeding facilities for visitors should be improved.**

Attitudes, thinking and behaviour

- 4.49** The prison provided two accredited programmes: the thinking skills programme and Control of Violence for Angry Impulsive Drinkers. The number of prisoners who completed them was in line with targets and dropout rates were low. However, referrals were usually made by the prisoner rather than as part of a meaningful sentence plan and offender supervisors made very few referrals. The programmes were supported by a short anger management course delivered by the CRC.
- 4.50** Too little offending behaviour work was being undertaken in most of the cases we examined. The prison did not carry out enough victim awareness work and there were no interventions for its large number of perpetrators of domestic violence and sexual offenders.

Recommendation

- 4.51 The range of offending behaviour interventions aimed at reducing the risk of harm and likelihood of reoffending should be reviewed to ensure it is sufficient for the population's needs.**

Additional resettlement services

- 4.52** A custody officer specifically for veterans was in post and was enthusiastic about developing support. However, the identification of veterans on arrival at the prison was poor and only seven prisoners had been referred for support. As a result of the small number of referrals, the provision was not well developed. No specialist agency visited the prison, but those due for release were interviewed by the custody officer to develop a plan for support in the community following release.

Recommendation

- 4.53** The prison should improve the identification of veterans to ensure this group's needs can be assessed so that appropriate provision is developed.

Section 5. Summary of recommendations and good practice

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

Main recommendations

To the governor

- 5.1 A clear strategy and plan to reduce the level of violence should be introduced. The effectiveness of action to reduce violence should be monitored. (S46)
- 5.2 Consistent staff-prisoner relationships should be embedded and clear expectations for prisoners' behaviour set. (S47)
- 5.3 All prisoners should have a decent regime, including access to learning and skills and work activities, daily association and exercise in the open air. (S48)
- 5.4 All available activity places should be used to maximise the number of prisoners attending learning and skills and work. Prisoners allocated to activities should attend them for the full duration of their course. (S49)

Recommendations

To HM Prison and Probation Service

Courts, escort and transfers

- 5.5 Prisoners from local courts should be transferred promptly to the prison following their court appearance. (1.5, repeated recommendation 1.7)

Offender management and planning

- 5.6 The transfer of all prisoners should be informed by a good up-to-date OASys document and sentence plan. (4.13)
- 5.7 More places should be made available for category B prisoners, including sex offenders, to ensure they do not have to stay at a local prison for too long. (4.25)

Reintegration planning

- 5.8 Prisoners should be able to open a bank account prior to release. (4.41)

Recommendations

To the governor

Early days in custody

- 5.9 All new receptions should receive an appropriate induction (1.13, repeated recommendation 1.21)

Bullying and violence reduction

- 5.10** Perpetrators of violence should be challenged and their behaviour addressed and monitored. (1.23)

Self-harm and suicide

- 5.11** Management of ACCT procedures should ensure that all action identified in assessments are included in care maps, objectives are addressed promptly and reviews include contributions from all prison departments responsible for progressing objectives. The outcomes of action should be recorded and objectives should be achieved as far as possible before cases are closed. (1.28)

Security

- 5.12** Tasks assigned to prison departments as a result of intelligence reports should be completed promptly and action reported back to the security department. (1.38)
- 5.13** Security and drug strategy staff should develop an integrated approach to reducing the demand and supply of drugs. (1.39)

Incentives and earned privileges

- 5.14** Targets for those on the basic level should focus on addressing the individual's poor behaviour. (1.43)

Discipline

- 5.15** A regular adjudication standardisation process should be implemented to ensure adjudications are dealt with promptly and appropriately. (1.47)
- 5.16** The use of the quiet cells should be clarified and their use subject to appropriate governance. (1.58)
- 5.17** A senior manager should authorise the segregation of prisoners subject to ACCT procedures and ensure their regime is aligned with the ACCT care map. (1.59)
- 5.18** All prisoners subject to reintegration should have an effective management plan that provides sufficient information regarding their daily management. Their access to regime should be documented and any reasons for deviation from the daily published regime recorded. (1.60)

Substance misuse

- 5.19** Opiate-dependent prisoners should receive treatment promptly on arrival and prescribing regimes should be in line with national guidance. (1.68)
- 5.20** Prisoners requiring stabilisation or detoxification should receive appropriate 24-hour monitoring and observation. (1.69)
- 5.21** Clinical substance misuse and psychosocial support services should improve joint working to provide more integrated care. (1.70)

Residential units

- 5.22** All communal areas, including showers, should be maintained to a consistently good standard. (2.8)
- 5.23** All cells should be maintained to a reasonable standard and have windows, sufficient furniture for the number of occupants and adequate screening around in-cell toilets. (2.9)

Staff-prisoner relationships

- 5.24** All prisoners should have an identified officer who supports them through their sentence and checks on them regularly. This should be reflected in comprehensive electronic case notes entries. (2.15)

Equality and diversity

- 5.25** Foreign national prisoners should have access to independent immigration advice. (2.28)
- 5.26** The needs of prisoners with disabilities should be identified, assessed and met and they should be able to access all prisoner services and facilities. (2.29)
- 5.27** Older prisoners should have access to a range of age appropriate activities during the day. (2.30)
- 5.28** Services should be introduced to support gay and bisexual prisoners. (2.31, repeated recommendation 2.39)

Faith and religious activity

- 5.29** Vulnerable and at-risk prisoners and prisoners with disabilities should have equitable access to adequate multi-faith facilities. (2.37, repeated recommendation 2.47)
- 5.30** All prisoners should have access to a chaplain of their faith. (2.38)

Complaints

- 5.31** Responses to complaints should be respectful and considerate. (2.42)
- 5.32** Complaints data should be analysed for trends so lessons are learned and improvements made. (2.43)

Health services

- 5.33** All clinical rooms should comply with infection control standards and offer a decent, safe and accessible environment for prisoners and staff. (2.55)
- 5.34** Prisoners should be able to complain easily through a confidential well-advertised health system that outlines escalation and support options. (2.56)
- 5.35** Prisoners should have easy access to pertinent health promotion services, including barrier protection and smoking cessation. (2.57)

- 5.36** All prisoners should receive a secondary health screening within seven days of their arrival in the prison. (2.65)
- 5.37** Prisoners should be able to access all primary care clinics within community equivalent waiting times. (2.66)
- 5.38** Prisoners in shared cells should be able to store medicines securely. (2.74)
- 5.39** Medicines should be prescribed and administered at clinically appropriate times to required professional standards. There should be sufficient effective officer supervision to ensure privacy and reduce opportunities for bullying and diversion. (2.75)
- 5.40** Health staff should be able to administer a wider range of medicines without a prescription within a robust clinical framework. (2.76)
- 5.41** Room and drug refrigerator temperatures should be monitored effectively and prompt remedial action taken when required to ensure medicines are stored at the correct temperature. (2.77)
- 5.42** The dental decontamination room should be kept free of clutter and required infection prevention standards should be maintained. (2.80)
- 5.43** All custody officers should receive regular mental health awareness training to enable them to recognise and support prisoners with mental health problems. (2.86)
- 5.44** Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer guidelines. (2.87)

Catering

- 5.45** All prisoners involved in the preparation and serving of food should wear appropriate clothing and have access to personal protective equipment. (2.94)

Learning and skills and work activities

- 5.46** Senior prison managers should ensure the college provides sufficient capable staff to meet the training and teaching needs of the curriculum. (3.11)
- 5.47** Staff who observe prison-run training as part of quality assurance process should focus on the learning that has taken place and identify areas for improvement to ensure all learners make rapid progress. (3.12)
- 5.48** Managers should provide an informative induction for all purposeful activities, which all prisoners should attend, so they know what is available and can complete the mandatory education assessment to ensure their education and training needs are captured. (3.17)
- 5.49** Prison and college managers should take immediate action to improve the quality of learning for prisoners through more inspirational teaching. (3.24)
- 5.50** Opportunities for prisoners to develop confidence in English and mathematics should be available in all workshops. (3.25)
- 5.51** The quality and availability of specialist learning support should be improved to meet the complex and challenging needs presented by prisoners. (3.26)

- 5.52** The development of prisoners' employability and interpersonal skills should be promoted, recognised and recorded. (3.31)
- 5.53** Opportunities for prisoners to progress to higher level learning should be increased. (3.32)
- 5.54** Achievement rates in functional skills English and maths courses should be improved and delivered within planned timescales. (3.36)
- 5.55** The reasons why prisoners withdraw from their courses early should be identified and addressed. (3.37)
- 5.56** The library should be promoted and access improved so all prisoners, including those in full-time purposeful activity, can use it. (3.42)
- 5.57** Library staff should collect data on library use so they can identify whether particular groups of prisoners are benefiting and take appropriate action to increase participation. (3.43)

Physical education and healthy living

- 5.58** All prisoners should receive an appropriate, timely induction to PE, which should include healthy living and fitness information. (3.47)

Strategic management of resettlement

- 5.59** The reducing reoffending strategy should be informed by a comprehensive needs analysis. (4.5)
- 5.60** Information sharing across departments, between the prison and community-based offender managers and the CRC should be improved to promote effective risk management. (3.47/4.6)

Offender management and planning

- 5.61** In higher risk of harm cases, where prisoners remain at the prison for several months, contact with offender supervisors should be frequent and meaningful to help prisoners make progress towards their sentence plan objectives and reduce their risk of harm. (4.14)
- 5.62** The effectiveness of the IRMT should be improved: all high risk of harm cases due for release should be reviewed regularly and risk management plans should be drawn up and delivered in partnership with others including, where relevant, MAPPA meetings. (4.18)
- 5.63** Communication with probation offender managers should be improved to ensure that all information demonstrating a prisoner's risk of harm to others is shared and, where necessary, leads to a review of their MAPPA level and the development of a robust release plan. (4.19)
- 5.64** Prisoners not awarded re-categorisation should be told about the reasons and be given clear behavioural targets to achieve before their next review. (4.24)

Reintegration planning

- 5.65** Joint working between the CRC and the OMU should be improved to ensure good information exchange and effective resettlement plans. (4.30)

- 5.66** The number of prisoners being released without a fixed address or to temporary accommodation should be closely monitored and validated. (4.33)
- 5.67** Robust systems should be in place to ensure all patients, including those released at very short notice, can continue with their prescribed medication post-release without any breaks. (4.37)
- 5.68** Breastfeeding facilities for visitors should be improved. (4.48)
- 5.69** The range of offending behaviour interventions aimed at reducing the risk of harm and likelihood of reoffending should be reviewed to ensure it is sufficient for the population's needs. (4.51)
- 5.70** The prison should improve the identification of veterans to ensure this group's needs can be assessed so that appropriate provision is developed. (4.53)

Examples of good practice

- 5.71** The weekly use of force meeting to identify and address immediate concerns or lessons to be learnt ensured the number of incidents involving force remained small. (1.52)
- 5.72** The prison's application system, including the electronic kiosk, allowed the prison to track and follow up applications effectively. (2.10)
- 5.73** Consultation with prisoners about health services was well resourced and embedded and effectively informed service delivery. (2.58)
- 5.74** The rapid access agreement between the prison and ambulance service ensured that ambulances were dispatched promptly in an emergency. (2.59)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Alison Perry	Team leader
Ian Dickens	Inspector
Sandra Fieldhouse	Inspector
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Jonathon Tickner	Inspector
Anna Fenton	Researcher
Laura Green	Researcher
Emma Seymour	Researcher
Catherine Shaw	Researcher
Sigrid Engelen	Substance misuse inspector
Majella Pearce	Health services inspector
Deborah Hylands	Pharmacist
Kathleen Byrne	Care Quality Commission inspector
Bob Cowdrey	Ofsted inspector
Kate Hall	Ofsted inspector
Martin Hughes	Ofsted inspector
Diane Koppit	Ofsted inspector
Jay Sharda	Ofsted inspector
Paddy Doyle	Offender management inspector
Helen Mercer	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2014, there were some long delays in court cells before prisoners were transferred to the prison and a high turnover in the population. Too many prisoners arrived too late in the day and we were concerned about the lack of a full first night assessment for some of them. Induction procedures needed improvement. Most prisoners felt safe and the number of violent incidents was not excessive. Levels of self-harm were low and support for those at risk of self-harm was good. Formal safeguarding processes needed development. The positive mandatory drug testing rate was too high, despite some good supply reduction work. The incentives and earned privileges scheme was used effectively to address poor behaviour. Use of force was well managed. Segregation staff worked well with the small number of men who were segregated. Substance misuse support had improved and was now good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

All prisoners should receive a full first night interview, risk assessment and a telephone call. (S46)
Achieved

Recommendations

Prisoners from local courts should be transferred promptly to the prison following their court appearance. (1.7)

Not achieved (recommendation repeated, 1.5)

A list of previous convictions to inform cell-sharing risk assessments should arrive from court or police custody with the prisoner. (1.8)

Not achieved

Cell-sharing risk assessments should be completed confidentially. (1.20)

Not achieved

All new receptions should receive an appropriate induction. (1.21)

Not achieved (recommendation repeated, 1.13)

Effective prisoner consultations should inform the safer custody policy and enhance discussions at safer custody meetings. (1.31)

Not achieved

Tackling antisocial behaviour processes should be robustly managed to ensure that processes are fully completed and that issues raised receive an effective response. (1.32)

Not achieved

All sex offenders and prisoners at risk should have the same access to regimes and services as other prisoners. (1.33)

Not achieved

Assessment, care in custody and teamwork (ACCT) reviews should have a consistent case manager, and observations at night should not be carried out at predictable times. (1.42)

Not achieved

Safeguarding policy, including outlining the role of J wing, and practice should be further developed in conjunction with the local safeguarding adults board. (1.46)

Achieved

The prison should ensure that the mandatory drug testing programme is sufficiently resourced to undertake the required level of target testing. (1.57)

Not achieved

Conditions in the segregation unit exercise yard should be improved. (1.77)

Not achieved

The quality of entries in prisoners' segregation files should be improved. (1.78)

Not achieved

Prescribing regimes for opiate-dependent prisoners should be flexible and based on individual needs. Care plans and treatment reviews should be undertaken jointly with the psychosocial support team and demonstrate patient involvement. (1.87)

Partially achieved

Controlled drug administration should take place in a suitable environment that provides prisoners with privacy. (1.88)

Partially achieved

The substance misuse strategy policy should be informed by a comprehensive needs analysis. (1.89)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2014, living conditions were mixed; older accommodation was relatively poor although communal areas were kept clean. Prisoner consultation arrangements were very good. Staff-prisoner relationships had improved and were now generally good. Diversity work was proactive but there were some gaps in the provision which needed attention. The standard of responses to complaints needed to be improved but legal services were generally good. Health care provision was very good and mental health services were impressive. The food was reasonable and the shop provided a good range of items. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

Foreign national prisoners' concerns should be explored and addressed, and arrangements put in place to ensure they have effective structured support, equal access to facilities and activities. (S47)

Not achieved

Recommendations

In-cell toilets should have privacy screens. (2.11)

Not achieved

Managers should monitor the response to cell bells and establish the reasons for substantial delays in response times. (2.12)

Achieved

Personal officer work should identify prisoners' individual needs and focus on effective resettlement. (2.19)

Not achieved

All prisoners with disabilities should have a care support plan that is reviewed regularly and shared with wing staff; when necessary, this should include a personal emergency and evacuation plans that wing staff can refer to. (2.38)

Not achieved

Services should be introduced to support gay and bisexual prisoners. (2.39)

Not achieved (recommendation repeated, 2.31)

Vulnerable and at-risk prisoners and prisoners with disabilities should have equitable access to adequate multi-faith facilities. (2.47)

Not achieved (recommendation repeated, 2.37)

The complaints process should be thoroughly reviewed and the quality of responses improved. (2.52)

Not achieved

All patients should receive a comprehensive secondary health assessment following reception. (2.78)

Not achieved

Failure-to-attend rates should be the subject of sustained management action to drive them down. (2.79)

Partially achieved

Educational opportunities should be provided to inpatients unable to leave the ward. (2.80)

Achieved

Prisoners in shared cells should be provided with lockable cabinets in which to store in-possession medication. (2.90)

Not achieved

The timing of medicine rounds should provide the best clinical outcomes for patients. (2.91)

Partially achieved

The medicines management committee should review the use of general stock, encourage the use of named-patient medication wherever possible and provide adequate storage for all medications. Named-patient medication and stock medicines should be stored separately to reduce the risk of administration errors. (2.92)

Partially achieved

There should be management action to drive down the dental waiting list, waiting times and the failure to attend rate. (2.102)

Partially achieved

Transfers under the Mental Health Act should occur expeditiously and within the current Department of Health transfer time guidelines. (2.106)

Not achieved

Managers should ensure that servery workers are suitably trained, the service is effectively supervised and food temperature checks are taken and recorded consistently. (2.113)

Achieved

Lunch should not be served before noon and the evening meal not before 5pm. (2.114)

Not achieved

Prisoners should be able to purchase fresh fruit. (2.119)

Not achieved

Purposeful activity

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

At the last inspection, in 2014, most prisoners had a reasonable amount of time out of cell. Outside exercise was restricted for a few. Leadership and management of learning and skills had improved and the number of activity places had increased. The range of activities was generally adequate, although there was too much mundane wing work. The quality of teaching and coaching was mixed, and success rates in education had improved, but not enough in functional skills. Both the allocations process and attendance at activities needed improvement. Access to the library was poor. Too few prisoners used the gym. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

Available activity places should be used to maximise the number of prisoners who can be engaged in purposeful activity; attendance rates should be increased, and activity places in vocational classes fully subscribed. (S48)

Not achieved

Recommendations

All prisoners should be able to receive at least one hour's outside exercise every day. (3.5)

Not achieved

Better links needed to be developed with employers willing to work with the prison to enhance resettlement opportunities offered to prisoners. (3.13)

Not achieved

Quality improvement arrangements, including the use of data, should be further developed to deliver high standards in teaching, learning and assessment. (3.14)

Achieved

The prison should take into consideration all information about prisoners' needs and career plans before allocating them to activities. (3.19)

Not achieved

Induction into learning and skills should motivate learners to participate in activities. (3.20)

Not achieved

Effective English and mathematics support should be available in all workshops. (3.24)

Not achieved

The quality of training should be improved to challenge all prisoners and improve their employability skills. (3.25)

Not achieved

Functional skills success rates should be improved to ensure that the majority of prisoners achieve their qualification within their planned date. (3.32)

Achieved

Skills developed by prisoners in all areas of work should be fully recognised and recorded where appropriate. (3.33)

Not achieved

Prisoners should be provided with a greater range of activities that help them to develop a sound work ethic. (3.34)

Achieved

Access to the library should be improved and better links made with education to maximise its usefulness. (3.38)

Achieved

The number of books displayed at the library should be increased by maximising all available space. (3.39)

Achieved

The showers should be improved. (3.47)

Achieved

Better use should be made of data to identify and monitor take-up of PE and health programmes and to increase the proportion of prisoners who use the gym regularly. (3.48)

Achieved

Resettlement

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

At the last inspection, in 2014, the reducing reoffending strategy described most of the main resettlement priorities but it was not based on a needs analysis. The offender management unit was fragmented but was delivering some reasonable outcomes. The offender assessment system (OASys) process was generally well managed. Internal public protection arrangements had insufficient oversight, although liaison with external bodies was good. Categorisation was well managed but there were delays in transferring some prisoners, including long-term indeterminate-sentenced prisoners. Prisoners' immediate resettlement needs were identified. Referrals were made after arrival and reviewed pre-release. Strong resettlement support was available and provision for contact with children and families was excellent. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

Public protection systems should ensure that all prisoners posing a high risk of harm are monitored by an effective inter-departmental risk management team in accordance with multi-agency public protection arrangements (MAPPA) guidance. (S49)

Not achieved

Recommendations

Staff across the prison should have a good understanding and knowledge of offender management unit (OMU) processes and the resettlement opportunities available. (4.8)

Partially achieved

All eligible prisoners should have an up-to-date offender assessment system (OASys) assessment, regardless of who was responsible for its completion, and the prison should track and monitor work which was the responsibility of the Probation Service. (4.16)

Not achieved

There should be routine management oversight of high risk of harm cases, or those involving child protection issues. (4.17)

Not achieved

Sentence plans should reflect close integration between the OMU and other departments, such as learning and skills and the drugs and alcohol recovery team. (4.18)

Not achieved

Staff across the prison should have easy access to up-to-date information about prisoners subject to restrictions. (4.24)

Achieved

Transfers of eligible prisoners to appropriate training prisons should be expedited. (4.27)

Not achieved

Prisoners likely to receive an indeterminate or life sentence should be identified on remand, monitored and helped to understand the potential implications of these sentences. (4.32)

Achieved

Long-serving indeterminate-sentenced prisoners should be quickly moved to an establishment better able to meet their sentence planning and overall management needs. (4.33)

Not achieved

Effective links should be developed with accommodation providers located outside the local area of the prison. (4.43)

Achieved

All prisoners should be offered assistance to apply for jobs and training opportunities prior to their release, to increase their chances of employment. (4.47)

Achieved

Visitors should not be strip-searched by prison staff. (4.60)

Achieved

Vulnerable prisoners should have the opportunity to maintain family contact through extended family visits days. (4.61)

Not achieved

There should be services to identify and support prisoners with experience of trauma. (4.67, repeated recommendation 4.94)

Not achieved

Appendix III: Care Quality Commission Requirement Notices



Requirement Notices

Provider: Birmingham and Solihull Mental Health NHS Foundation Trust

Location: HMP Prison Winson Green HM Prison Birmingham

Location ID: RXTTC4

Regulated activities: Treatment of disease, disorder, or injury

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 12 Safe care and treatment

12.—(1) Care and treatment must be provided in a safe way for service users.

How the regulation was not being met:

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment.

Care and treatment was not always provided to prisoners in a way that protected their safety and welfare. Of particular concern were those newly arrived prisoners with substance dependency issues, at risk of withdrawal.

Additional observations in the first five days for those withdrawing from drugs and alcohol are intended to identify early any significant withdrawal that may require additional clinical interventions and to identify any over-sedation, which may relate to prescribed medication or taking additional medications/illicit drugs on top of those prescribed. Prisoners in the stabilisation phase (first five days) should be located in accommodation that has doors that allow easy observation and communication. If such observations cannot be facilitated to sufficiently assure the prisoner's wellbeing then rousing them may need to be considered.

At HMP Birmingham prisoners could be located on the first night centre, (D wing) prior to moving to B wing, the stabilisation unit. The D wing cells did not have hatches that enabled the welfare of prisoners to be observed effectively. Regular 24-hour observation and monitoring during the first 5 days did not consistently take place on either wing, which posed risks and was unsafe. Night time observations, by nurses, of these prisoners located on D wing and sometimes on B wing did not happen.

Records of both day time and night time observations were not kept.

Requirement Notices

Provider: Birmingham Community Healthcare NHS Foundation Trust

Location: HMP Prison Winson Green HM Prison Birmingham

Location ID: RYWZ2

Regulated activities: Treatment of disease, disorder, or injury

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 12 Safe care and treatment

12.—(1) Care and treatment must be provided in a safe way for service users.

How the regulation was not being met:

Care and treatment was not always provided to patients in a way that protected their safety and welfare.

Medicines were not managed safely in relation to their administration and monitoring.

Medicines including controlled drugs were removed from their original packaging and transported, in nurses' pockets to patients located on various wings across the prison. Sometimes individual medicines were transported in this way and other times several medicine items were transported together. These medicines were not labelled and secure means in which to store medicines, for example, secure bags, were not used consistently. When a patient was in receipt of multiple medicines there was an increased risk of an error occurring. The practice was unsafe and compromised patient safety.

Medicines administration records were not signed after medicines were administered to patients but were signed on mass at the end of the medicines round. This practice is unsafe and compromises patient safety.

Regulation 15 Premises and equipment

15. —(1) All premises and equipment used by the service provider must be—
(a) clean,

How the regulation was not being met:

The intention of this part of the regulation is to make sure that the premises where care and treatment are delivered are clean, maintained and that the equipment that is used to deliver care and treatment is clean.

The decontamination room was cluttered and was being used to store boxes of stock

items, mainly personal protective equipment (PPE) on surfaces used for, and during, routine decontamination processes. Equipment no longer in use was stored in the room along with new equipment that was not yet unpacked; which added to the clutter in the room.

Equipment used in the decontamination process, for example, a magnifying mirror, had been taken out of the room and used by prison staff. The equipment had been returned and was observed to be dusty and dirty. Equipment used for the sole purpose of decontamination must not be removed from the area and should be kept clean.

The decontamination room was dusty throughout with high levels of dust that suggested the area had not been cleaned recently or on a regular basis. Copies of cleaning schedules for the room demonstrated that the room was not cleaned and maintained on a regular basis.

There was no up to date Infection Prevention Society (IPS) infection control audit. An IPS audit was last completed 17 April 2015. A planned audit that was due to take place following our inspection on the 23 February 2017 did not happen. This meant that an infection control audit had not taken place for approximately 2 years.

Appendix IV: Photographs

Missing and damaged cell windows



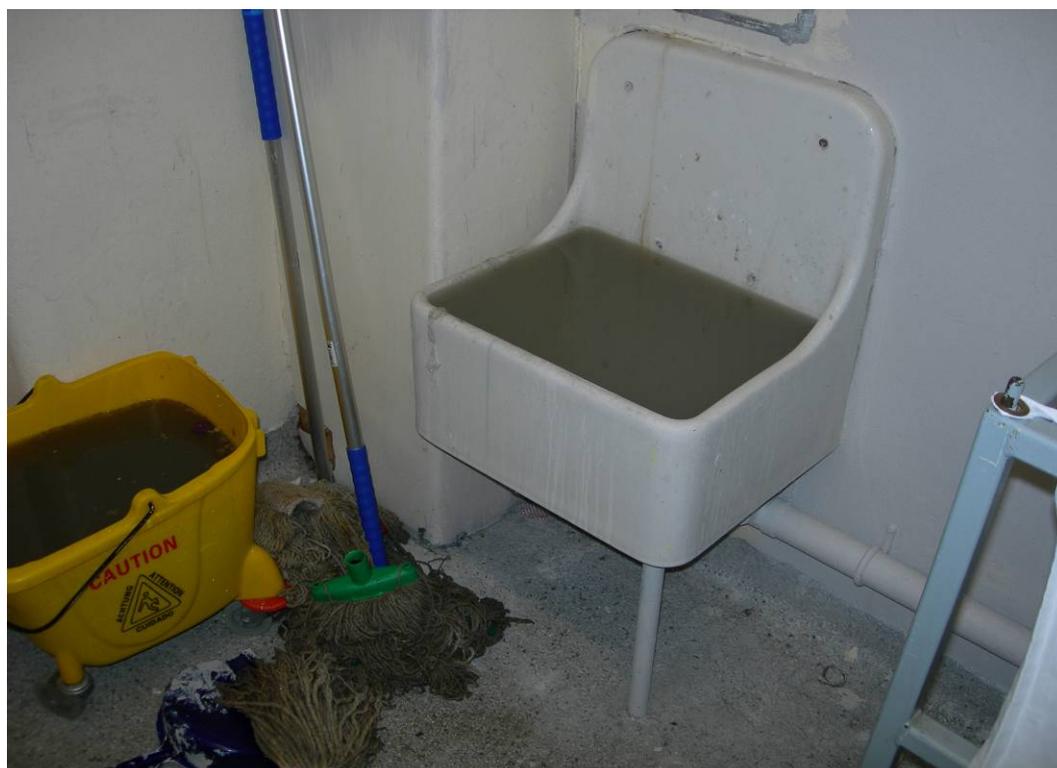
Missing and damaged window in a cell



Graffiti in a cell



Blocked sluice



Unscreened toilet where prisoners ate their meals



Appendix V: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced		494	53.6
Recall		92	10
Convicted unsentenced		103	11.2
Remand		200	21.7
Civil prisoners		1	0.1
Detainees (Immigration)		13	1.4
Indeterminate sentence		17	1.8
Other		1	0.1
Total		921	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced		332	36
Less than 6 months		102	11.1
6 months to less than 12 months		69	7.5
12 months to less than 2 years		57	6.2
2 years to less than 4 years		101	11
4 years to less than 10 years		106	11.5
10 years and over (not life)		116	12.6
ISPP (indeterminate sentence for public protection)		11	1.2
Life		27	4.1
Total		921	100

Age	Number of prisoners	%
Please state minimum age here:21		
Under 21 years		
21 years to 29 years	270	29.3
30 years to 39 years	352	38.2
40 years to 49 years	183	19.9
50 years to 59 years	66	7.2
60 years to 69 years	37	4
70 plus years	13	1.4
Please state maximum age here: 90		
Total	921	100

Nationality	18–20 yr olds	21 and over	%
British		779	84.6
Foreign nationals		134	14.5
Not stated		8	0.9
Total		921	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced		345	37.5
Uncategorised sentenced		44	4.8
Category A			
Category B		153	16.6
Category C		376	40.8
Category D		3	0.3
Other			
Total		921	100

Ethnicity	18–20 yr olds	21 and over	%
White		45	4.9
British		528	57.3
Irish		4	0.4
Gypsy/Irish Traveller		9	1
Other white			
		586	63.6
Mixed			
White and black Caribbean		28	3
White and black African		3	0.3
White and Asian		10	1.1
Other mixed		9	1
		50	5.4
Asian or Asian British		27	2.9
Indian		45	4.9
Pakistani		69	7.5
Bangladeshi		6	0.7
Chinese			
Other Asian			
		147	16
Black or black British			
Caribbean		78	8.5
African		23	2.5
Other black		9	1
		110	12
Other ethnic group			
Arab		0	
Other ethnic group		15	1.6
Not stated		13	1.4
Total		921	100

Religion	18–20 yr olds	21 and over	%
Baptist			
Church of England		147	16
Roman Catholic		102	11.1
Other Christian denominations		125	13.6
Muslim		154	16.7
Sikh		30	3.3
Hindu		6	0.7
Buddhist		5	0.5
Jewish		3	0.3
Other (not stated)		13	1.4
No religion		336	36.5
Total		921	100

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

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			152	25.81
1 month to 3 months			148	25.13
3 months to 6 months			116	19.69
6 months to 1 year			98	16.64
1 year to 2 years			59	10.02
2 years to 4 years			16	2.72
4 years or more			0	0.00
Total			589	100

Sentenced prisoners only

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

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			121	36.45
1 month to 3 months			112	33.73
3 months to 6 months			75	22.59
6 months to 1 year			19	5.72
1 year to 2 years			5	1.51
2 years to 4 years				0.00
4 years or more				0.00
Total			332	100

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 establishment⁸. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 6 February 2017 the prisoner population at HMP Birmingham was 930. Using the method described above, questionnaires were distributed to a sample of 227 prisoners.

We received a total of 178 completed questionnaires, a response rate of 78%. This included one questionnaire completed via interview. Fourteen respondents refused to complete a questionnaire and 35 questionnaires were not returned.

⁸ 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	26
B	31
C	34
D	10
G	20
J	7
K	42
Health care	6
Segregation unit	2

Presentation of survey results and analyses

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

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 differences⁹ 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 Birmingham in 2017 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2013.
- The current survey responses from HMP Birmingham in 2017 compared with the responses of prisoners surveyed at HMP Birmingham in 2014.
- The current survey responses from prisoners surveyed in A, B, C, D, G and K wings of HMP Birmingham in 2017 compared with responses from prisoners surveyed in A, B, C, D, G and K wings at HMP Birmingham in 2014.
- A comparison within the 2017 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2017 survey between those who are British and those who are foreign nationals.
- A comparison within the 2017 survey between the responses of Muslim prisoners and non-Muslim prisoners.

⁹ 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 2017 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2017 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2011 survey between the vulnerable prisoner wing (G) and the rest of the establishment.

Survey summary

Section I: About You

Q1.1	What wing or houseblock are you currently living on? See survey methodology	
Q1.2	How old are you?	
	Under 21	0 (0%)
	21 - 29	62 (35%)
	30 - 39	57 (32%)
	40 - 49	33 (19%)
	50 - 59	15 (8%)
	60 - 69	10 (6%)
	70 and over	1 (1%)
Q1.3	Are you sentenced?	
	Yes	104 (59%)
	Yes - on recall	17 (10%)
	No - awaiting trial	39 (22%)
	No - awaiting sentence	16 (9%)
	No - awaiting deportation	1 (1%)
Q1.4	How long is your sentence?	
	Not sentenced	56 (32%)
	Less than 6 months	32 (18%)
	6 months to less than 1 year	13 (7%)
	1 year to less than 2 years	12 (7%)
	2 years to less than 4 years	13 (7%)
	4 years to less than 10 years	21 (12%)
	10 years or more	19 (11%)
	IPP (indeterminate sentence for public protection)	2 (1%)
	Life	7 (4%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	Yes	18 (10%)
	No	158 (90%)
Q1.6	Do you understand spoken English?	
	Yes	175 (99%)
	No	1 (1%)
Q1.7	Do you understand written English?	
	Yes	174 (98%)
	No	3 (2%)

Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	87 (49%)	Asian or Asian British - Chinese..... 0 (0%)
	White - Irish	7 (4%)	Asian or Asian British - other
	White - other.....	15 (9%)	Mixed race - white and black Caribbean 7 (4%)
	Black or black British - Caribbean.....	19 (11%)	Mixed race - white and black African... 0 (0%)
	Black or black British - African	5 (3%)	Mixed race - white and Asian..... 2 (1%)
	Black or black British - other	2 (1%)	Mixed race - other
	Asian or Asian British - Indian	5 (3%)	Arab
	Asian or Asian British - Pakistani.....	20 (11%)	Other ethnic group..... 1 (1%)
	Asian or Asian British - Bangladeshi.....	0 (0%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		7 (4%)
	No.....		164 (96%)
Q1.10	What is your religion?		
	None.....	50 (28%)	Hindu..... 0 (0%)
	Church of England	50 (28%)	Jewish..... 0 (0%)
	Catholic	22 (13%)	Muslim..... 40 (23%)
	Protestant.....	0 (0%)	Sikh
	Other Christian denomination	5 (3%)	Other
	Buddhist	3 (2%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight		170 (98%)
	Homosexual/Gay.....		0 (0%)
	Bisexual.....		4 (2%)
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		48 (27%)
	No.....		127 (73%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes		9 (5%)
	No.....		164 (95%)
Q1.14	Is this your first time in prison?		
	Yes		58 (33%)
	No.....		119 (67%)
Q1.15	Do you have children under the age of 18?		
	Yes		95 (54%)
	No.....		81 (46%)

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		142 (80%)
	2 hours or longer		27 (15%)
	Don't remember		8 (5%)

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>	142 (81%)
	<i>Yes</i>	18 (10%)
	<i>No.....</i>	12 (7%)
	<i>Don't remember.....</i>	4 (2%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	142 (80%)
	<i>Yes</i>	3 (2%)
	<i>No.....</i>	31 (18%)
	<i>Don't remember</i>	1 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	<i>Yes</i>	107 (60%)
	<i>No.....</i>	60 (34%)
	<i>Don't remember</i>	11 (6%)
Q2.5	On your most recent journey here, did you feel safe?	
	<i>Yes</i>	131 (74%)
	<i>No.....</i>	42 (24%)
	<i>Don't remember</i>	3 (2%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well.....</i>	51 (29%)
	<i>Well.....</i>	74 (42%)
	<i>Neither</i>	33 (19%)
	<i>Badly.....</i>	8 (5%)
	<i>Very badly</i>	7 (4%)
	<i>Don't remember</i>	3 (2%)
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>	110 (63%)
	<i>Yes, I received written information</i>	1 (1%)
	<i>No, I was not told anything</i>	58 (33%)
	<i>Don't remember</i>	8 (5%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	<i>Yes</i>	143 (83%)
	<i>No.....</i>	21 (12%)
	<i>Don't remember</i>	8 (5%)

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>	87 (49%)
	<i>Don't remember</i>	5 (3%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	<i>Yes</i>	135 (77%)
	<i>No</i>	33 (19%)
	<i>Don't remember</i>	8 (5%)

Q3.3 Overall, how were you treated in reception?

Very well.....	38 (21%)
Well.....	73 (41%)
Neither.....	43 (24%)
Badly.....	13 (7%)
Very badly.....	5 (3%)
Don't remember.....	5 (3%)

Q3.4 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

Loss of property.....	23 (13%)	Physical health.....	36 (21%)
Housing problems.....	31 (18%)	Mental health.....	55 (32%)
Contacting employers.....	6 (4%)	Needing protection from other prisoners	14 (8%)
Contacting family.....	53 (31%)	Getting phone numbers.....	57 (33%)
Childcare.....	8 (5%)	Other.....	11 (6%)
Money worries.....	44 (26%)	Did not have any problems.....	37 (22%)
Feeling depressed or suicidal.....	43 (25%)		

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

Yes.....	43 (25%)
No.....	91 (53%)
Did not have any problems.....	37 (22%)

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

Tobacco.....	138 (79%)
A shower.....	104 (59%)
A free telephone call.....	139 (79%)
Something to eat.....	137 (78%)
PIN phone credit.....	80 (46%)
Toiletries/ basic items.....	116 (66%)
Did not receive anything.....	7 (4%)

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.....	45 (26%)
Someone from health services.....	98 (57%)
A Listener/Samaritans.....	34 (20%)
Prison shop/ canteen.....	51 (30%)
Did not have access to any of these.....	47 (27%)

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.....	67 (39%)
What support was available for people feeling depressed or suicidal.....	50 (29%)
How to make routine requests (applications).....	52 (31%)
Your entitlement to visits.....	57 (34%)
Health services.....	73 (43%)
Chaplaincy.....	45 (26%)
Not offered any information.....	57 (34%)

Q3.9	Did you feel safe on your first night here?	
	Yes	106 (61%)
	No.....	59 (34%)
	Don't remember	10 (6%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	87 (50%)
	Within the first week.....	44 (25%)
	More than a week.....	23 (13%)
	Don't remember	21 (12%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	87 (51%)
	Yes	31 (18%)
	No.....	30 (17%)
	Don't remember	24 (14%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment.....	76 (45%)
	Within the first week.....	29 (17%)
	More than a week	43 (25%)
	Don't remember.....	21 (12%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your solicitor or legal representative?	28 (16%)	41 (24%)	24 (14%)	30 (18%)	32 (19%)	15 (9%)
	Attend legal visits?	29 (18%)	57 (36%)	21 (13%)	19 (12%)	13 (8%)	20 (13%)
	Get bail information?	12 (8%)	14 (9%)	24 (16%)	25 (16%)	31 (20%)	48 (31%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters.....						33 (19%)
	Yes.....						71 (41%)
	No.....						68 (40%)
Q4.3	Can you get legal books in the library?						
	Yes						46 (27%)
	No.....						22 (13%)
	Don't know						103 (60%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		Yes	No	Don't know			
	Do you normally have enough clean, suitable clothes for the week?	79 (46%)	89 (52%)	2 (1%)			
	Are you normally able to have a shower every day?	121 (71%)	47 (27%)	3 (2%)			
	Do you normally receive clean sheets every week?	82 (48%)	80 (47%)	8 (5%)			
	Do you normally get cell cleaning materials every week?	51 (30%)	114 (67%)	4 (2%)			
	Is your cell call bell normally answered within five minutes?	34 (20%)	129 (75%)	9 (5%)			
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	94 (55%)	71 (42%)	6 (4%)			
	If you need to, can you normally get your stored property?	37 (22%)	84 (51%)	45 (27%)			

Q4.5	What is the food like here?	
	Very good.....	5 (3%)
	Good.....	30 (17%)
	Neither.....	44 (26%)
	Bad.....	36 (21%)
	Very bad.....	57 (33%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	Have not bought anything yet/ don't know.....	14 (8%)
	Yes.....	90 (54%)
	No.....	64 (38%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes.....	78 (46%)
	No.....	33 (19%)
	Don't know.....	59 (35%)
Q4.8	Are your religious beliefs respected?	
	Yes.....	80 (47%)
	No.....	33 (19%)
	Don't know/ N/A.....	57 (34%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes.....	65 (38%)
	No.....	28 (16%)
	Don't know/ N/A.....	80 (46%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	I don't want to attend.....	31 (18%)
	Very easy.....	35 (20%)
	Easy.....	34 (20%)
	Neither.....	13 (7%)
	Difficult.....	12 (7%)
	Very difficult.....	13 (7%)
	Don't know.....	36 (21%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?		
	Yes.....		122 (71%)
	No.....		35 (20%)
	Don't know.....		16 (9%)
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)		
		Not made one	Yes
		No	
	Are applications dealt with fairly?	30 (18%)	66 (39%)
	Are applications dealt with quickly (within seven days)?	30 (19%)	49 (30%)
		72 (43%)	83 (51%)
Q5.3	Is it easy to make a complaint?		
	Yes.....		84 (49%)
	No.....		45 (26%)
	Don't know.....		43 (25%)

Q5.4 Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)

	Not made one	Yes	No
Are complaints dealt with fairly?	78 (46%)	21 (12%)	72 (42%)
Are complaints dealt with quickly (within seven days)?	78 (47%)	16 (10%)	71 (43%)

Q5.5 Have you ever been prevented from making a complaint when you wanted to?

Yes	49 (29%)
No.....	119 (71%)

Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

Don't know who they are.....	71 (42%)
Very easy.....	11 (6%)
Easy.....	12 (7%)
Neither.....	27 (16%)
Difficult.....	29 (17%)
Very difficult.....	20 (12%)

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.)**

Don't know what the IEP scheme is.....	37 (22%)
Yes	62 (36%)
No	49 (29%)
Don't know.....	22 (13%)

Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)

Don't know what the IEP scheme is.....	37 (23%)
Yes	48 (29%)
No.....	60 (37%)
Don't know.....	19 (12%)

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

Yes	13 (8%)
No.....	158 (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 have not been to segregation in the last 6 months.....	140 (83%)
Very well.....	8 (5%)
Well.....	8 (5%)
Neither.....	4 (2%)
Badly.....	3 (2%)
Very badly.....	6 (4%)

Section 7: Relationships with staff**Q7.1 Do most staff treat you with respect?**

Yes	126 (74%)
No.....	44 (26%)

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

Yes	114 (69%)
No.....	52 (31%)

Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	45 (26%)
	No.....	127 (74%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	13 (8%)
	Never.....	42 (25%)
	Rarely	37 (22%)
	Some of the time	43 (25%)
	Most of the time.....	22 (13%)
	All of the time.....	12 (7%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	117 (70%)
	<i>In the first week</i>	23 (14%)
	<i>More than a week</i>	15 (9%)
	<i>Don't remember</i>	13 (8%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	117 (70%)
	Very helpful.....	16 (10%)
	Helpful	20 (12%)
	Neither	9 (5%)
	Not very helpful	3 (2%)
	Not at all helpful.....	3 (2%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes	102 (59%)
	No.....	70 (41%)
Q8.2	Do you feel unsafe now?	
	Yes	63 (37%)
	No.....	107 (63%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	70 (43%)
	<i>Everywhere</i>	39 (24%)
	<i>Segregation unit</i>	8 (5%)
	<i>Association areas</i>	42 (26%)
	<i>Reception area</i>	18 (11%)
	<i>At the gym</i>	18 (11%)
	<i>In an exercise yard</i>	22 (13%)
	<i>At work</i>	17 (10%)
	<i>During movement</i>	37 (23%)
	<i>At education</i>	17 (10%)
	<i>At meal times</i>	31 (19%)
	<i>At health services</i>	21 (13%)
	<i>Visits area</i>	26 (16%)
	<i>In wing showers</i>	33 (20%)
	<i>In gym showers</i>	17 (10%)
	<i>In corridors/stairwells</i>	29 (18%)
	<i>On your landing/wing</i>	38 (23%)
	<i>In your cell</i>	26 (16%)
	<i>At religious services</i>	8 (5%)
Q8.4	Have you been victimised by other prisoners here?	
	Yes	48 (28%)
	No.....	124 (72%)

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>	23 (13%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	21 (12%)
	<i>Sexual abuse</i>	6 (3%)
	<i>Feeling threatened or intimidated</i>	32 (19%)
	<i>Having your canteen/property taken</i>	16 (9%)
	<i>Medication</i>	11 (6%)
	<i>Debt</i>	10 (6%)
	<i>Drugs</i>	15 (9%)
	<i>Your race or ethnic origin</i>	4 (2%)
	<i>Your religion/religious beliefs</i>	4 (2%)
	<i>Your nationality</i>	4 (2%)
	<i>You are from a different part of the country than others</i>	6 (3%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	3 (2%)
	<i>You have a disability</i>	8 (5%)
	<i>You were new here</i>	13 (8%)
	<i>Your offence/ crime</i>	9 (5%)
	<i>Gang related issues</i>	9 (5%)
Q8.6	Have you been victimised by staff here?	
	Yes	53 (31%)
	No	116 (69%)
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>	26 (15%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (6%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	26 (15%)
	<i>Medication</i>	13 (8%)
	<i>Debt</i>	1 (1%)
	<i>Drugs</i>	5 (3%)
	<i>Your race or ethnic origin</i>	6 (4%)
	<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>	1 (1%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age</i>	4 (2%)
	<i>You have a disability</i>	11 (7%)
	<i>You were new here</i>	11 (7%)
	<i>Your offence/ crime</i>	8 (5%)
	<i>Gang related issues</i>	3 (2%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	98 (60%)
	Yes	25 (15%)
	No	41 (25%)

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%)	10 (6%)	22 (13%)	14 (8%)	57 (34%)	44 (26%)
	The nurse	16 (10%)	19 (11%)	52 (31%)	20 (12%)	33 (20%)	26 (16%)
	The dentist	25 (15%)	3 (2%)	9 (5%)	14 (8%)	36 (22%)	78 (47%)

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	37 (22%)	20 (12%)	30 (18%)	20 (12%)	25 (15%)	35 (21%)
	The nurse	33 (21%)	21 (13%)	42 (26%)	26 (16%)	17 (11%)	21 (13%)
	The dentist	54 (34%)	12 (8%)	19 (12%)	27 (17%)	18 (11%)	29 (18%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						26 (15%)
	<i>Very good</i>						15 (9%)
	<i>Good</i>						28 (16%)
	<i>Neither</i>						30 (18%)
	<i>Bad</i>						32 (19%)
	<i>Very bad</i>						39 (23%)
Q9.4	Are you currently taking medication?						
	Yes						102 (60%)
	No						67 (40%)
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>						67 (39%)
	<i>Yes, all my meds</i>						25 (15%)
	<i>Yes, some of my meds</i>						21 (12%)
	<i>No</i>						57 (34%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						74 (45%)
	No						92 (55%)
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>						92 (56%)
	Yes						30 (18%)
	No						43 (26%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?		
	Yes		49 (29%)
	No		120 (71%)
Q10.2	Did you have a problem with alcohol when you came into this prison?		
	Yes		27 (16%)
	No		141 (84%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?		
	<i>Very easy</i>		66 (39%)
	<i>Easy</i>		21 (12%)
	<i>Neither</i>		10 (6%)
	<i>Difficult</i>		3 (2%)
	<i>Very difficult</i>		5 (3%)
	<i>Don't know</i>		64 (38%)

Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	31 (19%)
	Easy.....	18 (11%)
	Neither.....	17 (10%)
	Difficult.....	12 (7%)
	Very difficult.....	9 (5%)
	Don't know.....	80 (48%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	23 (14%)
	No.....	147 (86%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	20 (12%)
	No.....	148 (88%)
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.....	109 (68%)
	Yes.....	25 (16%)
	No.....	27 (17%)
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.....	141 (83%)
	Yes.....	15 (9%)
	No.....	14 (8%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help.....	130 (79%)
	Yes.....	21 (13%)
	No.....	13 (8%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	22 (13%)	17 (10%)	59 (36%)	20 (12%)	29 (17%)	19 (11%)
	Vocational or skills training	19 (12%)	12 (8%)	58 (37%)	25 (16%)	25 (16%)	17 (11%)
	Education (including basic skills)	20 (13%)	17 (11%)	69 (45%)	16 (10%)	17 (11%)	15 (10%)
	Offending behaviour programmes	48 (31%)	7 (5%)	22 (14%)	31 (20%)	25 (16%)	22 (14%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	Not involved in any of these.....					45 (28%)	
	Prison job.....					78 (49%)	
	Vocational or skills training.....					24 (15%)	
	Education (including basic skills).....					45 (28%)	
	Offending behaviour programmes.....					8 (5%)	

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	35 (23%)	48 (32%)	48 (32%)	21 (14%)
	Vocational or skills training	48 (36%)	38 (29%)	27 (20%)	20 (15%)
	Education (including basic skills)	40 (28%)	49 (35%)	33 (23%)	20 (14%)
	Offending behaviour programmes	56 (44%)	22 (17%)	28 (22%)	22 (17%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				22 (13%)
	<i>Never</i>				79 (48%)
	<i>Less than once a week</i>				31 (19%)
	<i>About once a week</i>				29 (18%)
	<i>More than once a week</i>				4 (2%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				76 (48%)
	<i>Yes</i>				42 (26%)
	<i>No</i>				42 (26%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				38 (23%)
	<i>0</i>				50 (31%)
	<i>1 to 2</i>				43 (26%)
	<i>3 to 5</i>				25 (15%)
	<i>More than 5</i>				7 (4%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				26 (16%)
	<i>0</i>				53 (32%)
	<i>1 to 2</i>				61 (37%)
	<i>3 to 5</i>				17 (10%)
	<i>More than 5</i>				8 (5%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				6 (4%)
	<i>0</i>				9 (6%)
	<i>1 to 2</i>				14 (9%)
	<i>3 to 5</i>				46 (28%)
	<i>More than 5</i>				88 (54%)
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>				28 (17%)
	<i>2 to less than 4 hours</i>				33 (20%)
	<i>4 to less than 6 hours</i>				34 (21%)
	<i>6 to less than 8 hours</i>				28 (17%)
	<i>8 to less than 10 hours</i>				13 (8%)
	<i>10 hours or more</i>				17 (10%)
	<i>Don't know</i>				12 (7%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	67 (40%)
	No	100 (60%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	72 (43%)
	No	94 (57%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	58 (35%)
	No	109 (65%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	30 (18%)
	<i>Very easy</i>	32 (19%)
	<i>Easy</i>	49 (29%)
	<i>Neither</i>	14 (8%)
	<i>Difficult</i>	21 (12%)
	<i>Very difficult</i>	16 (9%)
	<i>Don't know</i>	7 (4%)

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>	56 (34%)
	Yes	69 (42%)
	No	40 (24%)
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>	96 (59%)
	<i>No contact</i>	35 (22%)
	<i>Letter</i>	9 (6%)
	<i>Phone</i>	7 (4%)
	<i>Visit</i>	19 (12%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	46 (29%)
	No	113 (71%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	56 (34%)
	Yes	33 (20%)
	No	76 (46%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	132 (80%)
	<i>Very involved</i>	8 (5%)
	<i>Involved</i>	6 (4%)
	<i>Neither</i>	3 (2%)
	<i>Not very involved</i>	9 (5%)
	<i>Not at all involved</i>	7 (4%)

- Q13.6 Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)**
- | | |
|---|-----------|
| <i>Do not have a sentence plan/ not sentenced</i> | 132 (81%) |
| <i>Nobody</i> | 14 (9%) |
| <i>Offender supervisor</i> | 11 (7%) |
| <i>Offender manager</i> | 5 (3%) |
| <i>Named/ personal officer</i> | 1 (1%) |
| <i>Staff from other departments</i> | 3 (2%) |
- Q13.7 Can you achieve any of your sentence plan targets in this prison?**
- | | |
|---|-----------|
| <i>Do not have a sentence plan/ not sentenced</i> | 132 (81%) |
| <i>Yes</i> | 16 (10%) |
| <i>No</i> | 4 (2%) |
| <i>Don't know</i> | 10 (6%) |
- Q13.8 Are there plans for you to achieve any of your sentence plan targets in another prison?**
- | | |
|---|-----------|
| <i>Do not have a sentence plan/ not sentenced</i> | 132 (80%) |
| <i>Yes</i> | 6 (4%) |
| <i>No</i> | 11 (7%) |
| <i>Don't know</i> | 15 (9%) |
- Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?**
- | | |
|---|-----------|
| <i>Do not have a sentence plan/ not sentenced</i> | 132 (81%) |
| <i>Yes</i> | 7 (4%) |
| <i>No</i> | 11 (7%) |
| <i>Don't know</i> | 12 (7%) |
- Q13.10 Do you have a needs based custody plan?**
- | | |
|-------------------------|----------|
| <i>Yes</i> | 5 (3%) |
| <i>No</i> | 80 (50%) |
| <i>Don't know</i> | 75 (47%) |
- Q13.11 Do you feel that any member of staff has helped you to prepare for your release?**
- | | |
|------------------|-----------|
| <i>Yes</i> | 20 (13%) |
| <i>No</i> | 139 (87%) |
- Q13.12 Do you know of anyone in this prison who can help you with the following on release?: (Please tick all that apply to you.)**
- | | <i>Do not need help</i> | <i>Yes</i> | <i>No</i> |
|-------------------|-------------------------|------------|-----------|
| Employment | 39 (26%) | 31 (20%) | 82 (54%) |
| Accommodation | 41 (27%) | 41 (27%) | 72 (47%) |
| Benefits | 35 (22%) | 37 (24%) | 84 (54%) |
| Finances | 41 (27%) | 21 (14%) | 89 (59%) |
| Education | 46 (31%) | 27 (18%) | 76 (51%) |
| Drugs and alcohol | 51 (34%) | 37 (25%) | 62 (41%) |
- 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> | 56 (35%) |
| <i>Yes</i> | 39 (25%) |
| <i>No</i> | 63 (40%) |

Main comparator and comparator to last time



Prisoner survey responses HMP Birmingham 2017

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

Key to tables

		HMP Birmingham 2017	Local prisons comparator	HMP Birmingham 2017	HMP Birmingham 2014
	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		178	6,073	178	181
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	6%	0%	0%
1.3	Are you sentenced?	68%	68%	68%	67%
1.3	Are you on recall?	10%	10%	10%	4%
1.4	Is your sentence less than 12 months?	26%	20%	26%	28%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	1%
1.5	Are you a foreign national?	10%	13%	10%	11%
1.6	Do you understand spoken English?	100%	97%	100%	99%
1.7	Do you understand written English?	98%	96%	98%	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.)	38%	24%	38%	35%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	5%	4%	1%
1.1	Are you Muslim?	23%	12%	23%	17%
1.11	Are you homosexual/gay or bisexual?	2%	3%	2%	2%
1.12	Do you consider yourself to have a disability?	28%	27%	28%	21%
1.13	Are you a veteran (ex-armed services)?	5%	6%	5%	5%
1.14	Is this your first time in prison?	33%	33%	33%	29%
1.15	Do you have any children under the age of 18?	54%	53%	54%	54%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	15%	23%	15%	21%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	53%	41%	53%	37%
2.3	Were you offered a toilet break?	9%	8%	9%	2%
2.4	Was the van clean?	60%	58%	60%	53%
2.5	Did you feel safe?	74%	74%	74%	73%
2.6	Were you treated well/very well by the escort staff?	71%	67%	71%	66%
2.7	Before you arrived here were you told that you were coming here?	63%	63%	63%	61%
2.7	Before you arrived here did you receive any written information about coming here?	1%	3%	1%	1%
2.8	When you first arrived here did your property arrive at the same time as you?	83%	78%	83%	81%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	48%	40%	48%	42%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	77%	77%	77%
3.3	Were you treated well/very well in reception?	63%	62%	63%	63%
	When you first arrived:				
3.4	Did you have any problems?	78%	78%	78%	75%
3.4	Did you have any problems with loss of property?	13%	16%	13%	11%
3.4	Did you have any housing problems?	18%	23%	18%	18%
3.4	Did you have any problems contacting employers?	4%	6%	4%	4%
3.4	Did you have any problems contacting family?	31%	35%	31%	34%
3.4	Did you have any problems ensuring dependants were being looked after?	5%	3%	5%	2%
3.4	Did you have any money worries?	26%	24%	26%	19%
3.4	Did you have any problems with feeling depressed or suicidal?	25%	25%	25%	21%
3.4	Did you have any physical health problems?	21%	18%	21%	18%
3.4	Did you have any mental health problems?	32%	27%	32%	17%
3.4	Did you have any problems with needing protection from other prisoners?	8%	9%	8%	7%
3.4	Did you have problems accessing phone numbers?	33%	32%	33%	37%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	32%	31%	32%	37%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	79%	74%	79%	84%
3.6	A shower?	59%	27%	59%	49%
3.6	A free telephone call?	79%	53%	79%	72%
3.6	Something to eat?	78%	70%	78%	78%
3.6	PIN phone credit?	46%	49%	46%	62%
3.6	Toiletries/ basic items?	66%	58%	66%	62%

Key to tables

Main comparator and comparator to last time

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	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?	26%	45%	26%	37%
3.7	Someone from health services?	57%	66%	57%	68%
3.7	A Listener/Samaritans?	20%	30%	20%	30%
3.7	Prison shop/ canteen?	30%	21%	30%	23%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	39%	41%	39%	41%
3.8	Support was available for people feeling depressed or suicidal?	29%	36%	29%	35%
3.8	How to make routine requests?	31%	34%	31%	33%
3.8	Your entitlement to visits?	34%	33%	34%	34%
3.8	Health services?	43%	43%	43%	44%
3.8	The chaplaincy?	27%	39%	27%	37%
3.9	Did you feel safe on your first night here?	61%	68%	61%	74%
3.10	Have you been on an induction course?	50%	76%	50%	52%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	37%	50%	37%	40%
3.12	Did you receive an education (skills for life) assessment?	55%	75%	55%	59%
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?	41%	35%	41%	35%
4.1	Attend legal visits?	54%	50%	54%	44%
4.1	Get bail information?	17%	16%	17%	17%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	41%	41%	41%	48%
4.3	Can you get legal books in the library?	27%	35%	27%	31%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	46%	48%	46%	55%
4.4	Are you normally able to have a shower every day?	71%	72%	71%	84%
4.4	Do you normally receive clean sheets every week?	48%	63%	48%	75%
4.4	Do you normally get cell cleaning materials every week?	30%	51%	30%	32%
4.4	Is your cell call bell normally answered within five minutes?	20%	24%	20%	21%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	55%	55%	55%	67%
4.4	Can you normally get your stored property, if you need to?	22%	19%	22%	24%
4.5	Is the food in this prison good/very good?	20%	21%	20%	21%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54%	46%	54%	49%
4.7	Are you able to speak to a Listener at any time, if you want to?	46%	53%	46%	50%
4.8	Are your religious beliefs respected?	47%	48%	47%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	38%	50%	38%	40%
4.10	Is it easy/very easy to attend religious services?	40%	43%	40%	34%

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Percentages which are not highlighted show there is no significant difference				
SECTION 5: Applications and complaints				
5.1 Is it easy to make an application?	71%	71%	71%	70%
For those who have made an application:				
5.2 Do you feel applications are dealt with fairly?	48%	46%	48%	52%
5.2 Do you feel applications are dealt with quickly (within seven days)?	37%	31%	37%	38%
5.3 Is it easy to make a complaint?	49%	48%	49%	49%
For those who have made a complaint:				
5.4 Do you feel complaints are dealt with fairly?	23%	27%	23%	38%
5.4 Do you feel complaints are dealt with quickly (within seven days)?	19%	22%	19%	27%
5.5 Have you ever been prevented from making a complaint when you wanted to?	29%	21%	29%	20%
5.6 Is it easy/very easy to see the Independent Monitoring Board?	14%	18%	14%	9%
SECTION 6: Incentives and earned privileges scheme				
6.1 Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	40%	37%	37%
6.2 Do the different levels of the IEP scheme encourage you to change your behaviour?	29%	39%	29%	38%
6.3 In the last six months have any members of staff physically restrained you (C&R)?	8%	11%	8%	8%
6.4 In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	55%	34%	55%	32%
SECTION 7: Relationships with staff				
7.1 Do most staff, in this prison, treat you with respect?	74%	72%	74%	80%
7.2 Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	69%	67%	69%	70%
7.3 Has a member of staff checked on you personally in the last week to see how you were getting on?	26%	27%	26%	25%
7.4 Do staff normally speak to you most of the time/all of the time during association?	20%	17%	20%	17%
7.5 Do you have a personal officer?	30%	33%	30%	46%
For those with a personal officer:				
7.6 Do you think your personal officer is helpful/very helpful?	71%	65%	71%	76%

Main comparator and comparator to last time

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SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	59%	50%	59%	37%
8.2	Do you feel unsafe now?	37%	23%	37%	19%
8.4	Have you been victimised by other prisoners here?	28%	32%	28%	24%
Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	13%	13%	13%	12%
8.5	Hit, kicked or assaulted you?	12%	10%	12%	5%
8.5	Sexually abused you?	4%	2%	4%	0%
8.5	Threatened or intimidated you?	19%	18%	19%	15%
8.5	Taken your canteen/property?	9%	8%	9%	7%
8.5	Victimised you because of medication?	6%	5%	6%	4%
8.5	Victimised you because of debt?	6%	4%	6%	3%
8.5	Victimised you because of drugs?	9%	5%	9%	4%
8.5	Victimised you because of your race or ethnic origin?	2%	4%	2%	5%
8.5	Victimised you because of your religion/religious beliefs?	2%	4%	2%	5%
8.5	Victimised you because of your nationality?	2%	3%	2%	5%
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	4%
8.5	Victimised you because you are from a Traveller community?	0%	2%	0%	2%
8.5	Victimised you because of your sexual orientation?	2%	1%	2%	2%
8.5	Victimised you because of your age?	2%	3%	2%	2%
8.5	Victimised you because you have a disability?	5%	4%	5%	5%
8.5	Victimised you because you were new here?	8%	7%	8%	10%
8.5	Victimised you because of your offence/crime?	5%	7%	5%	4%
8.5	Victimised you because of gang related issues?	5%	6%	5%	4%

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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?	31%	33%	31%	27%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	15%	12%	15%	10%
8.7	Hit, kicked or assaulted you?	6%	6%	6%	4%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	15%	14%	15%	14%
8.7	Victimised you because of medication?	8%	6%	8%	6%
8.7	Victimised you because of debt?	1%	2%	1%	1%
8.7	Victimised you because of drugs?	3%	3%	3%	4%
8.7	Victimised you because of your race or ethnic origin?	4%	4%	4%	4%
8.7	Victimised you because of your religion/religious beliefs?	2%	4%	2%	4%
8.7	Victimised you because of your nationality?	1%	3%	1%	3%
8.7	Victimised you because you were from a different part of the country?	1%	3%	1%	3%
8.7	Victimised you because you are from a Traveller community?	0%	1%	0%	1%
8.7	Victimised you because of your sexual orientation?	0%	1%	0%	1%
8.7	Victimised you because of your age?	2%	2%	2%	1%
8.7	Victimised you because you have a disability?	7%	4%	7%	2%
8.7	Victimised you because you were new here?	7%	5%	7%	5%
8.7	Victimised you because of your offence/crime?	5%	5%	5%	4%
8.7	Victimised you because of gang related issues?	2%	3%	2%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	38%	34%	38%	30%

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	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	19%	21%	19%	26%
9.1	Is it easy/very easy to see the nurse?	43%	41%	43%	47%
9.1	Is it easy/very easy to see the dentist?	7%	9%	7%	7%
	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?	38%	40%	38%	48%
9.2	The nurse?	50%	50%	50%	61%
9.2	The dentist?	30%	30%	30%	22%
9.3	The overall quality of health services?	30%	34%	30%	47%
9.4	Are you currently taking medication?	60%	52%	60%	53%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	45%	57%	45%	64%
9.6	Do you have any emotional well being or mental health problems?	45%	43%	45%	32%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	41%	40%	41%	49%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	29%	33%	29%	30%
10.2	Did you have a problem with alcohol when you came into this prison?	16%	21%	16%	18%
10.3	Is it easy/very easy to get illegal drugs in this prison?	52%	41%	52%	37%
10.4	Is it easy/very easy to get alcohol in this prison?	29%	19%	29%	12%
10.5	Have you developed a problem with drugs since you have been in this prison?	14%	10%	14%	11%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	12%	9%	12%	9%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	48%	56%	48%	60%
10.8	Have you received any support or help with your alcohol problem while in this prison?	52%	53%	52%	55%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	62%	74%	62%	78%

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SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	46%	32%	46%	35%
11.1	Vocational or skills training?	45%	29%	45%	24%
11.1	Education (including basic skills)?	56%	45%	56%	39%
11.1	Offending behaviour programmes?	19%	18%	19%	16%
Are you currently involved in any of the following activities:					
11.2	A prison job?	49%	45%	49%	43%
11.2	Vocational or skills training?	15%	8%	15%	13%
11.2	Education (including basic skills)?	28%	23%	28%	17%
11.2	Offending behaviour programmes?	5%	7%	5%	4%
11.3	Have you had a job while in this prison?	77%	70%	77%	68%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	41%	38%	41%	43%
11.3	Have you been involved in vocational or skills training while in this prison?	64%	56%	64%	58%
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?	45%	42%	45%	58%
11.3	Have you been involved in education while in this prison?	72%	67%	72%	61%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	48%	49%	48%	56%
11.3	Have you been involved in offending behaviour programmes while in this prison?	56%	54%	56%	51%
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?	31%	39%	31%	39%
11.4	Do you go to the library at least once a week?	20%	29%	20%	18%
11.5	Does the library have a wide enough range of materials to meet your needs?	26%	33%	26%	18%
11.6	Do you go to the gym three or more times a week?	20%	25%	20%	10%
11.7	Do you go outside for exercise three or more times a week?	15%	41%	15%	21%
11.8	Do you go on association more than five times each week?	54%	42%	54%	59%
11.9	Do you spend ten or more hours out of your cell on a weekday?	10%	9%	10%	15%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	40%	30%	40%	31%
12.2	Have you had any problems with sending or receiving mail?	43%	48%	43%	39%
12.3	Have you had any problems getting access to the telephones?	35%	34%	35%	33%
12.4	Is it easy/ very easy for your friends and family to get here?	48%	35%	48%	39%

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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?	63%	62%	63%	47%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	53%	44%	53%	42%
13.2	Contact by letter?	14%	27%	14%	22%
13.2	Contact by phone?	11%	12%	11%	13%
13.2	Contact by visit?	29%	35%	29%	29%
13.3	Do you have a named offender supervisor in this prison?	29%	31%	29%	19%
For those who are sentenced:					
13.4	Do you have a sentence plan?	30%	32%	30%	26%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	42%	54%	42%	39%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	47%	47%	47%	61%
13.6	Offender supervisor?	37%	32%	37%	14%
13.6	Offender manager?	17%	25%	17%	11%
13.6	Named/ personal officer?	3%	11%	3%	14%
13.6	Staff from other departments?	10%	18%	10%	14%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	54%	50%	54%	58%
13.8	Are there plans for you to achieve any of your targets in another prison?	19%	28%	19%	35%
13.9	Are there plans for you to achieve any of your targets in the community?	24%	31%	24%	48%
13.10	Do you have a needs based custody plan?	3%	7%	3%	10%
13.11	Do you feel that any member of staff has helped you to prepare for release?	13%	10%	13%	11%
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?	28%	26%	28%	25%
13.12	Accommodation?	36%	32%	36%	27%
13.12	Benefits?	31%	34%	31%	35%
13.12	Finances?	19%	21%	19%	20%
13.12	Education?	26%	27%	26%	22%
13.12	Drugs and alcohol?	37%	40%	37%	41%
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?	38%	45%	38%	46%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Birmingham 2017

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	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		67	109	18	158	40	136
1.3	Are you sentenced?	64%	70%	72%	68%	65%	69%
1.5	Are you a foreign national?	15%	7%			23%	7%
1.6	Do you understand spoken English?	100%	100%	95%	100%	100%	99%
1.7	Do you understand written English?	99%	99%	83%	100%	95%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			58%	36%	82%	25%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	5%	11%	3%	3%	5%
1.1	Are you Muslim?	49%	7%	50%	20%		
1.12	Do you consider yourself to have a disability?	25%	29%	45%	26%	24%	29%
1.13	Are you a veteran (ex-armed services)?	3%	7%	6%	5%	0%	7%
1.14	Is this your first time in prison?	34%	31%	61%	29%	45%	29%
2.6	Were you treated well/very well by the escort staff?	71%	70%	82%	69%	81%	68%
2.7	Before you arrived here were you told that you were coming here?	73%	57%	71%	61%	71%	60%
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	74%	82%	76%	85%	75%
3.3	Were you treated well/very well in reception?	67%	61%	72%	62%	74%	60%
3.4	Did you have any problems when you first arrived?	77%	80%	71%	80%	74%	79%
3.7	Did you have access to someone from health care when you first arrived here?	58%	56%	50%	58%	53%	58%
3.9	Did you feel safe on your first night here?	66%	58%	61%	60%	68%	58%
3.10	Have you been on an induction course?	56%	47%	67%	48%	65%	46%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	52%	34%	47%	40%	65%	34%

Diversity analysis

Key to tables

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	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	53%	43%	53%	46%	51%	45%
4.4	Are you normally able to have a shower every day?	71%	70%	81%	70%	69%	71%
4.4	Is your cell call bell normally answered within five minutes?	23%	17%	31%	18%	20%	19%
4.5	Is the food in this prison good/very good?	19%	20%	24%	20%	28%	17%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	51%	54%	71%	52%	61%	51%
4.7	Are you able to speak to a Listener at any time, if you want to?	35%	52%	47%	45%	46%	46%
4.8	Do you feel your religious beliefs are respected?	57%	40%	75%	44%	76%	39%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	50%	29%	47%	37%	47%	34%
5.1	Is it easy to make an application?	73%	70%	76%	70%	70%	71%
5.3	Is it easy to make a complaint?	49%	50%	53%	49%	47%	49%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	32%	40%	11%	40%	25%	39%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	27%	31%	25%	30%	25%	30%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	9%	11%	7%	9%	7%
7.1	Do most staff, in this prison, treat you with respect?	80%	70%	71%	74%	72%	74%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	64%	73%	68%	80%	65%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	24%	18%	11%	21%	22%	19%
7.4	Do you have a personal officer?	38%	26%	56%	27%	34%	29%
8.1	Have you ever felt unsafe here?	50%	64%	55%	60%	57%	60%
8.2	Do you feel unsafe now?	31%	41%	42%	36%	34%	38%
8.3	Have you been victimised by other prisoners?	19%	33%	45%	26%	22%	29%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	11%	23%	22%	18%	8%	21%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	1%	11%	1%	5%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	3%	0%	3%	0%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	2%	11%	1%	5%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	2%	7%	5%	5%	3%	5%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
8.6	Have you been victimised by a member of staff?	31%	31%	27%	32%	28%	32%
8.7	Have you ever felt threatened or intimidated by staff here?	15%	16%	13%	16%	12%	17%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	1%	6%	3%	9%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	2%	0%	3%	6%	2%
8.7	Have you been victimised because of your nationality? (By staff)	2%	1%	0%	1%	3%	1%
8.7	Have you been victimised because you have a disability? (By staff)	5%	8%	6%	7%	6%	7%
9.1	Is it easy/very easy to see the doctor?	23%	16%	19%	19%	28%	32%
9.1	Is it easy/ very easy to see the nurse?	46%	41%	50%	42%	44%	43%
9.4	Are you currently taking medication?	55%	63%	56%	62%	59%	61%
9.6	Do you feel you have any emotional well being/mental health issues?	36%	50%	50%	45%	37%	47%
10.3	Is it easy/very easy to get illegal drugs in this prison?	44%	56%	44%	53%	50%	51%
11.2	Are you currently working in the prison?	45%	52%	75%	46%	43%	51%
11.2	Are you currently undertaking vocational or skills training?	20%	12%	25%	14%	23%	13%
11.2	Are you currently in education (including basic skills)?	32%	26%	31%	28%	40%	25%
11.2	Are you currently taking part in an offending behaviour programme?	8%	3%	12%	4%	12%	3%
11.4	Do you go to the library at least once a week?	17%	22%	12%	20%	18%	20%
11.6	Do you go to the gym three or more times a week?	20%	19%	20%	19%	24%	18%
11.7	Do you go outside for exercise three or more times a week?	11%	18%	0%	17%	12%	16%
11.8	On average, do you go on association more than five times each week?	58%	52%	56%	54%	47%	55%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	12%	10%	6%	11%	12%	10%
12.2	Have you had any problems sending or receiving mail?	39%	46%	27%	46%	41%	44%
12.3	Have you had any problems getting access to the telephones?	31%	37%	29%	35%	35%	34%

Diversity Analysis



Key question responses (disability, age over 50) HMP Birmingham 2017

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		48	127	26	152
1.3	Are you sentenced?	77%	64%	85%	66%
1.5	Are you a foreign national?	17%	8%	0%	12%
1.6	Do you understand spoken English?	100%	99%	100%	99%
1.7	Do you understand written English?	98%	99%	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.)	34%	39%	35%	39%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	4%	4%	4%
1.1	Are you Muslim?	19%	23%	15%	24%
1.12	Do you consider yourself to have a disability?	-	-	36%	26%
1.13	Are you a veteran (ex-armed services)?	14%	2%	12%	4%
1.14	Is this your first time in prison?	36%	32%	46%	31%
2.6	Were you treated well/very well by the escort staff?	64%	73%	69%	71%
2.7	Before you arrived here were you told that you were coming here?	47%	68%	58%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	75%	78%	85%	75%
3.3	Were you treated well/very well in reception?	65%	62%	69%	62%
3.4	Did you have any problems when you first arrived?	92%	73%	80%	78%
3.7	Did you have access to someone from health care when you first arrived here?	70%	52%	60%	57%
3.9	Did you feel safe on your first night here?	44%	66%	58%	61%
3.10	Have you been on an induction course?	40%	54%	58%	49%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	32%	43%	38%	41%

Diversity Analysis

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				
4.4	Are you normally offered enough clean, suitable clothes for the week?	33%	52%	75%	42%
4.4	Are you normally able to have a shower every day?	64%	74%	69%	71%
4.4	Is your cell call bell normally answered within five minutes?	18%	21%	27%	19%
4.5	Is the food in this prison good/very good?	20%	19%	8%	22%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	60%	51%	54%	54%
4.7	Are you able to speak to a Listener at any time, if you want to?	47%	45%	58%	44%
4.8	Do you feel your religious beliefs are respected?	37%	50%	54%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	40%	36%	31%	39%
5.1	Is it easy to make an application?	60%	75%	65%	71%
5.3	Is it easy to make a complaint?	47%	50%	54%	48%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	28%	41%	46%	35%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	16%	35%	29%	29%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	15%	5%	4%	8%
7.1	Do most staff, in this prison, treat you with respect?	70%	75%	84%	72%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	64%	70%	71%	68%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	16%	21%	21%	20%
7.4	Do you have a personal officer?	18%	34%	38%	29%
8.1	Have you ever felt unsafe here?	70%	55%	56%	60%
8.2	Do you feel unsafe now?	47%	34%	28%	39%
8.3	Have you been victimised by other prisoners?	45%	21%	15%	30%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	30%	14%	7%	21%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	2%	0%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	2%	0%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	2%	0%	3%
8.5	Have you been victimised because of your age? (By prisoners)	2%	2%	0%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	15%	1%	0%	6%

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?	48%	25%	15%	34%
8.7	Have you ever felt threatened or intimidated by staff here?	26%	12%	7%	17%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	3%	0%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	3%	0%	3%
8.7	Have you been victimised because of your nationality? (By staff)	2%	1%	0%	1%
8.7	Have you been victimised because of your age? (By staff)	7%	1%	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	24%	0%	7%	6%
9.1	Is it easy/very easy to see the doctor?	20%	18%	31%	17%
9.1	Is it easy/ very easy to see the nurse?	43%	42%	52%	41%
9.4	Are you currently taking medication?	84%	51%	77%	57%
9.6	Do you feel you have any emotional well being/mental health issues?	80%	31%	28%	48%
10.3	Is it easy/very easy to get illegal drugs in this prison?	68%	46%	60%	50%
11.2	Are you currently working in the prison?	43%	51%	48%	49%
11.2	Are you currently undertaking vocational or skills training?	17%	14%	16%	15%
11.2	Are you currently in education (including basic skills)?	29%	27%	32%	28%
11.2	Are you currently taking part in an offending behaviour programme?	7%	4%	4%	5%
11.4	Do you go to the library at least once a week?	21%	20%	38%	17%
11.6	Do you go to the gym three or more times a week?	10%	23%	0%	23%
11.7	Do you go outside for exercise three or more times a week?	14%	15%	32%	12%
11.8	On average, do you go on association more than five times each week?	50%	56%	75%	50%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	7%	12%	20%	9%
12.2	Have you had any problems sending or receiving mail?	41%	44%	36%	45%
12.3	Have you had any problems getting access to the telephones?	42%	32%	21%	37%



Prisoner survey responses HMP Birmingham 2017 vulnerable prisoners' 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

		HMP Birmingham 2017 G Wing	HMP Birmingham 2017 A, B, C, D, J, K Wings
	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		20	150
SECTION 1: General information			
1.2	Are you under 21 years of age?	100%	100%
1.3	Are you sentenced?	80%	67%
1.3	Are you on recall?	10%	8%
1.4	Is your sentence less than 12 months?	5%	30%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	1%
1.5	Are you a foreign national?	15%	10%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	90%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	15%	42%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	3%
1.1	Are you Muslim?	20%	24%
1.11	Are you homosexual/gay or bisexual?	17%	0%
1.12	Do you consider yourself to have a disability?	45%	22%
1.13	Are you a veteran (ex-armed services)?	6%	5%
1.14	Is this your first time in prison?	50%	31%
1.15	Do you have any children under the age of 18?	37%	58%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	10%	16%
2.5	Did you feel safe?	48%	77%
2.6	Were you treated well/very well by the escort staff?	58%	72%
2.7	Before you arrived here were you told that you were coming here?	42%	65%
2.8	When you first arrived here did your property arrive at the same time as you?	84%	82%

Key to tables

	Any percentage highlighted in green is significantly better	HMP Birmingham 2017 G Wing	HMP Birmingham 2017 A,B,C,D,J,K 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?	42%	48%
3.2	When you were searched in reception, was this carried out in a respectful way?	70%	77%
3.3	Were you treated well/very well in reception?	65%	62%
	When you first arrived:		
3.4	Did you have any problems?	90%	76%
3.4	Did you have any problems with loss of property?	15%	14%
3.4	Did you have any housing problems?	5%	21%
3.4	Did you have any problems contacting employers?	0%	4%
3.4	Did you have any problems contacting family?	45%	29%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	6%
3.4	Did you have any money worries?	35%	25%
3.4	Did you have any problems with feeling depressed or suicidal?	45%	20%
3.4	Did you have any physical health problems?	25%	20%
3.4	Did you have any mental health problems?	35%	30%
3.4	Did you have any problems with needing protection from other prisoners?	20%	6%
3.4	Did you have problems accessing phone numbers?	45%	31%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	79%	79%
3.6	A shower?	58%	60%
3.6	A free telephone call?	74%	80%
3.6	Something to eat?	79%	79%
3.6	PIN phone credit?	48%	45%
3.6	Toiletries/ basic items?	58%	68%

Key to tables

	Any percentage highlighted in green is significantly better	HMP Birmingham 2017 G Wing	HMP Birmingham 2017 A,B,C,D,J,K 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?	21%	25%
3.7	Someone from health services?	48%	58%
3.7	A Listener/Samaritans?	26%	19%
3.7	Prison shop/ canteen?	21%	31%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	26%	41%
3.8	Support was available for people feeling depressed or suicidal?	42%	27%
3.8	How to make routine requests?	26%	30%
3.8	Your entitlement to visits?	31%	33%
3.8	Health services?	42%	43%
3.8	The chaplaincy?	21%	26%
3.9	Did you feel safe on your first night here?	30%	65%
3.10	Have you been on an induction course?	50%	52%
3.12	Did you receive an education (skills for life) assessment?	63%	55%
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?	33%	41%
4.1	Attend legal visits?	47%	54%
4.1	Get bail information?	0%	19%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	53%	39%
4.3	Can you get legal books in the library?	26%	27%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	58%	43%
4.4	Are you normally able to have a shower every day?	63%	72%
4.4	Do you normally receive clean sheets every week?	79%	44%
4.4	Do you normally get cell cleaning materials every week?	63%	25%
4.4	Is your cell call bell normally answered within five minutes?	10%	20%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	48%	56%
4.4	Can you normally get your stored property, if you need to?	31%	21%
4.5	Is the food in this prison good/very good?	16%	20%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	55%	51%
4.7	Are you able to speak to a Listener at any time, if you want to?	58%	43%
4.8	Are your religious beliefs are respected?	42%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	42%	36%
4.10	Is it easy/very easy to attend religious services?	48%	41%

Key to tables

	Any percentage highlighted in green is significantly better	HMP Birmingham 2017 G Wing	HMP Birmingham 2017 A,B,C,D,J,K 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?	63%	72%
5.3	Is it easy to make a complaint?	37%	49%
5.5	Have you ever been prevented from making a complaint when you wanted to?	21%	30%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	10%	13%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	53%	34%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	28%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	6%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	84%	73%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	78%	67%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	26%	24%
7.4	Do staff normally speak to you most of the time/all of the time during association?	21%	17%
7.5	Do you have a personal officer?	65%	26%

Key to tables

	Any percentage highlighted in green is significantly better	HMP Birmingham 2017 G Wing	HMP Birmingham 2017 A, B, C, D, J, K 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?	80%	57%
8.2	Do you feel unsafe now?	48%	36%
8.4	Have you been victimised by other prisoners here?	50%	24%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	35%	10%
8.5	Hit, kicked or assaulted you?	15%	10%
8.5	Sexually abused you?	10%	3%
8.5	Threatened or intimidated you?	30%	17%
8.5	Taken your canteen/property?	15%	8%
8.5	Victimised you because of medication?	15%	6%
8.5	Victimised you because of debt?	20%	4%
8.5	Victimised you because of drugs?	10%	8%
8.5	Victimised you because of your race or ethnic origin?	0%	2%
8.5	Victimised you because of your religion/religious beliefs?	10%	1%
8.5	Victimised you because of your nationality?	0%	2%
8.5	Victimised you because you were from a different part of the country?	5%	3%
8.5	Victimised you because you are from a traveller community?	0%	0%
8.5	Victimised you because of your sexual orientation?	5%	1%
8.5	Victimised you because of your age?	15%	0%
8.5	Victimised you because you have a disability?	15%	4%
8.5	Victimised you because you were new here?	15%	7%
8.5	Victimised you because of your offence/crime?	25%	3%
8.5	Victimised you because of gang related issues?	5%	5%

Key to tables

	Any percentage highlighted in green is significantly better	HMP Birmingham 2017 G Wing	HMP Birmingham 2017 A, B, C, D, J, K 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 continued			
8.6	Have you been victimised by staff here?	21%	33%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	10%	16%
8.7	Hit, kicked or assaulted you?	10%	6%
8.7	Sexually abused you?	0%	1%
8.7	Threatened or intimidated you?	21%	15%
8.7	Victimised you because of medication?	10%	8%
8.7	Victimised you because of debt?	0%	1%
8.7	Victimised you because of drugs?	5%	3%
8.7	Victimised you because of your race or ethnic origin?	5%	4%
8.7	Victimised you because of your religion/religious beliefs?	5%	2%
8.7	Victimised you because of your nationality?	5%	1%
8.7	Victimised you because you were from a different part of the country?	5%	0%
8.7	Victimised you because you are from a traveller community?	0%	0%
8.7	Victimised you because of your sexual orientation?	0%	0%
8.7	Victimised you because of your age?	10%	1%
8.7	Victimised you because you have a disability?	16%	5%
8.7	Victimised you because you were new here?	10%	6%
8.7	Victimised you because of your offence/crime?	16%	4%
8.7	Victimised you because of gang related issues?	10%	1%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	31%	17%
9.1	Is it easy/very easy to see the nurse?	53%	40%
9.1	Is it easy/very easy to see the dentist?	11%	5%
9.4	Are you currently taking medication?	63%	58%
9.6	Do you have any emotional well being or mental health problems?	39%	43%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	22%	29%
10.2	Did you have a problem with alcohol when you came into this prison?	22%	16%
10.3	Is it easy/very easy to get illegal drugs in this prison?	61%	49%
10.4	Is it easy/very easy to get alcohol in this prison?	31%	28%
10.5	Have you developed a problem with drugs since you have been in this prison?	5%	14%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	12%

Key to tables

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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?	78%	42%
11.1	Vocational or skills training?	53%	44%
11.1	Education (including basic skills)?	67%	55%
11.1	Offending Behaviour Programmes?	22%	19%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	83%	47%
11.2	Vocational or skills training?	22%	15%
11.2	Education (including basic skills)?	17%	30%
11.2	Offending Behaviour Programmes?	11%	4%
11.4	Do you go to the library at least once a week?	47%	16%
11.5	Does the library have a wide enough range of materials to meet your needs?	29%	26%
11.6	Do you go to the gym three or more times a week?	24%	20%
11.7	Do you go outside for exercise three or more times a week?	22%	14%
11.8	Do you go on association more than five times each week?	61%	54%
11.9	Do you spend ten or more hours out of your cell on a weekday?	5%	12%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	45%	38%
12.2	Have you had any problems with sending or receiving mail?	45%	45%
12.3	Have you had any problems getting access to the telephones?	21%	38%
12.4	Is it easy/ very easy for your friends and family to get here?	58%	46%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	42%	25%
13.10	Do you have a needs based custody plan?	5%	3%
13.11	Do you feel that any member of staff has helped you to prepare for release?	11%	13%



Prisoner survey responses HMP Birmingham 2017

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

Key to tables

	HMP Birmingham 2017 A, B, C, D, G, K Wings	HMP Birmingham 2014 A, B, C, D, G, K Wings
Any percentage highlighted in green is significantly better		
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Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned	163	106
SECTION 1: General information		
1.2 Are you under 21 years of age?	0%	0%
1.3 Are you sentenced?	67%	68%
1.3 Are you on recall?	9%	4%
1.4 Is your sentence less than 12 months?	27%	28%
1.4 Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	0%
1.5 Are you a foreign national?	11%	11%
1.6 Do you understand spoken English?	99%	100%
1.7 Do you understand written English?	98%	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.)	39%	30%
1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	0%
1.1 Are you Muslim?	24%	15%
1.11 Are you homosexual/gay or bisexual?	2%	3%
1.12 Do you consider yourself to have a disability?	26%	28%
1.13 Are you a veteran (ex-armed services)?	5%	5%
1.14 Is this your first time in prison?	32%	32%
1.15 Do you have any children under the age of 18?	57%	47%
SECTION 2: Transfers and escorts		
On your most recent journey here:		
2.1 Did you spend more than 2 hours in the van?	16%	22%
2.5 Did you feel safe?	73%	71%
2.6 Were you treated well/very well by the escort staff?	70%	71%
2.7 Before you arrived here were you told that you were coming here?	63%	64%
2.8 When you first arrived here did your property arrive at the same time as you?	82%	83%

Key to tables

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SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	47%	42%
3.2	When you were searched in reception, was this carried out in a respectful way?	76%	77%
3.3	Were you treated well/very well in reception?	63%	59%
	When you first arrived:		
3.4	Did you have any problems?	78%	79%
3.4	Did you have any problems with loss of property?	15%	10%
3.4	Did you have any housing problems?	20%	19%
3.4	Did you have any problems contacting employers?	4%	4%
3.4	Did you have any problems contacting family?	32%	35%
3.4	Did you have any problems ensuring dependants were being looked after?	5%	1%
3.4	Did you have any money worries?	26%	18%
3.4	Did you have any problems with feeling depressed or suicidal?	23%	26%
3.4	Did you have any physical health problems?	20%	23%
3.4	Did you have any mental health problems?	32%	22%
3.4	Did you have any problems with needing protection from other prisoners?	7%	11%
3.4	Did you have problems accessing phone numbers?	33%	38%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	81%	84%
3.6	A shower?	61%	49%
3.6	A free telephone call?	79%	70%
3.6	Something to eat?	79%	80%
3.6	PIN phone credit?	46%	63%
3.6	Toiletries/ basic items?	68%	65%

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?	26%	30%
3.7	Someone from health services?	58%	69%
3.7	A Listener/Samaritans?	21%	31%
3.7	Prison shop/ canteen?	31%	21%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	39%	38%
3.8	Support was available for people feeling depressed or suicidal?	30%	33%
3.8	How to make routine requests?	31%	34%
3.8	Your entitlement to visits?	34%	34%
3.8	Health services?	44%	46%
3.8	The chaplaincy?	27%	37%
3.9	Did you feel safe on your first night here?	62%	73%
3.10	Have you been on an induction course?	52%	52%
3.12	Did you receive an education (skills for life) assessment?	55%	60%
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?	41%	32%
4.1	Attend legal visits?	54%	44%
4.1	Get bail information?	17%	14%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	40%	49%
4.3	Can you get legal books in the library?	28%	32%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	43%	46%
4.4	Are you normally able to have a shower every day?	71%	80%
4.4	Do you normally receive clean sheets every week?	47%	73%
4.4	Do you normally get cell cleaning materials every week?	28%	34%
4.4	Is your cell call bell normally answered within five minutes?	18%	21%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	53%	69%
4.4	Can you normally get your stored property, if you need to?	22%	26%
4.5	Is the food in this prison good/very good?	20%	19%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	48%
4.7	Are you able to speak to a Listener at any time, if you want to?	45%	57%
4.8	Are your religious beliefs are respected?	48%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	37%	39%
4.10	Is it easy/very easy to attend religious services?	43%	36%

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SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	72%	71%
5.3	Is it easy to make a complaint?	47%	52%
5.5	Have you ever been prevented from making a complaint when you wanted to?	29%	22%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	14%	12%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	42%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	31%	37%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	6%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	74%	78%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	69%	71%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	23%	27%
7.4	Do staff normally speak to you most of the time/all of the time during association?	17%	18%
7.5	Do you have a personal officer?	30%	41%

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SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	60%	45%
8.2	Do you feel unsafe now?	39%	20%
8.4	Have you been victimised by other prisoners here?	28%	32%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	13%	17%
8.5	Hit, kicked or assaulted you?	12%	6%
8.5	Sexually abused you?	3%	0%
8.5	Threatened or intimidated you?	19%	23%
8.5	Taken your canteen/property?	10%	10%
8.5	Victimised you because of medication?	7%	6%
8.5	Victimised you because of debt?	6%	4%
8.5	Victimised you because of drugs?	9%	4%
8.5	Victimised you because of your race or ethnic origin?	2%	7%
8.5	Victimised you because of your religion/religious beliefs?	2%	5%
8.5	Victimised you because of your nationality?	2%	6%
8.5	Victimised you because you were from a different part of the country?	3%	5%
8.5	Victimised you because you are from a traveller community?	0%	1%
8.5	Victimised you because of your sexual orientation?	1%	2%
8.5	Victimised you because of your age?	2%	3%
8.5	Victimised you because you have a disability?	5%	6%
8.5	Victimised you because you were new here?	8%	15%
8.5	Victimised you because of your offence/crime?	6%	5%
8.5	Victimised you because of gang related issues?	5%	5%

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SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	33%	31%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	16%	12%
8.7	Hit, kicked or assaulted you?	7%	3%
8.7	Sexually abused you?	1%	1%
8.7	Threatened or intimidated you?	16%	19%
8.7	Victimised you because of medication?	9%	7%
8.7	Victimised you because of debt?	1%	2%
8.7	Victimised you because of drugs?	3%	3%
8.7	Victimised you because of your race or ethnic origin?	3%	5%
8.7	Victimised you because of your religion/religious beliefs?	3%	5%
8.7	Victimised you because of your nationality?	1%	4%
8.7	Victimised you because you were from a different part of the country?	1%	4%
8.7	Victimised you because you are from a traveller community?	0%	0%
8.7	Victimised you because of your sexual orientation?	0%	2%
8.7	Victimised you because of your age?	3%	2%
8.7	Victimised you because you have a disability?	7%	3%
8.7	Victimised you because you were new here?	7%	6%
8.7	Victimised you because of your offence/crime?	5%	5%
8.7	Victimised you because of gang related issues?	2%	3%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	18%	27%
9.1	Is it easy/very easy to see the nurse?	39%	45%
9.1	Is it easy/very easy to see the dentist?	5%	9%
9.4	Are you currently taking medication?	57%	66%
9.6	Do you have any emotional well being or mental health problems?	44%	33%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	30%	36%
10.2	Did you have a problem with alcohol when you came into this prison?	17%	18%
10.3	Is it easy/very easy to get illegal drugs in this prison?	51%	41%
10.4	Is it easy/very easy to get alcohol in this prison?	28%	14%
10.5	Have you developed a problem with drugs since you have been in this prison?	14%	15%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	12%	14%

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	47%	38%
11.1	Vocational or skills training?	45%	26%
11.1	Education (including basic skills)?	56%	47%
11.1	Offending Behaviour Programmes?	20%	19%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	52%	39%
11.2	Vocational or skills training?	16%	9%
11.2	Education (including basic skills)?	28%	19%
11.2	Offending Behaviour Programmes?	6%	4%
11.4	Do you go to the library at least once a week?	19%	22%
11.5	Does the library have a wide enough range of materials to meet your needs?	26%	17%
11.6	Do you go to the gym three or more times a week?	22%	10%
11.7	Do you go outside for exercise three or more times a week?	14%	16%
11.8	Do you go on association more than five times each week?	55%	53%
11.9	Do you spend ten or more hours out of your cell on a weekday?	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?	38%	26%
12.2	Have you had any problems with sending or receiving mail?	45%	43%
12.3	Have you had any problems getting access to the telephones?	37%	51%
12.4	Is it easy/ very easy for your friends and family to get here?	48%	37%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	25%	18%
13.10	Do you have a needs based custody plan?	3%	11%
13.11	Do you feel that any member of staff has helped you to prepare for release?	14%	8%