

Report on an unannounced inspection of

HMP/YOI Feltham

(Feltham B – young adults)

by HM Chief Inspector of Prisons

23 January–3 February 2017

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



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Victory House
6th floor
30–34 Kingsway
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WC2B 6EX
England

Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	29
Section 3. Purposeful activity	43
Section 4. Resettlement	49
Section 5. Summary of recommendations and good practice	57
Section 6. Appendices	63
Appendix I: Inspection team	63
Appendix II: Progress on recommendations from the last report	65
Appendix III: Prison population profile	71
Appendix IV: Summary of prisoner questionnaires and interviews	73

Glossary of terms

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

Introduction

This inspection of Feltham B, following a rather more optimistic inspection in July 2014, was disappointing. Despite some good work being carried out by staff across many areas of the prison, this inspection found that the young men being held there were living in an unsafe environment, were often afraid for their own safety and were enduring a regime that was unsuitable for prisoners of any age, let alone the young men at Feltham.

Since the last inspection there had been a significant increase in violence, and nearly half of the prisoners told us they had felt unsafe during their time at Feltham. One in four of those we surveyed – double the number in July 2014 – told us that they felt unsafe at the time of the inspection. The response to this increase in violence had been ineffective, and the prison seemed to be locked into a negative cycle of responding to violence with punitive measures and placing further restrictions on the regime to keep people apart. This response had not worked and there did not appear to be any coherent plan to address the issue of behaviour management in a different or more positive way.

Some of the young men held at Feltham were locked in their cells for more than 22 hours each day. During the inspection we found that around a third of the prisoners were locked up during the core day, and were therefore not getting to training or education. Every meal at Feltham was taken alone in the prisoner's cell. Meanwhile, violence had risen, as had the use of force, and a large backlog of adjudications – which were largely in response to the violence – had accumulated.

The violence at Feltham is often serious, and one should not underestimate the risks faced by staff on a daily basis. During the course of this inspection an officer was seriously assaulted, and there were many examples shown to us of large-scale fights which could easily have led to tragic consequences but for skilled and courageous intervention by staff. Nevertheless, a new approach is needed. The incentives and earned privileges (IEP) scheme did not appear to be having any significant impact on behaviour, while the strategy for dealing with gang-related issues was largely ineffective and mediation was no longer being used as a means of reducing violence. We were told this was because of objections from the staff association, which, if true, is troubling.

While the violence and the poor regime overshadowed this inspection, it would be wrong not to recognise that, despite everything, there was some very good work being carried out by dedicated staff. We identified four examples of good practice in the provision of health care, and it was most impressive that the mental health team contacted patients seven days after discharge to check up on their welfare. Many examples of good work are described in the body of this report and there is indeed much that the committed members of staff who work at Feltham can be proud of.

In this introduction I have focused on the subject of violence and the response to it, as these have shaped so much of what happens at Feltham B. There are many other important issues that the inspection identified that are described in this report and which, in many cases, have given rise to recommendations. I would urge the reader to look carefully at the detail of the report, and those to whom recommendations are made to take them seriously.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

April 2017

Fact page

Task of the establishment

Feltham B accommodates 18-21-year-old convicted young adult men

Prison status

Public

Department

Young people's estate

Number held

380

Certified normal accommodation

522

Operational capacity

370

Date of last full inspection

28 July - 8 August 2014

Brief history

The original Feltham was built in 1854 as an industrial school and was taken over in 1910 by the prison commissioners as their second borstal institution. The existing building opened as a remand centre in March 1988. The current HMP/YOI Feltham was formed by the amalgamation. The establishment is split into Feltham A, which holds children and young people (aged 15-18), and Feltham B, which holds young adults (aged 18-21); this report relates to Feltham B.

Short description of residential units

Kingfisher	– induction unit, 53 beds
Lapwing	– normal location, 46 beds
Mallard	– normal location, 55 beds
Nightingale	– normal location, 55 beds
Osprey	– normal location, 55 beds
Partridge	– normal location, 55 beds
Quail	– normal location, 55 beds
Raven	– normal location, 55 beds
Swallow	– normal location, 55 beds
Teal	– normal location, 38 beds
Ibis	– segregation unit

Name of governor

Glenn Knight

Escort contractor

Serco

Health service provider

Care UK; mental health services subcontracted to Barnet, Enfield and Haringey Mental Health Trust

Learning and skills provider

Novus

Independent Monitoring Board chair

Caroline Langton

Community rehabilitation company (CRC)

The London Community Rehabilitation Company

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 III respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

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

Summary

Safety

*S1 The reception and first night environments did not help to make new arrivals feel safe and supported, although induction met their need. Violence against prisoners and staff had increased significantly and was high. Too many young adults felt unsafe and, although the prison was working hard to address this, its response was not effective. The very many restricted regimes used to manage vulnerable and challenging behaviour were mainly punitive, although the risk management team had generated some positive interventions. There was no effective anti-gang strategy. Levels of self-harm were relatively low, and there was a good multidisciplinary approach to managing prisoners in crisis. The incentives system was not always used effectively to promote good behaviour and the use of segregation was high, although there were efforts to reintegrate prisoners quickly. There was insufficient governance of the high use of force. Drug misuse was low. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S2 At the last inspection in July 2014, we found that outcomes for prisoners in Feltham B were reasonably good against this healthy prison test. We made 11 recommendations in the area of safety. At this follow-up inspection we found that four of the recommendations had been achieved, four had been partially achieved and three had not been achieved.

S3 Reception was cold and grubby, processes were weak and there was still no dedicated peer support for new arrivals. First night cells were dirty and lacked some basic items, such as a kettle and curtains. Most new arrivals had no opportunity to shower on their first night. New arrivals received a very good private interview with an officer, which addressed most vulnerabilities, and were checked by staff on their first night. Although disorganised, induction met need and was multidisciplinary. New arrivals on the induction unit spent much of their time locked up, but were relocated promptly to a residential unit.

S4 There had been a significant increase in violence against both staff and prisoners since our last inspection, and some of the incidents were serious. Almost half of prisoners said they had felt unsafe at some time, and one in four, twice as many as at our last inspection, said they felt unsafe at the time of inspection. Perpetrators and victims of violence were managed through the weekly risk management meeting, which had directed some positive interventions to improve behaviour. Despite this, the restrictions placed on these young adults were punitive, and mediation was no longer used to resolve conflict. There was evidence of a high number of prisoners having some gang affiliation and some good work to address this problem, but it was disorganised and the prison had no effective gang strategy or coordinated action plan. Formal safeguarding procedures were excellent and the prison benefited from a good relationship with the local safeguarding adults board.

S5 Levels of self-harm were relatively low. Management of prisoners at risk and analysis and monitoring of data were good. Case management documents demonstrated good multidisciplinary care, although care maps did not always reflect the range of issues affecting the prisoner. Prisoners subject to at-risk case management spoke positively about the care they received, and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) also provided valuable support to those in crisis.

S6 There was a good flow of intelligence into the security department and links with external agencies were well developed. However, measures to keep some prisoners separated

affected access to a full regime. Monthly security objectives were not always consistent with current risks and were not effectively communicated to staff.

- S7 In our survey, prisoners were negative about the incentives and earned privileges (IEP) scheme and few said it encouraged them to change their behaviour. The scheme focused on punitive measures, and the regime for those on basic was very poor with restricted access to showers and telephones. There had been effort to provide incentives for those on enhanced status, but this was not coordinated or well publicised.
- S8 Too many adjudications remained incomplete - some since 2014 - and were unlikely to be heard. The use of force had risen since the last inspection and was high for the type of prison. Too many officer reports were incomplete or missing, which made it difficult to assess if force was always justified. Special accommodation had been used too often. The use of segregation remained high. The environment was austere and unsuitable for young adults, although stays were short. The regime in segregation was limited, and some prisoners awaiting adjudication were denied access to a shower or telephone for three days. Good order reviews focused on reintegration, although health care staff were not always present and individual targets were sometimes perfunctory.
- S9 Drug use was relatively low but the availability of 'spice'² was an emerging risk. Few suspicion drug tests took place and there was no drug supply reduction action plan. Psychosocial support for prisoners with substance misuse needs was good, and interventions were age appropriate.

Respect

S10 *Some parts of the establishment were run down and accommodation on the induction unit was poor. Prisoners had good access to clean clothes and bedding. Staff-prisoner relationships were generally good, although some staff expressed low expectations of prisoners. The management of equality work was satisfactory but provision had deteriorated for some groups. There were gaps in the chaplaincy service. There was little quality assurance of the application system, and complaints required better data analysis. Health care was good and mental health provision was impressive, but the use of the inpatient unit as a place of safety affected therapeutic care. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S11 *At the last inspection in 2014, we found that outcomes for prisoners in Feltham B were reasonably good against this healthy prison test. We made 18 recommendations in the area of respect. At this follow-up inspection we found that six of the recommendations had been achieved, three had been partially achieved and nine had not been achieved.*

- S12 Communal areas were grubby and the fabric of the buildings was damaged in places. Most cells and showers were reasonably clean, apart from those on the induction unit. Prisoners had good access to clothing and laundry facilities were good, but regime restrictions limited access to showers and telephone calls for some. Staff did not always answer cell bells promptly. In our survey, prisoners were negative about the application process and there was no formal tracking system.
- S13 Far fewer prisoners than at our last inspection said that staff treated them with respect or that they had someone to turn to if they needed help. The personal officer scheme was

² A synthetic drug that mimics the effects of cannabis but is much stronger, with no discernible odour.

ineffective, case notes by residential staff mainly recorded negative behaviour and some staff expressed low expectations of prisoners. However, we observed some good staff-prisoner interactions and caring staff who clearly knew the prisoners in their care. There was no prisoner council and few opportunities for prisoners to discuss general matters and suggest improvements.

- S14 The strategic management of equality work was satisfactory, but provision was undermined by the redeployment of equality staff. There were prisoner equality representatives on most units but consultation arrangements were generally poor. There was some good monitoring of the treatment of young adults in different groups. Discrimination complaints were well investigated and a monthly equality newsletter was excellent. In our survey, black and minority ethnic young adults were more negative than white prisoners about their interaction with staff. Although the monitoring data did not explain such concerns, the lack of consultation left the prison poorly placed to understand prisoner perceptions. Offender supervisors provided better practical support to foreign national prisoners than we usually see. There was some good support for young adults with disabilities, particularly from health care staff. We saw some good examples of staff challenging homophobic behaviour, but remained concerned that such behaviour was not always challenged effectively.
- S15 Young adults in our survey and those we spoke to were positive about the faith provision. While the chaplaincy provided good support, many prisoners did not have access to religious instruction classes. However, there was good engagement with a faith-based through-the-gate mentoring service.
- S16 The majority of complaints received a timely and polite response, but quality assurance was not embedded and there was little data analysis to identify any unequal treatment of particular groups.
- S17 Health services were good overall. Governance was generally good, and the weekly risk and performance meetings supported positive outcomes for prisoners. Prisoners had short waiting times for primary care services, and care was good. The Wren inpatient unit had the resources to provide effective care for patients who needed 24-hour nursing care, but prisoners who were located there for operational reasons severely undermined the unit's therapeutic regime and function. Pharmacy services remained generally good. However, nurses administered most medications to prisoners in their cells, which was potentially unsafe. Mental health support was impressive.
- S18 Young adults benefited from sharing a reasonably healthy menu with the children's site but the breakfast provision was inadequate. Prisoners could not dine communally and serveries were dirty and poorly managed.

Purposeful activity

S19 *Time out of cell was inadequate. Numerous restrictions and staffing shortfalls affected the provision of a full regime for most prisoners. Managers were focused on improving learning and skills but progress was slow. Too many work and education programmes were cancelled or restricted by the regime and, although there were sufficient spaces for all prisoners, too many remained on the units during the core day. Overall, the quality of learning and skills provision required improvement. Prisoners generally behaved well in activities, but attendance was low in education and prisoners did not achieve at the level expected. Attendance and achievement in vocational training was better. Library and PE provision was good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S20 *At the last inspection in July 2014, we found that outcomes for prisoners in Feltham B were not sufficiently good against this healthy prison test. We made 12 recommendations in the area of purposeful activity. At this follow-up inspection we found that five of the recommendations had been achieved, three had been partially achieved and four had not been achieved.*

S21 Prisoners' time out of cell, which in theory could be up to nine hours a day for some, was regularly reduced by regime restrictions and closures due to staffing shortfalls. Prisoners on some of the numerous restricted regimes were locked up for over 22 hours a day. Our roll checks found a third of young adults locked up during the core day, and they had insufficient time in the open air.

S22 Senior prison managers were focused on improving the provision of learning and skills and work but progress was slow in some important areas. There were more vocational training opportunities, but too many training and work places were closed as a result of the curtailed regime. There were a sufficient number of purposeful activity places for the population, some of which were part time, but too many young adults did not attend their allocated activity - on average, one-third remained unoccupied on the units.

S23 While the quality of teaching and learning in vocational training was generally good, it was too variable in classroom education sessions, and the quality overall required improvement. In some education classes, the wide range of ability hindered individual learning, and learning support lacked coordination. Punctuality was variable, but prisoners generally behaved well when they got to their activity. Attendance was too low in education but reasonably good in vocational training and work.

S24 Prisoner achievement of full qualifications in education was very low, particularly in English and mathematics. Prisoners achieved well in the majority of vocational training and sports programmes but too many who started courses did not complete them. A few prisoners were supported for Open University and distance learning courses.

S25 The library was a good resource and well stocked with a wide range of books, newspapers and magazines, including books in 37 languages. The data on the number of prisoners accessing the library were unreliable to ensure equality of access.

S26 The PE department continued to be well managed and provided a good range of resources. Links with local football and rugby clubs continued to be of great benefit to prisoners.

Resettlement

- S27 *The strategic management of resettlement was hampered by the lack of a meaningful analysis of prisoner need, and the services aimed at reducing reoffending was not always appropriately targeted. Too many prisoners arrived without an up-to-date assessment and so risks had not been identified. Sentence planning was not working effectively. Offender supervisors carried out some good work but were overloaded and could not manage all their cases. The backlog of assessments affected public protection work. Reintegration planning was generally good, and pathways work met most resettlement needs. Further work was needed to improve the family contact pathway. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S28 *At the last inspection in July 2014, we found that outcomes for prisoners in Feltham B were not sufficiently good against this healthy prison test. We made 12 recommendations in the area of resettlement. At this follow-up inspection we found that one recommendation had been achieved, two had been partially achieved and nine had not been achieved.*
- S29 The strategic management of resettlement had not effectively addressed some key issues that had affected reducing reoffending and public protection. There was no current or appropriate prisoner needs analysis to ensure provision was targeted at those with the greatest need. The reducing reoffending policy did not sufficiently prioritise offender management or the reduction of risk of harm to others.
- S30 Too many prisoners arrived without an OASys (offender assessment system) assessment or plan. Despite some good work by offender supervisors, offender management was not effective in all cases. Sentence planning had not directed the work with the prisoner and this had limited sentence progression. The lack of probation staff meant that uniformed offender supervisors were overloaded with high risk cases and often did not have the time to assess the medium and low risk prisoners they were responsible for. There was good use of release on temporary licence (ROTL) for some prisoners. Due to the backlog of assessments we could not be certain that all risks posed by the young adults were known, and so targeting individuals for appropriate interventions and risk management planning was not as robust as needed. The management levels for prisoners subject to multi-agency public protection arrangements (MAPPA) were identified before their release; any late identification was due to delays in information supplied by external agencies. Home detention curfew was managed effectively.
- S31 Reintegration planning was good and both the community rehabilitation company (CRC)³ and offender supervisors provided appropriate advice, support and guidance. There was some good individual work for prisoners who posed the highest risk of harm, although this could be hampered by difficulties in contacting their offender managers in the community.
- S32 Nearly all prisoners were released to suitable accommodation, and support was available for advice on finance, benefit and debt. There was some pre-release and through-the-gate support to help prisoners into employment, further education and training. Arrangements to ensure continuity of prisoners' physical care on transfer or release remained good, and those cared for by the mental health team received a welfare call seven days after their release, which was good practice. Drug and alcohol reintegration work was also good.

³ Since May 2015 rehabilitation services, both in custody and after release, have been organised through CRCs which are responsible for work with medium- and low-risk offenders. The national probation service has maintained responsibility for high- and very high-risk offenders.

- S33 There was no strategy to help the young population maintain relationships with their families and, with the exception of some family days, this provision was inadequate. The visitors' centre was welcoming for families, but visits were often significantly delayed and the visits hall was unwelcoming and lacked some basic facilities.
- S34 There were a range of interventions to address offending behaviour, including the Resolve cognitive-behavioural intervention for violent offenders and the Thinking Skills Programme, addressing offenders' thinking and behaviour. There was some good work on gang management but this was not prison-wide or strategic.

Main concerns and recommendations

- S35 Concern: Reception was unwelcoming, processes were weak and there was still no dedicated peer support for new arrivals. First night cells were dirty and lacked basic items. Prisoners spent too much time locked up in their early days.

Recommendation: Reception and induction processes should be reviewed to ensure that the early days experience is positive for every new arrival. The prison should offer sufficient support, good time out of cell, and a clean, decent living environment.

- S36 Concern: In our survey, almost half of prisoners said that they had felt unsafe at some time and one in four felt unsafe at the time of inspection. There was evidence of a high number of prisoners with gang affiliation and, despite high levels of violence, not all incidents were appropriately investigated. There had been insufficient focus on reducing the levels of violence and a lack of a coordinated prison-wide approach to gang management.

Recommendation: The prison should focus on reducing the number of violent incidents. All incidents should be investigated. Violence reduction and gang strategies should be informed by better analysis of information and consultation with staff, prisoners and families. There should be a coordinated prison-wide approach to managing violence and the impact of gang issues.

- S37 Concern: Time out of cell was poor for too many prisoners and there were extensive regime restrictions and cancellations. The number of prisoners locked in their cells during the core day was too high, and they had insufficient time in the open air.

Recommendation: Time out of cell should be increased and all prisoners should get at least one hour in the open air each day.

- S38 Concern: Too many prisoners were on the residential units during the core day without an allocated activity.

Recommendation: Senior managers should reduce the number of cancellations of activities, and ensure that all prisoners are allocated to a purposeful activity which they attend and participate in fully.

- S39 Concern: Too many prisoners did not complete the English and mathematics courses they started, achievements of full English and mathematics qualifications were far too low and prisoners' outcomes overall were judged inadequate.

Recommendation: Senior managers should ensure that all prisoners who start on education and vocational training programmes complete them and achieve their qualification.

S40 Concern: Offender management services did not have sufficient priority. There was a large OASys assessment backlog. The quality of assessments and offender supervisor contact was variable. There was too little work to address prisoners' behaviour and attitudes, and coordination with other establishments and services was not fully effective.

Recommendation: There should be a regular assessment of resettlement and offender management needs, which should inform a revised resettlement and offender management strategy, allocation of resources, and coordination with other establishments and services. The prison should identify and meet the resettlement and offender management needs of all prisoners.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1 Feltham only accepted sentenced prisoners and almost all arrived in small numbers from other London prisons. This limited journey times, although one escort we saw took two hours to travel from south east London. The new arrivals we observed had all been offered a sandwich and water on the journey, and the escort van was reasonably clean, but it took half an hour to disembark four prisoners.
- I.2 In our survey, 77% of prisoners said their property had arrived with them, against the comparator of 86%, and this remained a concern. One new arrival's keys and mobile phone were missing when his property was checked in reception.
- I.3 The reception area was not permanently staffed, so discharges were often delayed. We observed one prisoner due for release who was not discharged until 10.15am, giving him little time to cross London for a lunchtime appointment with his offender manager.

Recommendations

- I.4 **Prisoners arriving at the prison should travel with all their property.** (Repeated recommendation I.5)
- I.5 **Prisoners should be discharged promptly.**

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 In our survey, prisoners were significantly more negative than the comparators about most aspects of reception and induction. Only 56%, against the comparator of 70%, thought they had been treated well in reception.
- I.7 The reception area was neglected and disorganised. Despite efforts to repaint the walls, there was ingrained dirt, grubby floors and filthy toilets.
- I.8 The delivery of some of the reception processes lacked empathy for new arrivals. Prisoners were initially asked about whether they had thoughts of self-harm at the front desk in front of other staff. They were not offered a hot drink, and they were located in a cold holding room where they were not observed by staff. There were still no dedicated peer support workers to assist arrivals through their reception and first night, which remained a significant omission.

- I.9** Arrivals were swiftly located to the induction unit, Kingfisher. First night cells were dirty and lacked basic items, such as a kettle and curtains. The toilets were filthy. One cell had a blocked sink and another had only recently been vacated and stank of cigarette smoke. There was no opportunity for new arrivals to shower on the first night. However, they did have a very good private first night interview with an officer on the unit that addressed most potential vulnerabilities. They then saw the nurse and could make a free telephone call. Night staff completed first night checks on new arrivals.
- I.10** The induction booklet contained some useful information but was predominantly negative in tone. The induction took place over the following two weekdays. Although it was disorganised, it met prisoners' needs and was multidisciplinary. There was no presentation from an officer, but education staff, the chaplaincy, substance misuse workers and a careers officer saw all new arrivals. However, other than this, prisoners spent almost all of their time locked up with no regular association. This was mitigated to some extent by a relatively quick relocation to a residential unit with better opportunities for association after three or five days.

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- I.11** In our survey, 42% of prisoners said that they had felt unsafe at Feltham, against 24% at our previous inspection; 24%, against 12%, felt unsafe at the time of the inspection. These concerns were reflected in the increased levels of violence with 36 assaults on staff, 63 assaults on prisoners and 69 fights in the previous six months, compared with four assaults on staff, 38 on prisoners and 50 fights in the six months before the last inspection. Many of the incidents involved multiple perpetrators, although records showed that de-escalation was often prompt and prisoners frequently responded to staff instructions to stop fighting.
- I.12** Despite the rises in violence there had been fewer investigations of incidents, and too often there was no investigation at all. We were told that trade union intervention had stopped the practice of mediation, although some staff were keen to pursue this as it had been an effective tool in managing and preventing violent incidents.
- I.13** The behaviour management strategy had been revised in 2015 but did not adequately address the current causes of violence at Feltham B. Despite the increased levels of violence and the significant intelligence about gang activity, there had been very little consultation with prisoners about these issues or analysis of the patterns of violence. There was some good work on gangs, including support from external police agencies and the development of a local gang database. However, work in this area was disorganised and there was no prison-wide strategy to reduce violence or address the gang issue. (See also paragraphs I.31 and 4.1 and main recommendation S36.)
- I.14** Behaviour management processes were managed by four officers in the antisocial behaviour team (ASBT), overseen by a custodial manager. The team was committed to managing antisocial behaviour and working with prisoners to reduce violence, but team members were too often redeployed to other duties due to staffing shortages. This affected what they could realistically achieve.

- I.15** The ASBT was part of a weekly risk management meeting (RMM) that had oversight of prisoners who displayed challenging behaviour or were deemed to be vulnerable. The meeting was well attended by staff from relevant departments, apart from, critically, the offender management unit (OMU). The monthly safer custody meeting covered both the young people's site at Feltham A and Feltham B. However, key staff from the RMM and ASBT were not regularly involved. Additionally, although the meeting looked at extensive data, there was little evidence of any proper analysis of overarching trends that could lead to more effective action planning. (See main recommendation S36.)
- I.16** The prison was managing a significant number of prisoners with gang affiliations, and many of the individuals discussed at the RMM had some connection to gang-related violence. The ASBT staff had created a gang affiliation database that they used to locate prisoners to the most appropriate units to avoid potential conflict. The RMM developed individual support plans and there was evidence of positive interventions, including one-to-one work with some of the more prolific perpetrators of violence that had enabled the individuals to progress.
- I.17** During the inspection, 13 prisoners were subject to individual support plans, including some on 'keep apart' lists to avoid conflict with others. The RMM had developed various other methods to manage prisoners, which had led to 24 prisoners on differing regimes and 30 subject to the basic level of the incentives and earned privileges (IEP) scheme (see paragraph I.38). Despite the progress with some individuals, the number of individual regimes and unlock protocols too often caused difficulties in providing an adequate regime for all prisoners. Many of the individual regimes were punitive, such as limiting access to showers and telephone, which led to further frustrations among prisoners.

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.18** The number of acts of self-harm had reduced slightly since the last inspection, from 65 to 60 recorded incidents in the previous six months. In the same period, 62 assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had been opened, with nine open at the start of the inspection.
- I.19** The quality of most ACCTs that we examined was reasonably good, although care maps did not always address the full range of issues affecting the prisoner and were not always followed up regularly. Most initial assessments were excellent and the majority of reviews involved staff from a range of disciplines, with good support from the community mental health team. However, night staff were not always clear about their responsibilities for entering a cell if a prisoner had seriously self-harmed during the night. All the prisoners on open ACCTs who we spoke to were complimentary about their care, and there were good examples of comprehensive support.
- I.20** The care suite was sparsely furnished and not adequately prepared for immediate occupation. Not all units had working Samaritans telephones, and some prisoners had been unable to telephone them, usually at night when they were in crisis. This was addressed during our inspection.
- I.21** There was an active group of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) who felt well supported by managers and

the Samaritans but less so by wing staff. They told us, and we found evidence in some ACCT documents, of cases of where a prisoner had asked for a Listener but they had not been called out. A Listener representative attended safeguarding meetings but, critically, they were not involved in reception and induction.

- I.22** The safer custody committee continued to manage all aspects of suicide and self-harm prevention effectively. Monitoring and analysis of data were good, and there was a clear focus on ensuring that prisoners at risk were given appropriate support.

Recommendations

- I.23** **Care maps for prisoners in crisis should address all the issues raised and be updated at each review.**
- I.24** **Listeners should be able to see all prisoners who request them, subject to a risk assessment, and should have a more active role in prisoners' reception and induction.**

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.⁴

- I.25** The prison had a strong relationship with Hounslow Safeguarding Adults Board (LSAB). A member of the senior management team attended the LSAB, and a member of the LSAB attended Feltham safer custody meetings.
- I.26** There was a clear policy on safeguarding processes and referrals, and the prison's arrangements were some of the best we have seen. Although there was not yet HMPPS (Her Majesty's Prison and Probation Service) training in this area, the local authority had trained some key staff in safeguarding procedures. There were five cases under consideration and three investigations under way at the time of our inspection. As not all staff were fully aware of adult safeguarding, there were systems to ensure that all areas where concerns could arise - including adjudications, use of force, complaints and incidents - were comprehensively and regularly monitored.

Recommendation

- I.27** **All staff should be trained in safeguarding adults procedures.**

⁴ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

Security

Expected outcomes:

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

- I.28 The security team continued to work across both sites at Feltham. Physical security procedures were proportionate. However, many of the procedural measures to keep prisoners apart affected their access to a full and decent regime (see paragraph I.17).
- I.29 Flows of intelligence into the security department were good; in the previous six months, 2,254 intelligence reports had been submitted from Feltham B. A small team processed all the reports from across Feltham A and B promptly, but not were acted upon in sufficient time by other departments in the prison.
- I.30 The prison had good links with the Metropolitan police, including the Trident gangs unit, Hounslow police and a counter-terrorism officer. These departments dealt with concerns about outside gangs and extremism, and appropriately interacted with the prison when necessary.
- I.31 The monthly security committee meeting was attended by key staff and chaired by the deputy governor or head of security. The committee discussed an analysis of intelligence from the previous month, and identified security priorities and objectives. However, despite the scrutiny of intelligence, these objectives were not always consistent with the current risks. For example, at the December 2016 meeting, escape and drugs remained the main priorities, even though intelligence reports on these areas had decreased in comparison to gangs and violent incidents, which did not feature. Despite the work on gang management by the antisocial behaviour team (see also paragraphs I.16 and 4.1) and the high levels of violence, there was no coordinated prison-wide strategy, supported by security, to reduce violence. There was no formal system to communicate security objectives to staff to inform and develop the security priorities. (See main recommendation S36.)
- I.32 All area, cell and strip searching – including for new arrivals and prisoners entering the segregation unit – was now based on risk. The searching logs indicted appropriate authorisation.
- I.33 Drug availability was low, but since our last inspection the synthetic cannabinoid ‘spice’ had become a concern. In the previous six months, the random mandatory drug testing (MDT) positive rate averaged only 2.6% against a target of 4.3%, all for cannabis, but five prisoners had tested positive for spice since testing for this had started in summer 2016. The MDT suite was not a decent environment. Prisoners testing positive under MDT were referred to the substance misuse service. There was little suspicion drug testing, and in the past six months only 10% of requests had been met. Supply reduction was discussed at security meetings but there was no detailed action plan to analyse trends and target resources. Finds were mainly for cannabis and spice, and occasionally for illicit alcohol or tobacco.
- I.34 Closed visits were now used appropriately and prisoners were only placed on restrictions for incidents directly related to visits.

Recommendations

- I.35 All departments in the prison should address actions from intelligence reports promptly.**
- I.36 The security committee should set appropriate objectives based on current security intelligence, and these should be effectively communicated to relevant staff.**

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.37** In our survey, significantly fewer prisoners than at our previous inspection (36% against 59%) felt that the incentives scheme encouraged them to change their behaviour. There was no local individualised policy and the prison referred to the national Prison Service instruction for guidance, which might have contributed towards some of the negative perceptions.
- I.38** At the time of the inspection, 8% of prisoners were on the basic regime. However, when combined with the number of prisoners on individual support plans (see paragraph I.17), this figure was double, with effects on the daily regime for a significant group of prisoners – their access to showers and telephones could be just twice a week, which was not acceptable. Reviews of these prisoners were regular, and they were able to progress if they demonstrated improved behaviour.
- I.39** Prisoners on the enhanced level had additional facilities, including association group rooms with extra facilities, and some orderlies on enhanced status could have a small fridge in their cell. However, enhanced association was sometimes curtailed due to staff shortages. The benefits of the IEP scheme were not promoted widely, and most references focused on the negative aspects of behaviour rather than encouragement and aspiration.

Recommendations

- I.40 The prison should develop its own policy for incentives that focuses on positive role modelling and rewarding good behaviour.**
- I.41 The regime for prisoners on basic level should be improved, and all prisoners should have daily association, purposeful activity and access to showers and telephones.**

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.42** The number of adjudications had doubled since the previous inspection and there had been 1,089 in the previous six months, reflecting the increase in violent incidents (see paragraph I.11). Records that we examined showed that adjudications were dealt with appropriately and with reasonable investigation. The adjudicating manager ensured that the prisoner understood what was happening and made them aware of the help available if required. More serious charges were referred to the police or the independent adjudicator.
- I.43** Oversight of adjudications, including the analysis of trends, were included in segregation, monitoring and review group data (see paragraph I.54). Although there was a good selection of data, some key areas had not been addressed. For example, there were over 400 adjudications outstanding, most with the police, with some dating back as far as 2014. While there were now measures to address this – and during the inspection the figure was reduced by a third – many charges, some serious, remained unheard or incomplete.

Recommendation

- I.44 Senior managers should implement and oversee effective tracking of adjourned adjudications to ensure that all charges are heard and concluded within a reasonable timescale.**

The use of force

- I.45** The use of force had increased since our last inspection to 304 incidents in the previous six months and was higher than in similar prisons. Thirty-seven per cent of these incidents involved full restraint of young adults.
- I.46** Body-worn cameras were regularly used to record most incidents. Managers reviewed all use of force incidents within a week and examined all camera coverage. Monitoring and analysis of use of force data were thorough and used to inform practice. All incidents where batons had been drawn or used had been investigated. However, oversight of use of force was marred by too many incidents with insufficient supporting documentation, in particular, officers' individual accounts. This made it difficult to assess if force was always justified, reasonable and used as a last resort. Not all planned incidents had been video recorded. Those that we viewed showed good incident management and excellent de-escalation with some very difficult prisoners.
- I.47** Special accommodation had been used five times in the previous six months, which was too often, and alternative options should be sought for the behaviour management of young adults located at Feltham B.

Recommendations

- 1.48 Use of force reports should be complete and fully justify the need for force.**
(Repeated recommendation 1.49)
- 1.49 Special accommodation should not be used for young adults and be replaced by an alternative method for managing this age group.**

Segregation

- 1.50** The segregation unit remained a shared facility with Feltham A site, which housed the under-18 population. Its use had increased since our previous inspection with 214 young adults segregated in the previous six months, which was higher than similar establishments. This was mostly due to the increase in violence and subsequent adjudications resulting in prisoners placed in segregation on charges of good order or for cellular confinement.
- 1.51** Stays within the unit were relatively short – the longest in the previous month was 11 days. At the time of inspection there were no more than four prisoners in segregation, all young adults, of whom only one was on good order and the remaining were awaiting an adjudication. However, an additional three prisoners had been located in the inpatient unit as a place of safety, as their behaviour was not deemed appropriate to manage on normal location (see paragraph 2.56). The regime for these prisoners was very similar to that of a segregation unit but without the monitoring safeguards.
- 1.52** Prisoners in segregation for good order had regular reviews that focused on their reintegration to the main units. Although all stays had been supported by a relevant health screen assessment, a health services professional was not always present at the good order reviews to speak with the prisoner and advise members of the board appropriately.
- 1.53** The regime in the segregation unit was limited and the environment was sparse. Although the unit had a variety of books and distraction materials, some were not age-specific and were of little use. Prisoners in segregation on good order could shower, exercise and use the telephone daily, with ad hoc access to education by visiting teaching staff. However, prisoners awaiting an adjudication were not permitted to shower or make telephone calls until after their hearing, which could be up to three days; this was totally inappropriate (see recommendation 1.41).
- 1.54** Governance of segregation was through the segregation monitoring and review group, which met monthly. It considered a detailed range of statistics to identify any areas of concern or emerging patterns. However, this meeting was poorly attended – with just two people in October 2016 – which affected the completion of actions to address areas of concern.

Recommendations

- 1.55 An identified health services professional should attend all good order case reviews.**
- 1.56 All key stakeholders or their representatives should attend segregation monitoring meetings so that relevant actions can be identified and addressed.**

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.57** The substance misuse policy and action plan were out of date and had not been informed by a recent needs analysis. Service developments were discussed at quarterly drug and alcohol strategy meetings, and there was good joint working between departments and substance misuse services.
- I.58** J2R (journey to recovery), a partnership between the drugs and alcohol intervention charities Addaction and Rapt, provided a good range of psychosocial support. Induction input included harm reduction information and advice on new psychoactive substances (NPS),⁵ such as 'spice'. Practitioners completed the substance misuse section of the health assessment of new arrivals within their first three days, and interventions were provided according to assessed risk and need.
- I.59** The team engaged with drug and alcohol users as well as suppliers. There was evidence of good quality care planned work, and currently 90 young adults participated in structured one-to-one sessions. J2R also ran a three-week groupwork course that addressed the specific needs of this age group; it had been completed by 99 prisoners in 2016. J2R peer supporters facilitated the groups, and Alcoholics Anonymous and Narcotics Anonymous provided input.
- I.60** Joint working with the clinical substance misuse service, provided by Care UK, had improved. The care of prisoners requiring opiate substitute treatment was planned and coordinated at weekly multi-agency meetings, although there were still no joint clinical reviews. Treatment need was very low and only two patients had been prescribed methadone in the previous six months. There were appropriate expertise, facilities and processes to manage young adults safely, and a consultant in addictions provided weekly clinics.
- I.61** Non-complex cases were treated on the prisoner's unit, and the Wren inpatient unit was now only used following individual risk assessments. In the previous six months, one patient had been admitted for monitoring during methadone detoxification, and another was observed because of possible alcohol withdrawal. Clinical guidelines for the management of NPS had been developed and, if necessary, prisoners under the influence of 'spice' could be admitted to the Wren unit for observation.

Recommendation

- I.62 The drug and alcohol strategy document and accompanying action plan should be updated and informed by a comprehensive needs analysis.**

⁵ New drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

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 Outside areas were litter-free but some parts, including exercise yards, looked neglected. Communal areas on all units were grubby, and some stairwells were very dirty and floors were damaged. Many of the noticeboards displayed out of date information. Association equipment was good and board games were available. Exercise yards had seating and some gym equipment.
- 2.2 Most cells were reasonably clean, and staff confirmed that prisoners could get cleaning materials each week. There was still some graffiti in cells, much of it etched on windows, but we observed some staff challenging prisoners about this. Cells on the induction unit, Kingfisher, were poor compared with other units (see paragraph 1.9). Some prisoners did not have kettles, although this was rectified during the inspection. Cells had adequate furniture but were poorly ventilated, and single cells still did not have toilet screens. Prisoners had daily access to clean clothing and laundries, and bedding was changed weekly.
- 2.3 In our survey, only 21% of prisoners said that their cell call bells were answered within five minutes, and we observed that some were not answered promptly. There was no oversight of cell calls to monitor promptness of responses.
- 2.4 Showers were clean and adequately screened but untidy with clothing strewn about and litter after use during association. Prisoners on any restricted regime had problems accessing showers and telephones, which could be as little as twice a week (see paragraph 1.17). In our survey, only 57% of prisoners said they had a shower daily, against 85% at the last inspection, and 52%, compared with 31%, said they had problems accessing telephones. (See recommendation 1.41.)
- 2.5 Application forms were freely available but there was no tracking system, and in our survey prisoners were negative on all aspects of applications. However, we saw staff responding quickly to requests for matters that could be dealt with on the units.

Recommendations

- 2.6 **All cells should be well ventilated, and all single cells should have adequate toilet privacy screens.**
- 2.7 **Staff should answer cell call bells promptly.**
- 2.8 **Prisoner applications should be tracked and quality assured.**

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.

- 2.9** Staff-prisoner relationships were reasonable and there were some good relationships with specialists, such as nurses and education staff. In our survey, only 53% of prisoners said most staff treated them with respect, compared with 65% at the previous inspection, only 60%, against 72%, said there was a member of staff they could turn to if they had a problem, and only 19%, against 30%, said that a member of staff had checked on them in the previous week.
- 2.10** We observed good and caring interactions between staff and some prisoners with complex needs. However, too many relationships lacked depth and staff remained distant from prisoners during association. Some staff had low expectations of prisoners and made generalisations about their behaviour.
- 2.11** In our survey, only 51% of prisoners said they had a personal officer, against the comparator of 71%. The personal officer scheme was ineffective, and written entries in prisoners' electronic case notes were sparse and irregular. When entries were made they were often negative and failed to demonstrate any efforts to motivate prisoners to progress. Infrequent management checks on entries did not always address these issues.
- 2.12** There was no prisoner council and little formal consultation with prisoners, leaving few opportunities to discuss general matters and suggest improvements.

Recommendations

- 2.13** **The prison should give a high priority to developing positive staff-prisoner relationships and ensure these are appropriate to the age and maturity of the population.**
- 2.14** **Prisoners should have the opportunity to discuss matters through formal consultation.**

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 characteristic⁶ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

Strategic management

- 2.15** The strategic management of equality work was satisfactory, but provision was undermined by the redeployment of equality staff. The governor took the lead in the work, which showed his commitment to this work. The establishment had also gained accreditation in Leaders in Diversity from the National Centre for Diversity. There were management leads for each protected characteristic. Some were active and undertook meaningful work, but others were much less so. The equality policy was good but some key elements were not implemented effectively, and action planning was limited.
- 2.16** The governor chaired the monthly equality action team (EAT) meeting, which did some good work to advance equality but did not focus enough on structural weaknesses, such as the lack of consultation forums. A prisoner representative had attended three of the last four meetings, and had an opportunity to contribute. The prisoners who had attended told us they felt their contribution was valued and acted on. There was monthly monitoring of the treatment of most protected groups, but not for Muslim or foreign national prisoners. Data was presented to and discussed at the EAT meeting; it showed no consistent differences in treatment of particular groups of prisoners in the activities measured.
- 2.17** The equality team included a full-time equality manager and a full-time equality officer, but the latter was regular redeployed and only worked about one day a week in the department. This was undermining some provision; for example, the officer had not been able to hold monthly consultation forums on any unit in the previous six months. Most units had a prisoner equality representative, and those we spoke to felt well supported by the team.
- 2.18** The Zahid Mubarek Trust (ZMT) attended most EAT meetings and also provided independent scrutiny of responses to discrimination incident reporting forms (DIRFs). The DIRF log did not adequately distinguish between Feltham A and Feltham B in the complaints made, although about 41 had been submitted in Feltham B in the previous six months. Investigations were usually thorough and evidenced some challenge of discriminatory and offensive behaviour, but there were no further dedicated interventions to address such behaviour.
- 2.19** Apart from the ZMT, there was limited engagement with outside support groups. Staff redeployment meant that the equality team was not organising as many cultural celebrations as before. However, for prisoners attending education, equality themes were embedded in the syllabus. Each young adult received an excellent monthly equality newsletter that promoted diversity and the work of the team.

⁶ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Recommendations

- 2.20** The prison should identify and address the needs of all groups with protected characteristics, provide regular forums for each group, and promote all aspects of equality and diversity. (Repeated recommendation 2.22)
- 2.21** The treatment of prisoners in all protected groups should be monitored.

Protected characteristics

- 2.22** Feltham B held a much higher proportion of black and minority ethnic prisoners than we see in similar prisons, with 73% from such a background. In our survey, their responses were similar to white prisoners on most questions, but they were more negative on their interactions with staff and on safety. The absence of forums left the prison poorly placed to understand our survey results, although equality monitoring data suggested no consistent differential treatment of this group.
- 2.23** In our survey, around 3% of prisoners said they were from a Gypsy, Romany or Traveller background, suggesting a population of about 11, but the prison was only aware of two individuals. The chaplaincy no longer facilitated a support group for these prisoners, who had little dedicated provision.
- 2.24** A high proportion of prisoners were Muslim, 41%, which was also much higher than we see in similar prisons. In our survey, the responses of Muslim prisoners were broadly similar to those of non-Muslims. However, there was no separate monitoring of the treatment of this group and no consultation with them (see recommendations 2.22 and 2.23).
- 2.25** There were 66 foreign national prisoners. We saw evidence of the use of professional interpreting services for the very few who did not speak English. The treatment of foreign national prisoners was not monitored, although in our survey their experiences were similar to those of British respondents. There was some translated information for foreign national prisoners, but this was out of date, as was the foreign nationals policy. Home Office staff held weekly surgeries, but this was no substitute for independent legal advice; some prisoners had little professional support with complex legal proceedings, while others were paying substantial fees for advice. However, the day-to-day support for this group provided by offender supervisors was better than we usually see. The team was also very well informed about trafficking issues. The chaplaincy ran support groups for the larger nationality groups in the prison, but not for others.
- 2.26** Four detainees were held under immigration powers after they had served their sentence. The longest detention was for two months and we were told that detention rarely extended beyond this. Offender supervisors were active in warning young adults if they might be detained and worked well with Home Office staff to encourage prompt decision making. However, the Home Office often only decided to detain a young adult shortly before their release date.
- 2.27** There was good identification of prisoners with disabilities, and the prison had records of 54 such prisoners. Most had conditions such as dyslexia and attention deficit hyperactivity disorder (ADHD). There was some good support for prisoners in this group, particularly from health staff. The prison had recently been accredited by the National Autistic Society in autism awareness, from prisoners' admission to discharge, the first prison to gain accreditation, and there had been awareness training for staff in both autism and dyslexia. However, we found that residential staff had insufficient knowledge of the needs of the young adults with disabilities in their care, and none had an individual care plan. It was

striking that in our survey, 47% of prisoners with disabilities felt unsafe compared with 21% of those without.

- 2.28** The prison had identified four young adults as gay or bisexual. There was limited engagement with outside support agencies for this group and the West London Gay Men's Project no longer visited. However, we saw evidence of some good one-to-one support for young adults in this group. Although there was no longer a support group, the equality team told us that the prisoners concerned did not want one. There was some evidence that homophobic behaviour was being challenged effectively, but this did not appear to happen in every case. The education department offered themed activities for LGBT history month.

Recommendation

- 2.29 Prisoners with disabilities should be readily identifiable to unit staff and, where necessary, should have unit care plans to assist staff meet their needs.**

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.

- 2.30** Faith provision was generally satisfactory. In our survey, 61% of young adults said their religious beliefs were respected, against the comparator of 49%. Prisoners we spoke to valued the support they received from chaplaincy staff.
- 2.31** Prisoner attendance at services was generally good, but those on the 'keep apart' list were excluded from attending, with no assessment of their risks. However, a chaplain saw such prisoners separately.
- 2.32** Apart from the world faith room, which required refurbishment, worship facilities, including the mosque, were very good. There had been good arrangements for the observance of Ramadan.
- 2.33** There were faith-based classes for Muslim and Catholic prisoners but none for those who were Anglican or Free Church. The chaplaincy facilitated support groups for some foreign national prisoners, which we do not often see. Pastoral support was strong and, despite some staff shortages during our inspection, chaplains were visible on the units. However, while the team saw all young adults on assessment, care in custody and teamwork (ACCT) case management weekly, they were rarely invited to attend ACCT reviews. There were good links with faith groups in the community. The prison worked well with the Feltham Community Chaplaincy Trust, which provided a through-the-gate mentoring service to large numbers of young adults.

Recommendations

- 2.34 Prisoners on the 'keep apart' list should only be excluded from corporate worship following a robust risk assessment.** (Repeated recommendation 2.37)
- 2.35 Faith-based classes should be provided to prisoners of all faiths.**

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.

- 2.36** In our survey, only 18% of prisoners said complaints were dealt with quickly, against 35% at the last inspection. However, the majority of complaints we looked at received a prompt, relevant and polite answer, and the complaints clerk issued interim responses where necessary to keep the prisoner informed.
- 2.37** Prisoners had submitted 643 complaints in the previous six months, an increase from 535 at our previous inspection. However, there was still insufficient data analysis to identify trends, understand the reasons for the increases and learn lessons. There was scant evidence of action to address unfair treatment highlighted in complaints. Complaints about staff were now investigated reasonably well, and confidential complaints were referred to the governor in the first instance. The quality assurance process, with the business hub manager checking a random sample, was inconsistent and not yet embedded.

Recommendation

- 2.38** **Complaints should be regularly analysed to identify trends and address any unfair treatment.**

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.

- 2.39** Prisoners who had been recalled were informed, usually by offender supervisors or offender managers, about the reasons for this and the consequences for their sentence. Licence conditions were clearly explained and prisoners checked to understand the implications of these. Prisoners were given a range of written information and had access to a laptop so that they could seek independent advice. Leaflets around the prison promoted a range of legal contacts, including the Criminal Case Review Commission. There was limited information about child care proceedings, although there was good support on these issues from the offender management unit (OMU).
- 2.40** Legal visits were held in a separate area with sufficient private interview spaces, and legal representatives said that they could book visits reasonably quickly.

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.

- 2.41** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁷ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found no breaches of the relevant regulations.

Governance arrangements

- 2.42** Care UK provided health services and subcontracted mental health services to Barnet, Enfield and Haringey Mental Health Trust. The service was being re-commissioned in 2017 for a new contract from April 2018. Partnership working between providers was excellent, and joint working with the prison and commissioners was good. The partnership board had not met since May 2016 and was being reconvened, but there were appropriate alternate joint meetings. Service delivery was based on a current needs assessment and learning from audits and complaints.
- 2.43** Governance systems were robust and risk management was exemplary. Separate weekly health meetings by the administration, primary care, mental health, inpatients, manager and pharmacy teams identified risk and performance management issues, and generated regularly reviewed action plans that addressed issues promptly.
- 2.44** The health team had a good skill mix and strong team working, and senior clinical managers provided excellent leadership. Recruitment and retention of mental health nurses were problems, although vacancies were filled with regular agency staff, which provided consistency. Health staff access to supervision, relevant policies, performance reviews and training, including resuscitation skills, was very good. The health staff interactions with prisoners that we observed were very good. Clinical records were mostly excellent and included pertinent care plans.
- 2.45** The main health department, which served both Feltham sites, had adequate clinical space and an impressive main waiting area, but was underused because of the prison unlock regimes. A clinical room on Kingfisher was used for some consultations. Clinical rooms were clean, but many still had fittings that did not comply with infection control standards. Staff from some services, including smoking cessation and mental health, saw prisoners on their units, although insufficient appropriate rooms and unlock issues restricted access.
- 2.46** Health staff were always on site and there was emergency equipment, regularly checked, in clinical areas across the prison. The prison was developing its emergency first aid cover, but it was currently still inadequate – only 15% of operational staff (53 out of 359) had been trained in first aid, and there was no system to ensure first aid trained prison staff were always on duty. Most staff did not know where the newly installed defibrillators were or how to use them, although training was planned. Ambulances were not called immediately in a medical emergency, which could affect prisoner outcomes.

⁷ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.47** Prisoners were mostly positive about the health provision, reporting relatively short waiting times and respectful treatment. There were regular prisoner satisfaction questionnaires and the mental health team was completing some focused engagement, but prisoner consultation remained underdeveloped overall. Prisoners could now complain easily through a separate confidential medical system. The responses we sampled were prompt, courteous and addressed the issues raised.
- 2.48** There was still no clear prison-wide strategic approach to health promotion, although health staff provided regular health awareness sessions across the prison, including mental health and sexual health. Immunisations were well promoted and administered promptly. Sexual health services were comprehensive and included a part-time sexual health outreach worker. Smoking cessation services included some innovative incentives to encourage continued engagement. Barrier protection was available but was not advertised, and health staff we spoke to were not clear on the policy.

Recommendations

- 2.49** **All clinical environments should comply with infection control standards.**
(Repeated recommendation 2.50)
- 2.50** **Sufficient prison officers should be trained in first aid, including use of defibrillators, and ambulances should be called immediately in a medical emergency to ensure a safe response at all times.**
- 2.51** **There should be an integrated prison-wide strategic approach to promote health and well-being, including condom provision.**

Good practice

- 2.52** *Robust weekly meetings involving the whole health team contributed to a prompt and effective approach to risk and performance management.*

Delivery of care (physical health)

- 2.53** Nurses assessed the immediate health needs of new arrivals on Kingfisher, although this was sometimes delayed due to a restricted regime and staff shortages. A secondary assessment was completed the next day. Appropriate referrals were made. A psychology assistant assessed all new arrivals within 10 days for needs due to learning disability, previous brain injuries and communication, and linked those with such needs into the neurodisability care pathway, which was good practice.
- 2.54** Health staff collected prisoners' confidential health applications daily, delivered appointments slips to them and followed up all non-attendance, which ensured good attendance. Most primary care services were provided in house except for podiatry and physiotherapy, which required referral to the hospital. Waiting times for all services were short. Nurses triaged all prisoners who requested a GP appointment, but this was normally done in their cell without access to their clinical notes, which reduced its effectiveness and confidentiality. Dedicated officers collected prisoners for their appointments in the main health care centre, which ensured clinics ran effectively despite the complex unlock processes.
- 2.55** A GP was on site daily. Out-of-hours GP support was still by telephone only, although they could access SystemOne records, which supported more effective assessments. Prisoners

with urgent health needs, including injuries, were seen promptly. The management of patients with lifelong conditions or complex health needs was good.

- 2.56** The inpatient unit had relocated to a smaller 10-bed facility on the Wren unit. It accepted patients from Feltham A and B and from other juvenile establishments, mostly for mental health support. The unit was resourced to provide a good therapeutic regime, including 24-hour mental health nurse cover and daily groups. However, the prison continued to locate prisoners there with significant behavioural management issues, which severely disrupted the regime and therapeutic function of the unit (see paragraph 1.51). Consequently, staff reported, and we observed, that patients did not receive the input they needed and spent excessive periods in their cells. During the inspection, the unit housed four patients and two prisoners, of whom five were 18 or over. Multidisciplinary input from other health teams was good.
- 2.57** Prisoners had good access to external hospital appointments. Appointments were well managed and monitored effectively, and appropriate remedial action was taken when problems developed.

Recommendation

- 2.58 Prisoners should not be located on the inpatient unit for operational reasons.**

Good practice

- 2.59** *All new arrivals had neurodisability needs identified promptly and received any necessary specialist input, which was likely to improve their long-term functioning.*

Pharmacy

- 2.60** Medicines were supplied promptly from the in-house pharmacy and stored appropriately. Prisoners could see a pharmacist if required. A pharmacy technician did smoking cessation and the pharmacist was starting an asthma clinic.
- 2.61** Medicines were prescribed and administered on SystmOne (the clinical IT system). Prisoners received them in possession following a regularly reviewed risk assessment, although those in shared cells still did not have secure storage. Prisoners could receive insulin in possession, but always had a single cell.
- 2.62** The administration of controlled drugs from the Wren unit was well supervised and safe. Systems to manage the refusal of medication were appropriate. All other medications were administered on the units up to four times a day at 7.45am, 11.30am, 4.30pm and 6pm. We were concerned that the very short gap between the last two doses made these medicines less effective and potentially harmful. A nurse accompanied by an officer carried medication in a locked box to the cell of each prisoner receiving it. Administering medication in this way carried many risks, including inadequate confidentiality, theft and drug errors, as well as taking a long time. The medication was also administered against a paper chart and transcribed on to SystmOne on return, which made the administration time recorded on SystmOne inaccurate, and in several cases we saw, it indicated incorrectly that two doses were given simultaneously. This recording issue was addressed when we highlighted it to managers during the inspection.

- 2.63** The range of medicines nurses could administer without a prescription remained too limited, which created delays while a prescription was generated. Relevant effectively monitored emergency stock was available. Controlled drugs were well managed. Refrigerator temperatures, drugs alerts and incidents were managed correctly, and the range of policies, procedures and prescribing guidance was appropriate. Governance was good and included clinical audits, robust monitoring of prescribing trends and regular effective medicines management committee meetings.

Recommendation

- 2.64 Medicines should be administered to the required professional standards in a safe environment giving prisoners privacy at clinically appropriate times. Prisoners in shared cells should have secure storage for their in-possession medicines.**

Dentistry

- 2.65** An independent dentist provided the full range of dental services at three sessions a week. Oral health promotion was good, including a DVD that prisoners could watch from the dental chair. Appointments were allocated on clinical need and waiting times were short. Arrangements for emergencies were appropriate. The dentist made records on a specialist dental recording system, which meant they were not accessible on SystmOne; this affected continuity of care when prisoners transferred to other prisons.
- 2.66** The dental room was small but adequate; the flooring had been repaired, and infection control and decontamination processes were appropriate. All equipment was correctly maintained, although required actions from the 2016 radiation inspection remained outstanding.

Recommendation

- 2.67 A summary of dental care should be recorded on SystmOne.**

Delivery of care (mental health)

- 2.68** In our survey, many more prisoners than last time, 31% against 16%, said they had mental health problems, and 52% of these said that they were being supported. The community mental health team (CMHT) worked effectively with other prison departments. The prison had achieved national autism accreditation from the National Autistic Society, which was impressive (see paragraph 2.27). Officers had received autism awareness training, but few had attended mental health awareness training.
- 2.69** The CMHT remained very well resourced with an excellent skill mix. Speech, language and communication therapists supported prisoners with communication needs to improve their social functioning. Prisoners had prompt access to a psychiatrist through a full-time staff grade psychiatrist and specialist visiting consultants. The prison commissioned a specialist local youth service to provide counselling services. A mental health nurse was on site daily. A psychology assistant visited all prisoners who had been assaulted to offer them individual support to manage the associated psychological trauma. A group intervention for prisoners on the segregation unit was reintroduced during the inspection after a six-month gap. The service was part of the Royal College of Psychiatrists quality network for prison mental health services, and was using its peer review to improve the provision.

- 2.70** Around 36 prisoners a month were referred through the open referral system. New referrals were triaged daily and seen promptly, based on clinical needs. A team member attended all ACCT reviews. Apart from the inpatient unit, group meetings had lapsed as the unlock issues made them untenable. At the time of the inspection, the team was supporting 59 patients with varied mental health needs. The records we examined showed excellent support. Consent, capacity and decisions made in the best interests of patients who lacked capacity were recorded appropriately.
- 2.71** Despite the CMHT's strenuous efforts, some patients continued to experience excessive delays for transfer under the Mental Health Act, due to external factors. The three patients transferred in 2016 had waited between 22 and 139 days.

Recommendations

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

Good practice

- 2.74** *The well-resourced mental health team provided an impressive range of timely and age-appropriate mental health support, which contributed to good outcomes for prisoners.*

Social care

- 2.75** No prisoner had received a package of social care since the Care Act was implemented in April 2015. Despite strong links with the local authority, the prison had only been embedding a clear well-understood approach to social care since November 2016. A local policy was in advanced development. Literature about the Care Act and self-referral were not accessible. Social care needs were identified through several routes. The prison had an agreement with the local authority and social workers had assessed two prisoners.

Recommendation

- 2.76 Prisoners with social care needs should have these identified and met promptly, and prisoners should be able to self-refer for a social care assessment.**

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.

- 2.77** Although in our survey only 19% of prisoners thought the food was good, those we spoke to were more positive. Young adults benefited from sharing a specially devised healthy menu with the neighbouring children's site. The food we tasted was reasonably good and meal portions were sufficient. The weekday lunch consisted of a baguette and dinner a hot meal, and this was swapped round at weekends. However, the breakfast was inadequate. Prisoners received a breakfast pack, usually on the same morning but sometimes the night before, which was insufficient for this age group, even with the addition of two small cereal bars. We saw young adults supplementing meals with bread to make up for this deficiency.
- 2.78** Servery queues were very closely managed. Servery equipment was coated in grease and the areas were poorly managed, with food left out in trolleys overnight. Due to the restrictions on the regime, young adults could not dine communally, which was a missed opportunity. Instead, they ate in their cell next to an unscreened toilet. The limited supply of kettles meant many could not make a hot drink.
- 2.79** The catering manager consulted prisoners through twice-yearly surveys, which got a good response rate. The young adults who worked in the kitchen could work towards qualifications, and those we spoke to were motivated and engaged.

Recommendations

- 2.80 Breakfast should be large enough for a young adult.**
- 2.81 Serveries should be cleaned after every meal and food should not be left out overnight.**
- 2.82 Prisoners should be able to dine communally.**

Purchases

Expected outcomes:

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

- 2.83** In our survey, only 17% of prisoners said that the prison shop sold a wide enough range of goods, against the comparator of 47%. Young adults were unable to buy tinned goods, which frustrated them and deprived them of healthy options, such as tuna. This ban was supposedly due to long-standing concerns about potential weapons, but we were not provided with any supporting evidence.
- 2.84** New arrivals had to wait up to 10 days for their first shop order, and were unable to buy canteen packs or tobacco in reception, which risked them getting into debt.
- 2.85** Prisoners could now shop from catalogues. There was no administration fee and delivery charges were shared fairly. However, there were sometimes delays of several weeks

between the debit from the prisoner's account and delivery of goods, which contributed to tension on units. Consultation on the shop list was very new and underdeveloped.

Recommendations

- 2.86 Prisoners should be able to place a shop order within 24 hours of their arrival.**
- 2.87 Decisions to remove items from the prison shop list should be regularly reviewed.**
- 2.88 There should be regular consultation with prisoners to ensure that the range of goods on the shop list meets their diverse needs.**

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.⁸

- 3.1** The prison's written core day offered the potential for up to 8.75 hours a day out of cell. In reality, some of the many regime restrictions meant that too many prisoners were locked up for over 22 hours a day, which was unacceptable for this age group. Staffing shortages had led to 15 regime cancellations in the previous six weeks, further reducing opportunities for young adults to attend constructive activities. Evening association was prioritised for those in full-time work.
- 3.2** During our roll checks, we found over 30% of prisoners locked in their cells during the core day, which was too many, and prisoners had only half an hour a day for time in the open air. (See main recommendation S37.)

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.

- 3.3** *Ofsted⁹ made the following assessments about the learning and skills and work provision:*

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

⁸ 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.

⁹ 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>.

Management of learning and skills and work

- 3.4** The management of learning, skills and work required improvement. Prison senior managers had continued to focus on developing prisoners' employability skills, and, following our previous main recommendation, the prison now provided a range of vocational training to enable prisoners to gain these. However, managers had made slow progress in improving prisoners' low achievements in English and mathematics. Too many education, training and work sessions were cancelled or closed due to staff absences. The education and training provision by Novus required improvement.
- 3.5** Prison senior managers generally managed prisoner allocation to activities well. However, staff did not always ensure that all were informed of the reasons why they were not allocated to a specific activity, and prisoners commented that they were frustrated by the lack of information. Regime restrictions affected punctuality at activities; although most prisoners arrived on time, a minority arrived up to 15 minutes late. Attendance at English and mathematics sessions was low, and the majority of prisoners who started courses did not complete them. Attendance in vocational training sessions was good.
- 3.6** Senior managers continued to have strong links with community groups and support agencies. London universities supported prisoners successfully with higher level learning, and a few prisoners were following courses.
- 3.7** Managers used observations of teaching and learning sessions well to identify positive aspects of teaching practice and areas for improvement. But the quality of teaching and learning required further improvement. Self-assessment was well established and the judgements were reasonably accurate. Prison managers had identified the key strengths and areas for improvement, which accorded with those we found. Prison managers recognised that there had been too slow progress in some areas, such as the effective use of individual learning plans and the provision of learning support.

Recommendations

- 3.8 The prison's regimes should be managed more effectively to give prisoners better access to learning and skills and work to meet their assessed needs fully.**
- 3.9 There should be an effective process for allocation to activities that is understood fully by prisoners and meets their resettlement needs.**
- 3.10 The session observation process should focus on the impact of teaching and learning on prisoners, and raise further the quality of teaching and learning.**

Provision of activities

- 3.11** Senior prison managers had increased the number of activity places and provided at least enough part-time occupation for the whole population. Approximately two-thirds of places were full time and the rest part time. The education provision was primarily part time, and timetables ensured that there were enough places for prisoners who needed to be kept apart. Approximately two-thirds of prisoners were engaged in an activity. Of the rest who remained on their units and unoccupied, around 10% were unemployed.
- 3.12** Prisoners' induction into purposeful activity was well planned and effective, and they engaged well. However, staff relied on prisoners identifying their own learning support needs and there was no specialist analysis to confirm the extent or reality of these, and no specialist

support strategies had been identified. This issue had been recognised by prison managers and there were plans to improve assessment.

- 3.13** Novus provided approximately 80 education places and courses, including English, mathematics, English for speakers of other languages (ESOL), graphic design, barbering, horticulture and radio production. Managers had increased the range of vocational training and there were now approximately 60 vocational training places. These included brickwork, painting and decorating, catering, barista training, Prisons Information Communication Technology Academy training and PE courses. Most provision offered qualifications up to level 2. At the time of inspection, no qualifications were available in recycling or laundry work. Industrial cleaning courses had been suspended due to staff vacancies, but were due to re-start. Approximately 15 prisoners were on Open University and distance learning programmes.

Recommendation

- 3.14 The prison should ensure that all prisoners' learning needs are properly assessed at induction, and specialist learning support is identified, structured and monitored to ensure that prisoners' needs are met fully.**

Quality of provision

- 3.15** The quality of teaching, learning and assessment had improved in some areas since the previous inspection. However, the quality was too variable. In the best more practically-based learning sessions, learning was well planned, tutors used a wide range of teaching methods and prisoners made good progress. However, in a few classroom learning sessions, the wide range of prisoners' skills and abilities hindered learning, and the more able were not challenged sufficiently to make better progress in developing their skills. Not all tutors in education classes provided sessions that were interesting or inspiring, or clearly showed how the subjects related to the real world of work or the development of employability skills. Tutors corrected most learners' spelling and grammar errors, but did not always identify how they could further improve their English skills.
- 3.16** The quality of teaching, learning and assessment in vocational training was particularly effective, and individual coaching enabled prisoners to develop their skills at a good pace. In some training sessions, peer mentors provided effective support for tutors and prisoners, but these arrangements were informal. Staff did not recognise or record non-accredited skills that prisoners developed in work areas.
- 3.17** Tutors and trainers used individual learning plans inconsistently to plan learning and support and help prisoners identify improvement targets. Tutors frequently set targets for the group generally rather than for the individual. There had not been enough progress to improve the use of individual learning plans.
- 3.18** Staff from the volunteer-supported education unit supported prisoners well in education and vocational training, and helped them develop their English and mathematics skills and put these into the context of work and life. However, support for prisoners on the units was insufficiently developed. Although education managers had started to improve the amount and quality of support for prisoners with additional learning support needs, they had recognised that further improvement was needed and had plans to develop this.

Recommendations

- 3.19** The standard of teaching and learning in education and vocational training should be raised further to ensure that all prisoners make good progress throughout their learning and achieve their learning aim.
- 3.20** Individual learning plans should include personalised and challenging targets to help prisoners make better progress. (Repeated recommendation 3.24)
- 3.21** The prison should increase the amount of support for prisoners with additional learning needs, particularly in English and mathematics, to ensure that they achieve.

Personal development and behaviour

- 3.22** Many prisoners were keen to attend education and training sessions but were prevented from accessing them because of the restricted regime and cancellations of sessions. In our survey, while 39% of prisoners said that they were involved in education compared with 29% at the previous inspection, this was still low.
- 3.23** Many prisoners showed a respectful attitude to the prison, teaching and training staff and each other, and the vast majority behaved well. Standards of work were appropriate, with prisoners in music technology, catering, barbering and brickwork working to a particularly good standard and taking pride in their work.
- 3.24** Prisoner attendance was good in vocational training but low in education sessions. Punctuality was variable and depended on regimes management and the need to keep some prisoners apart from each other. Careers guidance was effective. Advice and guidance were good for prisoners who wanted to progress to higher learning and make well-informed choices about their next steps in learning or work.

Education and vocational achievements

- 3.25** Prisoners' achievements of English and mathematics full functional skills qualifications were inadequate, and too few achieved the qualifications they worked for at levels 1 and 2. In the previous year, Novus had moved from a portfolio-based to examination-based qualification and outcomes had remained low. However, recent data showed signs of improvement in prisoners' participation and achievements, and most passed at their first attempt, although it was too soon to measure the full impact of the change.
- 3.26** Prisoners' achievements on vocational courses were much better, and good on most courses; achievements on PE sports programmes were particularly impressive (see paragraph 3.35). The majority of prisoners who started on courses completed them and achieved their qualification. The prison was able to retain prisoners who had started full-time courses, which enabled them to finish and achieve. However, too many prisoners did not complete education courses for a variety of reasons – such as changing to other courses, gang-related issues, transfers to other establishments or release.
- 3.27** Equality data showed that the achievements of prisoners from a Bangladeshi background had improved since the previous inspection, but they remained below those of white British prisoners and other ethnic groups, who achieved equally well overall.

Recommendations

- 3.28** Managers should ensure that all prisoners who start on courses complete and achieve their learning aim.
- 3.29** Prisoner achievement of full functional skills in mathematics and English at levels 1 and 2 should improve significantly.

Library

- 3.30** The large and spacious library was run by Carillion. It was now increasingly well used by confident and less confident readers alike, and had been reorganised to make it conducive for prisoners on the autistic spectrum. The library stocked a wide range of fiction and non-fiction, graphic novels, DVDs, English and foreign newspapers, magazines, careers information and Prison Service orders. Titles spanning 37 languages were available to the many prisoners whose first language was not English. Book loss was low, at 3%. Library managers did not have reliable data on the number of loans each month.
- 3.31** Two orderlies provided good support to library staff and prisoners. Although they did not gain a qualification, they learned valuable administrative and customer service skills. A popular mobile library service visited the units twice a week and the workshops weekly.
- 3.32** Library data indicated an average of around 1,000 prisoner visits to the library for half an hour each month, primarily as part of their education sessions. However, the data were not sufficient to demonstrate equality of access. The library held a range of visits by speakers, competitions and promotions to encourage reading throughout the year, although the Shannon Trust reading scheme was not available at the time of inspection.

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.

- 3.33** The physical education provision continued to be good. It was well run and had very good links with external leisure centres and community groups. Staff were well qualified, although none were trained to support prisoners with remedial treatment needs. Staff provided good support with smoking cessation and healthy lifestyle programmes.
- 3.34** The PE induction programme was comprehensive and inclusive. Prisoners had satisfactory access to the gym, and orderlies were used well to support prisoners and PE staff. The PE resources included a spacious sports hall and a wide range of cardiovascular equipment. The range of activities was very good and included circuit training, rugby, football and cricket. Showers were clean and well maintained, and gym kit and towels were readily available. PE staff collected data on use of the facilities but did not analyse these sufficiently to determine how many or which prisoners used them.
- 3.35** Prisoner achievements of qualifications delivered by gym staff were good, and the prison continued to offer courses that provided prisoners with good employability skills. Staff had developed exceptionally good links with local professional rugby and football club community action teams. Members of these teams supported the training and development of prisoners' sporting skills, achievements of qualifications - including functional skills in English and mathematics - and progression into work or further training.

Recommendations

- 3.36** There should be sufficient trained and qualified staff to provide remedial treatment to prisoners.
- 3.37** PE staff should analyse data on the use of PE facilities to determine the number of prisoners using them and ensure equality of access.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

- 4.1 The reducing reoffending policy had been reviewed and covered both A and B sites. The policy focused on resettlement needs, but did not give the same attention and priority to offending behaviour work, and did not adequately cover how to address the behaviour of gang-associated and affiliated prisoners. There had been some work to manage gang issues but no prison-wide strategy to tackle these in a coordinated way. (See paragraphs 1.16 and 1.31 and main recommendations S36 and S40).
- 4.2 There had been no prisoner needs analysis, which had limited the prison's ability to fully understand the wide-ranging and changing needs of its population. A recent needs questionnaire produced by the London community rehabilitation company (CRC)¹⁰ focused mainly on practical resettlement needs. The offender management unit (OMU) had added some questions about offending and gang membership, but it was unlikely that prisoners would choose to respond to these. The backlog of OASys (offender assessment system) assessments also meant that any needs data collected through prisoner self-assessment could not be reliably cross-referenced with an independent assessment of offending and risk. (See main recommendation S40.)
- 4.3 The monthly reducing reoffending meetings were well attended, although the work of the OMU was considered only in relation to the OASys backlog, which at the time of the inspection affected 56% of all prisoners. The backlog had reduced recently with plans to reduce this further, but over half of prison population had no current assessment.
- 4.4 The prison had good links with the London CRC (Catch 22 had been subcontracted by MTCnovo) to provide through-the-gate services. The CRC was delivering resettlement plans for young adults and signposted them to services to help on release. Although the role and work of the CRC were well understood by the OMU and other resettlement providers, and despite good communication between offender supervisors and other departments, some departments continued to work in isolation of each other. For example, the lack of coordination between the antisocial behaviour team and the OMU meant that intelligence gathered about gang links was not routinely shared to inform OMU risk assessments. (See main recommendation S36.)

¹⁰ Since May 2015 rehabilitation services, both in custody and after release, have been organised through CRCs which are responsible for work with medium- and low-risk offenders. The national probation service has maintained responsibility for high- and very high-risk offenders.

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.

- 4.5** Since the last inspection, the staffing of the OMU had changed. Four uniformed offender supervisors were nominated as full time, while an additional six uniformed staff had a split role of offender supervisor and wing officer - in effect, they were based on the wings, which limited their offender supervisor role. Despite efforts by the prison, there were still no National Probation Service staff in the OMU. This was a significant gap, and meant that uniformed offender supervisors with little specialist training, rather than qualified and experienced probation staff, were responsible for all the high and very high risk of harm cases. In addition, when uniformed offender supervisors could not identify who the community offender manager was, the absence of probation staff made it very difficult to identify and resolve issues of poor communication when they arose. (See recommendation 4.22.)
- 4.6** We looked in detail at 21 cases that were a mix of prisoners in scope for offender management (serving more than 12 months and considered to pose a high or very high risk of harm) and those out of scope. We looked at a further 15 cases, in less detail, of prisoners due to be released within the following fortnight. We also spoke with several of these prisoners, as well as others whose cases were not specifically reviewed.
- 4.7** An offender supervisor was allocated to all prisoners who were sentenced, although in practice they had mainly incidental contact. The staff shortage in the OMU meant it had to prioritise the young adults that it was possible to assess and work with. These were prisoners who were eligible for multi-agency public protection arrangements (MAPPA), those nearing the end of their sentence, and those who needed an OASys assessment for release on temporary licence (ROTL) or to attend an accredited programme.
- 4.8** The number of prisoners without an OASys had not reduced since the last inspection. In December 2016, 352 prisoners were eligible to have a current OASys assessment; 82 should have been completed by the probation service and 270 by the prison. The backlog for the probation service was 27 (33%) and for the prison was 172 (64%), averaging 56%. The backlog continued in part due to the number of prisoners who arrived without a basic custody screening or completed OASys.
- 4.9** The quality of OASys assessments and sentence plans was variable and, given the high level of violence in the prison, did not always specifically consider the impact of gangs on individuals or the type of any violent behaviour. Prisoner maturity was also rarely considered, when it could have been informative to offending behaviour work. In a small number of cases, the basic risk screening had not been completed by the probation service or prison. There was an insufficient risk of harm assessment, and in too many cases information used to complete assessments was simply drawn from interviews with prisoners and not otherwise verified. Too many sentence plan targets focused on prison behaviour (such as 'achieve IEP') rather than addressing offending behaviour.
- 4.10** Offender supervisor contact with prisoners was also variable. While there were some excellent examples of casework, in many others contact was limited or only at the end of the sentence. OMU surgeries had begun on wings, which were a good initiative and had helped respond to prisoner queries, but these sometimes had to be cancelled due to cross-deployment of offender supervisors. In our survey, only 40% of young adults said they had a

sentence plan, well below the comparator of 68%. Prisoners we spoke to were unaware of the contents of their plans, and the CRC did not give them copies.

- 4.11 All of the 54 known high and very high risk of serious harm prisoners were allocated to offender supervisors, who were persistent in their work to engage with offender managers in the community to plan and prepare these prisoners for release. In some cases, tracking who the offender manager was and contacting them was difficult, which affected early release planning and targeting some young adults for ROTL and programmes. Offender supervisors received supervision, and management oversight on some cases was effective. However as just over half of the prison population had no current assessment (see paragraph 4.3), the prison could not be assured that all risks and needs were known, including cases where there was a risk to staff and prisoners.
- 4.12 Case administrators experienced delays in accessing relevant electronic data, which affected the provision of basic information, such as pre-sentence reports and the details of allocated offender supervisors; this further delayed assessments.
- 4.13 Prisoners thought to pose a medium or low risk of harm were not assessed until close to their release, or if they were applying for ROTL. This meant that the prison could not always identify some prisoners who needed offending behaviour work or those who posed a potential risk of serious harm to others, including those whose risk was escalating.
- 4.14 In our survey, prisoner perception of resettlement was more negative than at the previous inspection and the comparator - 65% said that they had no contact with their offender manager, against the 40% comparator, and only 61% said they had an offender supervisor against the 80% comparator and 71% in the last survey.
- 4.15 Arrangements for home detention curfew (HDC) and ROTL were embedded, and started in good time to meet deadlines and gather information to inform decisions. However, it was sometimes difficult to obtain information from offender managers to meet HDC timescales. In one case, prison departments had provided all relevant information and supported the release. But when the offender supervisor was eventually able to contact the offender manager, they felt unable to support the release as they 'did not know the prisoner'.
- 4.16 The use of ROTL was purposeful and progressive. All 13 applications in the previous six months had been granted, and a further eight applications were pending. If a young adult identified for potential ROTL had no OASys assessment, offender supervisors would complete one. All ROTL was linked to the Duke of Edinburgh's Award scheme, which gave young men the opportunity to demonstrate that they would comply with rules and behave well in the community. Further ROTL opportunities linked to work and employment were then available through the prison's relationships with a range of local employers and businesses - in some instances, this had led to an offer of employment on release.

Recommendations

- 4.17 **All prisoners should have an up-to-date OASys assessment and sentence plan. Sentence plan targets should focus on the prisoner's offending, risk of reoffending and risk of serious harm, and all prisoners should be given a copy of their sentence plan.**
- 4.18 **The prison should work with community offender supervisors to ensure they respond to home detention curfew requests promptly so that prisoners can be released at their earliest eligibility date.**

Public protection

- 4.19** The absence of the probation service in Feltham B meant that the OMU and other departments did not have direct access to probation staff to directly manage young adults who posed the highest risk of serious harm to others or to benefit from their specialist knowledge about sentence progression or the best ways to reduce risk and offending.
- 4.20** Public protection arrangements were generally effective, supported by a protocol between the prison and the probation service to identify prisoners' management levels within six months of their release. The monthly interdepartmental risk management team (IDRMT) meeting was well attended by staff from across the prison, and the resulting actions showed that issues were responded to as needed. The head of the OMU monitored the progress of MAPPA level confirmation, escalating issues when needed. Key staff had been given MAPPA training, and a comprehensive tracking database was used to make sure decisions and information were received in good time. The quality of reports to MAPPA boards in the community, where required, was usually of a good standard, and supplemented by post-programme review reports and copies of prisoners' case diaries. However, the continuing delays in receiving information from offender managers had sometimes delayed confirmation of the level at which prisoners were to be managed. MAPPA levels had been confirmed for the prisoners due for release in the following four weeks.
- 4.21** There were arrangements to restrict and monitor telephone calls and mail when needed, and a random sample of 5% of all telephone calls was checked weekly. Monitoring was regularly overseen by a senior manager, and there were effective systems for police monitoring of communications. Security staff responsible for monitoring calls and mail, had been given up-to-date information on language used by young adults that might be connected with gang activity.

Recommendation

- 4.22 The prison should work with the National Probation Service to resolve the longstanding issue of providing probation staff to the offender management unit.**

Categorisation

- 4.23** Categorisation cases and reviews were up to date and generally on time. At the time of the inspection, most of the adult sentenced population were category C and allocated to the right prison. However, despite the prison's efforts, there were problems in agreeing transfers to other training prisons for some prisoners who were not in their home area; we were told this was partly due to the reputation of young adults held at Feltham

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

- 4.24** Catch 22 was subcontracted by the London CRC (part of MTCNovo) to provide the coordination and resettlement planning of all prisoners. The CRC was responsible for five mandatory areas - accommodation; finance, benefit and debt; employment, training and education; support for those working in the sex industry; and support for victims of

domestic abuse - along with the coordination of most support and resettlement back to the community. Prisoners were interviewed by the CRC around 12 weeks before their release to evaluate need and make any necessary referrals to service providers. The CRC had adapted its basic assessment to be meaningful to young adults, and questions to identity individuals who had been victims of abuse or involved in sex work were asked sensitively and appropriately.

- 4.25** All the required plans were in place for release, although copies were not given to prisoners - they were forwarded to both the CRC and probation service offender managers. Plans were comprehensive and signposted individuals to support services in the community, including the London Gang Exit scheme, although take-up for this was very low.
- 4.26** The CRC delivered an eight-session pre-release programme, 'Getting it Right', covering issues such as finance, benefit and debt, preparing for employment and accommodation. Some of this focused on making better decisions and the impact of offending. In one first session that we observed, participants seemed unprepared for the start of the course, and one was being released on HDC the following day. Some young adults could not attend the course due to the restrictions the prison had imposed to manage violence and aggression.
- 4.27** In our survey, more prisoners than the comparator were positive about the support they received to find accommodation and deal with finance, benefits and debt. However, only 38% felt that they had done anything to make them less likely to offend in the future, compared with 51% at the previous inspection and the comparator of 54%.
- 4.28** Uniformed offender supervisors provided planning and support for prisoners due to be managed by the probation service on release. Some of this was good, especially where the offender manager was working with the prison, and offender supervisors did their best for these prisoners, even when they were not able to get support from the community. In one case we examined, the offender supervisor was made aware that the young adult, who was to live in approved premise on release, had arranged to meet his offending associates at the gate. The offender supervisor and offender manager met the young adult and made clear the consequences if he did not go directly to the approved premises, and arranged for him to be met at the gate. This joint work made sure that action could be taken immediately to recall him back to prison and protect potential victims.
- 4.29** The chaplaincy had run an additional through-the-gate support service that had resulted in 100 prisoners being released with the ongoing support of a mentor.

Accommodation

- 4.30** In our survey, 15% of prisoners said they had problems with housing when they first arrived, against the comparator of 4%. The Depaul UK charity provided accommodation support for prisoners before release. The accommodation worker saw new arrivals and assessed their needs, could help with the management of tenancies and liaise with local authorities to ensure that care leavers were given the support to which they were entitled, and saw prisoners again in their last few weeks before release. Monitoring data indicated that all prisoners with a housing need were seen before release and provided with suitable accommodation on release. Work in this area was effective, and the committed and skilled accommodation worker often actively promoted the rights of the young adults.

Education, training and employment

- 4.31** The quality of the careers advice and guidance provided by the National Careers Service and contracted to Prospects was good. Staff worked effectively with prisoners at induction and throughout their stay, and ensured they got support for job search. However, the virtual campus – giving prisoners internet access to community education, training and employment opportunities – was used only for initial assessment of the learning support needs of new prisoners.
- 4.32** Prospects staff had good links with external agencies and ensured that prisoners were supported well into the community on release. Links with employers were developing well, and the CRC's pre-release programmes provided effective support. Prisoners were encouraged to take part in a range of personal development programmes, including the Duke of Edinburgh's Award scheme (see paragraph 4.14), but ROTL opportunities were limited and only a few prisoners were out in the community. Prison data showed that around half of the approximately 1,200 prisoners released since January had entered employment, education or training.

Recommendation

- 4.33** **All prisoners should be able to use the virtual campus to research employment opportunities.**

Health care

- 4.34** Health staff attended discharge boards and saw all prisoners again a few days before their release to finalise continuity of care plans. All prisoners received a discharge letter and adequate supplies of any prescribed medication. The mental health team liaised effectively with community services for their patients and contacted them seven days after their release to check on their well-being, which was good practice.

Good practice

- 4.35** *The mental health team contacted patients seven days after their discharge to check on their welfare, which supported effective continuity of care.*

Drugs and alcohol

- 4.36** The substance misuse service J2R engaged with young adults using drugs and/or alcohol, and also those who had been supplying drugs. While the OMU was made aware of young adults' contact with the service, details of the work completed were not shared. Release plans were comprehensive and a release pack contained useful harm reduction information and details of community services. The team included a recovery and reintegration worker who prepared prisoners for release, provided follow-up aftercare and linked with young adult support services in the community, and also offered additional support to those with family problems.

Recommendation

- 4.37** J2R should share information with the offender management unit about its work with young adults using its service.

Finance, benefit and debt

- 4.38** Work in this area was well received by prisoners and had improved since the last inspection. CRC staff gave prisoners indicating debt problems a 'debt pack', which included information and advice along with templates of letters to contact those they were in debt to. It was not clear how useful this was, and there was no data on prisoners who used the letters or positive outcomes. Prisoners could open bank accounts before release. Jobcentre Plus staff saw all prisoners before their release and started benefit claims to reduce delays once in the community.

Children, families and contact with the outside world

- 4.39** There was inadequate provision to help prisoners maintain relationships with their families, and no coordinated or strategic approach or responsible manager. The only recent initiative had been three family days in 2016 run by the activities department. There were no parenting courses and the library did not run the Storybook Dads scheme or an equivalent to help young fathers build relationships with their children. Family courses previously offered were no longer available. About 10% of young adults received no visits, and the only provision for them was the official prison visitors' scheme.
- 4.40** As at the last inspection, access to visits was reduced unless the prisoner was on the enhanced level of the incentives and earned privileges (IEP) scheme. This was inappropriate and unfairly penalised family members. Young adults on the basic regime were not allowed to apply for family days, even though they might have a positive effect on their behaviour.
- 4.41** The visits telephone booking line was open most of the day and at weekends, and visitors could also book by email. None of the visitors we spoke to reported any difficulties booking a slot. The young adults shared use of the visits hall with Feltham A on alternate days; provision seemed adequate.
- 4.42** The Spurgeons children's charity continued to run the visitors' centre, which was friendly and welcoming to families, despite the ageing temporary structure. Staff provided advice and support about visits but no other family welfare work. There was a small children's play area and a café, and visitors could also hand in clothing for prisoners. Many of the lockers for visitors' belongings were broken and needed replacing.
- 4.43** Although entrance to the prison for visitors was swift and handled sympathetically, there were then often significant delays. We saw visitors waiting up to 45 minutes for the prisoner to be brought to the visits hall, and in a stark waiting area with no reading material or access to refreshments, as the vending machine was out of order. The visits hall was drab and unwelcoming. During the visits we observed, there was little evidence of staff engaging positively with visitors. There was no café, although there were plans to open one. The vending machines offered no healthy refreshments. The children's play area was run by a worker from Spurgeons, but only for 10 hours a week; sometimes she had no children to look after but at other sessions could not meet demand.

Recommendations

- 4.44** The range and level of support for prisoners to maintain contact with their families should be improved. (Repeated recommendation 4.39)
- 4.45** Prisoner access to visits and family days should not be restricted because of their IEP level.
- 4.46** Visits should start at the advertised times.

Attitudes, thinking and behaviour

- 4.47** Two formally accredited offending behaviour programmes were provided – the Thinking Skills Programme (TSP, addressing offenders’ thinking and behaviour) and Resolve (a cognitive-behavioural intervention for violent offenders). Completion targets for 2016-17 were 27 for TSP and 27 for Resolve. The OMU made referrals for prisoners who had been assessed, and the treatment manager was active in identifying other prisoners who could fit the criteria – the OMU then completed an OASys assessment to confirm their suitability. However, despite significant need for these programmes in the population, many were unable to attend. The prison’s database showed that some prisoners could not start the programmes due to security measures to manage violence and to keep prisoners apart from others. This meant that prisoners did not always complete a course at the best time for them, and some might not be able to start at all – these were likely to be those who most needed to undertake the programme.
- 4.48** There was a range of non-accredited programmes, including the ‘Getting it Right’ resettlement programme delivered by the CRC (see paragraph 4.26), Sycamore Tree victim awareness through the chaplaincy, and ‘Plan A’ behaviour management run by the Belong London children’s charity. These programmes were not always coordinated with the prisoner’s sentence plan or the OMU, and not best targeted to those with greatest need or to progress sentences.

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 Reception and induction processes should be reviewed to ensure that the early days experience is positive for every new arrival. The prison should offer sufficient support, good time out of cell, and a clean, decent living environment. (S35)
- 5.2 The prison should focus on reducing the number of violent incidents. All incidents should be investigated. Violence reduction and gang strategies should be informed by better analysis of information and consultation with staff, prisoners and families. There should be a coordinated prison-wide approach to managing violence and the impact of gang issues. (S36)
- 5.3 Time out of cell should be increased and all prisoners should get at least one hour in the open air each day. (S37)
- 5.4 Senior managers should reduce the number of cancellations of activities, and ensure that all prisoners are allocated to a purposeful activity which they attend and participate in fully. (S38)
- 5.5 Senior managers should ensure that all prisoners who start on education and vocational training programmes complete them and achieve their qualification. (S39)
- 5.6 There should be a regular assessment of resettlement and offender management needs, which should inform a revised resettlement and offender management strategy, allocation of resources, and coordination with other establishments and services. The prison should identify and meet the resettlement and offender management needs of all prisoners. (S40)

Recommendation

To Her Majesty's Prison and Probation Service/PECS

- 5.7 Prisoners arriving at the prison should travel with all their property. (1.4, repeated recommendation 1.5)

Recommendation

To Her Majesty's Prison and Probation Service

- 5.8 The prison should work with the National Probation Service to resolve the longstanding issue of providing probation staff to the offender management unit. (4.22)

Recommendations

To the governor

Courts, escort and transfers

5.9 Prisoners should be discharged promptly. (1.5)

Self-harm and suicide

5.10 Care maps for prisoners in crisis should address all the issues raised and be updated at each review. (1.23)

5.11 Listeners should be able to see all prisoners who request them, subject to a risk assessment, and should have a more active role in prisoners' reception and induction. (1.24)

Safeguarding

5.12 All staff should be trained in safeguarding adults procedures. (1.27)

Security

5.13 All departments in the prison should address actions from intelligence reports promptly. (1.35)

5.14 The security committee should set appropriate objectives based on current security intelligence, and these should be effectively communicated to relevant staff. (1.36)

Incentives and earned privileges

5.15 The prison should develop its own policy for incentives that focuses on positive role modelling and rewarding good behaviour. (1.40)

5.16 The regime for prisoners on basic level should be improved, and all prisoners should have daily association, purposeful activity and access to showers and telephones. (1.41).

Discipline

5.17 Senior managers should implement and oversee effective tracking of adjourned adjudications to ensure that all charges are heard and concluded within a reasonable timescale. (1.44)

5.18 Use of force reports should be complete and fully justify the need for force. (1.48, repeated recommendation 1.49)

5.19 Special accommodation should not be used for young adults and be replaced by an alternative method for managing this age group. (1.49)

5.20 An identified health services professional should attend all good order case reviews. (1.55)

5.21 All key stakeholders or their representatives should attend segregation monitoring meetings so that relevant actions can be identified and addressed. (1.56)

Substance misuse

- 5.22** The drug and alcohol strategy document and accompanying action plan should be updated and informed by a comprehensive needs analysis. (1.62)

Residential units

- 5.23** All cells should be well ventilated, and all single cells should have adequate toilet privacy screens. (2.6)
- 5.24** Staff should answer cell call bells promptly. (2.7)
- 5.25** Prisoner applications should be tracked and quality assured. (2.8)

Staff-prisoner relationships

- 5.26** The prison should give a high priority to developing positive staff-prisoner relationships and ensure these are appropriate to the age and maturity of the population. (2.13)
- 5.27** Prisoners should have the opportunity to discuss matters through formal consultation. (2.14)

Equality and diversity

- 5.28** The prison should identify and address the needs of all groups with protected characteristics, provide regular forums for each group, and promote all aspects of equality and diversity. (2.20, repeated recommendation 2.22)
- 5.29** The treatment of prisoners in all protected groups should be monitored. (2.21)
- 5.30** Prisoners with disabilities should be readily identifiable to unit staff and, where necessary, should have unit care plans to assist staff meet their needs. (2.29)

Faith and religious activity

- 5.31** Prisoners on the 'keep apart' list should only be excluded from corporate worship following a robust risk assessment. (2.34, repeated recommendation 2.37)
- 5.32** Faith-based classes should be provided to prisoners of all faiths. (2.35)

Complaints

- 5.33** Complaints should be regularly analysed to identify trends and address any unfair treatment. (2.38)

Health services

- 5.34** All clinical environments should comply with infection control standards. (2.49, repeated recommendation 2.50)
- 5.35** Sufficient prison officers should be trained in first aid, including use of defibrillators, and ambulances should be called immediately in a medical emergency to ensure a safe response at all times. (2.50)

- 5.36** There should be an integrated prison-wide strategic approach to promote health and well-being, including condom provision. (2.51)
- 5.37** Prisoners should not be located on the inpatient unit for operational reasons. (2.58)
- 5.38** Medicines should be administered to the required professional standards in a safe environment giving prisoners privacy at clinically appropriate times. Prisoners in shared cells should have secure storage for their in-possession medicines. (2.64)
- 5.39** A summary of dental care should be recorded on SystemOne. (2.67)
- 5.40** All discipline officers should receive mental health awareness training to enable them to recognise and support prisoners with mental health problems. (2.72)
- 5.41** Patients requiring a transfer under the Mental Health Act should be transferred promptly within the current transfer guidelines. (2.73)
- 5.42** Prisoners with social care needs should have these identified and met promptly, and prisoners should be able to self-refer for a social care assessment. (2.76)

Catering

- 5.43** Breakfast should be large enough for a young adult. (2.80)
- 5.44** Serveries should be cleaned after every meal and food should not be left out overnight. (2.81)
- 5.45** Prisoners should be able to dine communally. (2.82)

Purchases

- 5.46** Prisoners should be able to place a shop order within 24 hours of their arrival. (2.86)
- 5.47** Decisions to remove items from the prison shop list should be regularly reviewed. (2.87)
- 5.48** There should be regular consultation with prisoners to ensure that the range of goods on the shop list meets their diverse needs. (2.88)

Learning and skills and work activities

- 5.49** The prison's regimes should be managed more effectively to give prisoners better access to learning and skills and work to meet their assessed needs fully. (3.8)
- 5.50** There should be an effective process for allocation to activities that is understood fully by prisoners and meets their resettlement needs. (3.9)
- 5.51** The session observation process should focus on the impact of teaching and learning on prisoners, and raise further the quality of teaching and learning. (3.10)
- 5.52** The prison should ensure that all prisoners' learning needs are properly assessed at induction, and specialist learning support is identified, structured and monitored to ensure that prisoners' needs are met fully. (3.14)

- 5.53** The standard of teaching and learning in education and vocational training should be raised further to ensure that all prisoners make good progress throughout their learning and achieve their learning aim. (3.19)
- 5.54** Individual learning plans should include personalised and challenging targets to help prisoners make better progress. (3.20, repeated recommendation 3.24)
- 5.55** The prison should increase the amount of support for prisoners with additional learning needs, particularly in English and mathematics, to ensure that they achieve. (3.21)
- 5.56** Managers should ensure that all prisoners who start on courses complete and achieve their learning aim. (3.28)
- 5.57** Prisoner achievement of full functional skills in mathematics and English at levels 1 and 2 should improve significantly. (3.29)

Physical education and healthy living

- 5.58** There should be sufficient trained and qualified staff to provide remedial treatment to prisoners. (3.36)
- 5.59** PE staff should analyse data on the use of PE facilities to determine the number of prisoners using them and ensure equality of access. (3.37)

Strategic management of resettlement

- 5.60** All prisoners should have an up-to-date OASys assessment and sentence plan. Sentence plan targets should focus on the prisoner's offending, risk of reoffending and risk of serious harm, and all prisoners should be given a copy of their sentence plan. (4.17)
- 5.61** The prison should work with community offender supervisors to ensure they respond to home detention curfew requests promptly so that prisoners can be released at their earliest eligibility date. (4.18)

Offender management and planning

- 5.62** All prisoners should be able to use the virtual campus to research employment opportunities. (4.33)

Reintegration planning

- 5.63** J2R should share information with the offender management unit about its work with young adults using its service. (4.37)
- 5.64** The range and level of support for prisoners to maintain contact with their families should be improved. (4.44, repeated recommendation 4.39)
- 5.65** Prisoner access to visits and family days should not be restricted because of their IEP level. (4.45)
- 5.66** Visits should start at the advertised times. (4.46)

Examples of good practice

- 5.67** Robust weekly meetings involving the whole health team contributed to a prompt and effective approach to risk and performance management. (2.52)
- 5.68** All new arrivals had neurodisability needs identified promptly and received any necessary specialist input, which was likely to improve their long-term functioning. (2.59)
- 5.69** The well-resourced mental health team provided an impressive range of timely and age-appropriate mental health support, which contributed to good outcomes for prisoners. (2.74)
- 5.70** The mental health team contacted patients seven days after their discharge to check on their welfare, which supported effective continuity of care. (4.35)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Deborah Butler	Team leader
Ian Dickens	Inspector
Karen Dillon	Inspector
Deri Hughes-Roberts	Inspector
Yvonne McGuckian	Inspector
Jonathan Tickner	Inspector
Ellis Cowling	Researcher
Laura Green	Researcher
Natalie-Anne Hall	Researcher
Alissa Redmond	Researcher
Emma Seymour	Researcher
Patricia Taflan	Researcher
Sigrid Engelen	Substance misuse inspector
Majella Pearce	Health services inspector
Nicola Carlisle	Pharmacist
Malcolm Irons	Care Quality Commission inspector
Bob Cowdrey	Ofsted inspector
Nick Crombie	Ofsted inspector
Keith Humphreys	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 July 2014, the decision that Feltham should no longer hold remand prisoners had had a positive impact and was contributing to greater stability in the prison. Journey times for new arrivals were short and their reception was mostly positive. Prisoners felt safe on their first night, but induction was fragmented and did not meet the needs of all. The number of violent incidents had reduced significantly and the prison had a good understanding of the risk areas, and there had been an impressive decrease in the use of batons. Support for prisoners in crisis was generally good but care mapping needed to improve. Safeguarding arrangements were developing. Some security and disciplinary procedures were disproportionate, but this was being addressed in a measured way. The segregation unit was a reasonable environment and prisoners there were positive about staff support. Substance misuse services were generally good, and there was little evidence that illegal drugs were a problem. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Prisoners arriving at the prison should travel with all their property. (I.5)

Not achieved (recommendation repeated I.4)

The induction should enable prisoners to fully understand all aspects of the prison, and all prisoners should be kept fully occupied while they are on the induction unit. (I.13)

Partially achieved

Case management and review arrangements for prisoners at risk of self-harm should be improved. (I.28)

Achieved

Closed visits should only be applied where there is evidence of illicit activity relating to visits. (I.36, recommendation repeated I.55)

Achieved

Prisoners should only be strip searched on the basis of intelligence or specific suspicion. (I.37, recommendation repeated I.56)

Partially achieved

The regime for prisoners on basic level should be improved, and include daily association, purposeful activity and access to showers and telephones. (I.41)

Not achieved

Use of force reports should be complete and fully justify the need for force. (I.49)

Not achieved (recommendation repeated I.48)

Any occasion in which special accommodation is used should be kept under continuous review and be for the shortest possible time. (1.49)

Achieved

Segregation review documentation should be completed thoroughly and include meaningful targets.

Partially achieved

Clinical substance misuse and Journey to Recovery services should improve joint work and provide fully integrated care. (1.62, repeated recommendation 1.90)

Partially achieved

The use of the Albatross inpatient unit for opiate or alcohol detoxification should be assessed for each patient, and the appropriateness of treatment on normal location for non-complex cases should be considered, especially once clinical stabilisation is achieved. (1.63)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2014, the prison was cleaner than at our last inspection, but the residential units still needed some improvements. Staff-prisoner relationships had improved but were variable. There were examples of very good engagement and most staff interacted positively but a small number remained disrespectful. Arrangements for equality and diversity work had also improved, but support for prisoners from some minority groups was weak. Faith arrangements were generally good, except for some provision for Muslim prisoners. The health services were reasonable and improving. Many prisoners were critical about the food, but we found that the meals, as well as the prison shop arrangements, were adequate. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

All cells should be clean, well ventilated and properly furnished. (2.7)

Partially achieved

All single cells should have adequate toilet privacy screens. (2.8, recommendation repeated 2.12)

Not achieved

The prison should continue to give a high priority to developing positive staff-prisoner relationships and ensure they are appropriate to the age and maturity of the population. (2.14)

Not achieved

The prison should identify and address the needs of all groups with protected characteristics, provide regular forums for each group, and promote all aspects of equality and diversity. (2.22)

Not achieved (recommendation repeated 2.20)

Investigations into discrimination complaints should be thorough. (2.23)

Achieved

The prison should work with relevant external agencies to understand black and minority ethnic prisoners' concerns and any differences in their treatment, they should also implement plans to address these differences. (2.30)

Not achieved

Care and support for all prisoners with disabilities should be improved. (2.32)

Not achieved

The faith provision for Muslim young adult prisoners should be improved, including facilitating corporate worship in the mosque. (2.36)

Achieved

Prisoners on the 'keep apart' list should only be excluded from corporate worship following a robust risk assessment. (2.37)

Not achieved (recommendation repeated 2.34)

The prison should do more to address prisoners' limited confidence in the complaints process especially complaints about staff, which should be properly investigated and responded to. (2.40)

Achieved

The health needs analysis should be updated to reflect the changed population. There should be a separate confidential health complaints system (2.49)

Achieved

All clinical areas and equipment should comply with infection control requirements. (2.50, repeated recommendation 2.63)

Not achieved (recommendation repeated 2.49)

All health and discipline staff should receive practical resuscitation skills training, and defibrillators should be available for all staff to use. (2.51)

Partially achieved

The needs of all inpatients on Albatross should be considered when decisions are made to place or keep severely disturbed and disruptive prisoners there. (2.59)

Not achieved

Prisoners should have their blood-testing equipment and insulin pens in possession, except where the risk to them or others outweighs the benefits, and have facilities to store in-possession medicines securely. Where this is not possible they should be able to test their blood and inject frequently enough to maintain good blood sugar control. (2.60)

Achieved

A wider range of medication should be available without a prescription through appropriate policies and patient group directions, which are ratified by the medicines management committee. (2.66)

Not achieved

All consultations and interventions, including prescribing and administration of medicines and dental care, should be recorded on SystmOne to support safe care and enable more effective audit and analysis. (2.67)

Partially achieved

The floor in the dental suite should be replaced to meet infection control requirements. (2.73)

Achieved

Purposeful activity

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

At the last inspection, in 2014, there were insufficient activity places, although those available were managed well. Time out of cell required improvement, especially for prisoners not fully engaged in activity. The strategy for learning, skills and work had led to improvements since the last inspection, and these were continuing. Learning support had increased, but it was insufficient to meet demand. Vocational teaching was generally good, as were achievements. Achievements in English and mathematics had improved considerably, but from a very low base. The library was well resourced but there were no computers for prisoners. The gym offered a balance of recreational PE and vocational courses. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

There should be more opportunities for prisoners to participate in full-time purposeful activity. (S40)
Achieved

Recommendations

The session observation scheme across all learning and skills should be strengthened to ensure that teaching grades are accurate, and action plans for teachers are more detailed and challenging. (3.12)
Not achieved

The learning and skills provision should be extended to include a wider range of relevant trades, as well as a business start-up qualification. (3.16)
Achieved

Prisoners should have opportunities to study on Open University and distance learning courses.
Achieved

Individual learning plans should include personalised and challenging targets to help prisoners make better progress. (3.24)
Not achieved (recommendation repeated 3.20)

The promotion and development of prisoners' English and mathematics skills should be evident in all classroom lessons. (3.25)
Partially achieved

Prisoners who require additional learning support should receive appropriate help. (3.26)
Not achieved

Written feedback on prisoners' work in vocational training should be more detailed so that prisoners know what they have to do to improve. (3.27)
Partially achieved

Achievement of qualifications, particularly in English and mathematics, should be improved further.
Partially achieved

Prison officers should ensure that prisoners receive their entitlement to library services. (3.34)
Achieved

The library should install computers for use by prisoners in developing their IT and job search skills. (3.35)

Not achieved

Prisoners should be able to achieve literacy and numeracy qualifications while undertaking physical education and gym qualifications. (3.41)

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 offender management and resettlement services required development. The change of population profile had set new challenges but staff were addressing these. There was a significant offender assessment system (OASys) backlog and a variation in quality. Most prisoners knew their offender supervisor. Sentence plans were variable and too many prisoners did not have one. Public protection arrangements were weak. Opportunities for release on temporary licence (ROTL) were improving. Resettlement pathway provision was generally good, but with some notable exceptions. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

There should be a new resettlement and offender management needs assessment, which is repeated at regular intervals and should inform a revised resettlement and offender management strategy, allocation of resources and, co-ordination with other establishments and services. (S41)

Not achieved

The prison should identify and meet the resettlement and offender management needs of all prisoners. (S42)

Not achieved

Recommendations

There should be a London wide strategy to ensure prisoners are not transferred from London prisons to Feltham or elsewhere without an up to date OASys (4.5)

Not achieved

Quality assurance in the offender management unit should be extended to ensure the quality and frequency of offender supervisor-prisoner contact and engagement are effective and meaningful. (4.15)

Not achieved

The prison should develop a protocol to challenge assessments by offender managers that are of insufficient quality. (4.16)

Partially achieved

All offender supervisors should have regular casework supervision and personal development to build the necessary skills to engage effectively with prisoners to reduce their risk of harm and reoffending. (4.17)

Partially achieved

The prison should work with the national probation service to agree a protocol to ensure that prisoners' multi agency public protection arrangements (MAPPA) risk levels are identified at the earliest opportunity, and within the last six months of their sentence. (4.19)

Not achieved

The prison should ensure that the assessment of need, provision of required interventions and review of support before release are in place for all prisoners. (4.24, repeated from main recommendation HP49)

Not achieved

Education staff should ensure that prisoners make better and informed use of the virtual campus.

Not achieved

The finance needs of prisoners, especially in relation to debt, should be evaluated, and appropriate and necessary support provided. (4.33, repeated recommendation 4.44)

Achieved

The length of visits should not be reduced for prisoners on the basic level of the IEP. (4.38)

Not achieved

The range and level of support for prisoners to maintain contact with their families should be improved. (4.39)

Not achieved (recommendation repeated 4.44)

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	297	40	94.2
Recall	17	1	5.0
Immigration detainee	3		0.8
Total	317	41	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	3	0	0.8
Less than 6 months	3	0	0.8
6 months to less than 1 year	21	0	5.8
1 year to less than 2 years	60	3	17.5
2 years to less than 4 years	162	28	51.5
4 years to less than 10 years	68	15	23.4
Total	317	41	100

Age	Number of prisoners	%
Under 21 years: <i>minimum age=17</i>	318	88.6
21 years to 29 years	41	11.4
Total	359	100

Nationality	18–20 yr olds	21 and over	%
British	258	33	81.3
Foreign nationals	58	8	18.4
Not stated	1	0	0.3
Total	317	41	100

Security category	18–20 yr olds	21 and over	%
Category B	0	3	0.8
Category C	0	16	4.5
Category D	0	3	0.8
YOI closed	315	19	93.3
Unclassified	2	0	0.6
Total	317	41	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British	58	6	18.1
Irish	5	0	1.4
Gypsy/Irish Traveller	1	1	0.6
Other white	21	3	6.7
Mixed			
White and black Caribbean	14	1	4.2
White and black African	8	0	2.2
White and Asian	0	1	0.3
Other mixed	9	1	2.8
Asian or Asian British			
Indian	3	1	1.1
Pakistani	1	0	0.3
Bangladeshi	11	1	3.3
Other Asian	23	0	6.4
Black or black British			
Caribbean	57	14	19.8
African	64	7	19.8
Other black	23	3	7.2
Other ethnic group	16	2	5.0
Not stated	3	0	0.8
Total	317	41	100

Religion	18–20 yr olds	21 and over	%
Church of England	36	6	11.7
Roman Catholic	36	7	12.0
Other Christian denominations	72	6	21.7
Muslim	128	19	41.2
Sikh	1	0	0.3
Buddhist	0	1	0.3
No religion	41	2	12.0
Total	317	41	100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	62	17.3	0	0
1 month to 3 months	81	22.6	2	0.6
3 months to six months	75	20.9	7	1.9
Six months to 1 year	75	20.9	18	5.0
1 year to 2 years	19	5.3	14	3.9
2 years to 4 years	2	0.6	0	0
Total	314	87.5	41	11.4

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
1 month to 3 months	1	0.3	0	0
1 year to 2 years	2	0.6	0	0
Total	3	0.8	0	0

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment¹¹. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 23 January 2017 the prisoner population at HMP/YOI Feltham B was 360. Using the method described above, questionnaires were distributed to a sample of 181 prisoners.

We received a total of 153 completed questionnaires, a response rate of 85%. This included one questionnaire completed via interview. Nineteen respondents refused to complete a questionnaire, and nine questionnaires were not returned.

¹¹ 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
K	15
L	23
M	20
N	23
Q	23
R	23
S	24
W	1
Segregation unit	1

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP/YOI Feltham B.

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 differences¹² 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/YOI Feltham B in 2017 compared with responses from young adults surveyed in all other young adult training prisons. This comparator is based on all responses from surveys carried out in three young adult training prisons since April 2014.
- The current survey responses from HMP/YOI Feltham B in 2017 compared with the responses of young adults surveyed at HMP/YOI Feltham B in 2014.
- A comparison within the 2017 survey between the responses of white young adults and those from a black and minority ethnic group.
- A comparison within the 2017 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2017 survey between the responses of Muslim young adults and non-Muslim young adults.
- A comparison within the 2017 survey between the responses of young adults who consider themselves to have a disability and those who do not consider themselves to have a disability.

¹² 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 those who are aged 21 and under and those over 21.

Survey summary

Section I: About you

Q1.2	How old are you?	
	<i>Under 21</i>	134 (88%)
	<i>21 - 29</i>	19 (12%)
	<i>30 - 39</i>	0 (0%)
	<i>40 - 49</i>	0 (0%)
	<i>50 - 59</i>	0 (0%)
	<i>60 - 69</i>	0 (0%)
	<i>70 and over</i>	0 (0%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	139 (91%)
	<i>Yes - on recall</i>	14 (9%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	0 (0%)
	<i>Less than 6 months</i>	8 (5%)
	<i>6 months to less than 1 year</i>	13 (9%)
	<i>1 year to less than 2 years</i>	29 (19%)
	<i>2 years to less than 4 years</i>	70 (46%)
	<i>4 years to less than 10 years</i>	27 (18%)
	<i>10 years or more</i>	1 (1%)
	<i>IPP (indeterminate sentence for public protection)</i>	1 (1%)
	<i>Life</i>	2 (1%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	<i>Yes</i>	26 (17%)
	<i>No</i>	125 (83%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	151 (99%)
	<i>No</i>	2 (1%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	150 (98%)
	<i>No</i>	3 (2%)

Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	29 (19%)	<i>Asian or Asian British - Chinese</i> 1 (1%)
	<i>White - Irish</i>	5 (3%)	<i>Asian or Asian British - other</i> 5 (3%)
	<i>White - other</i>	6 (4%)	<i>Mixed race - white and black Caribbean</i> 7 (5%)
	<i>Black or black British - Caribbean</i>	39 (26%)	<i>Mixed race - white and black African</i> 5 (3%)
	<i>Black or black British - African</i>	31 (21%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	3 (2%)	<i>Mixed race - other</i> 4 (3%)
	<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Arab</i> 5 (3%)
	<i>Asian or Asian British - Pakistani</i>	0 (0%)	<i>Other ethnic group</i> 3 (2%)
	<i>Asian or Asian British - Bangladeshi</i>	8 (5%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	<i>Yes</i>		5 (3%)
	<i>No</i>		145 (97%)
Q1.10	What is your religion?		
	<i>None</i>	19 (13%)	<i>Hindu</i> 0 (0%)
	<i>Church of England</i>	43 (28%)	<i>Jewish</i> 0 (0%)
	<i>Catholic</i>	20 (13%)	<i>Muslim</i> 53 (35%)
	<i>Protestant</i>	0 (0%)	<i>Sikh</i> 0 (0%)
	<i>Other Christian denomination</i>	13 (9%)	<i>Other</i> 3 (2%)
	<i>Buddhist</i>	0 (0%)	
Q1.11	How would you describe your sexual orientation?		
	<i>Heterosexual/ Straight</i>		150 (99%)
	<i>Homosexual/Gay</i>		2 (1%)
	<i>Bisexual</i>		0 (0%)
Q1.12	Do you consider yourself to have a disability (i.e do you need help with any long term physical, mental or learning needs)?		
	<i>Yes</i>		20 (13%)
	<i>No</i>		133 (87%)
Q1.13	Are you a veteran (ex-armed services)?		
	<i>Yes</i>		3 (2%)
	<i>No</i>		150 (98%)
Q1.14	Is this your first time in prison?		
	<i>Yes</i>		92 (61%)
	<i>No</i>		60 (39%)
Q1.15	Do you have children under the age of 18?		
	<i>Yes</i>		25 (16%)
	<i>No</i>		128 (84%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?	
	<i>Less than 2 hours</i>	78 (51%)
	<i>2 hours or longer</i>	67 (44%)
	<i>Don't remember</i>	7 (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>	78 (51%)
	Yes	47 (31%)
	No	24 (16%)
	Don't remember	3 (2%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	78 (52%)
	Yes	7 (5%)
	No	63 (42%)
	Don't remember	2 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	48 (32%)
	No	84 (55%)
	Don't remember	20 (13%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	106 (71%)
	No	35 (23%)
	Don't remember	9 (6%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	33 (22%)
	Well	52 (34%)
	Neither	44 (29%)
	Badly	7 (5%)
	Very badly	8 (5%)
	Don't remember	8 (5%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	Yes, someone told me	64 (43%)
	Yes, I received written information	15 (10%)
	No, I was not told anything	70 (47%)
	Don't remember	2 (1%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	116 (77%)
	No	32 (21%)
	Don't remember	3 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	106 (70%)
	<i>2 hours or longer</i>	39 (26%)
	Don't remember	7 (5%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	106 (72%)
	No	34 (23%)
	Don't remember	8 (5%)

Q3.3	Overall, how were you treated in reception?			
	Very well		25 (17%)	
	Well		59 (39%)	
	Neither		46 (30%)	
	Badly		9 (6%)	
	Very badly		11 (7%)	
	Don't remember		1 (1%)	
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	40 (27%)	Physical health	10 (7%)
	Housing problems	23 (15%)	Mental health	14 (9%)
	Contacting employers	3 (2%)	Needing protection from other prisoners	12 (8%)
	Contacting family	47 (31%)	Getting phone numbers	39 (26%)
	Childcare	0 (0%)	Other	2 (1%)
	Money worries	25 (17%)	Did not have any problems	45 (30%)
	Feeling depressed or suicidal	16 (11%)		
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?			
	Yes		25 (17%)	
	No		76 (52%)	
	Did not have any problems		45 (31%)	
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)			
	Tobacco		1 (1%)	
	A shower		14 (9%)	
	A free telephone call		96 (64%)	
	Something to eat		51 (34%)	
	PIN phone credit		19 (13%)	
	Toiletries/ basic items		64 (42%)	
	Did not receive anything		28 (19%)	
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		96 (64%)	
	Someone from health services		88 (59%)	
	A Listener/Samaritans		22 (15%)	
	Prison shop/ canteen		22 (15%)	
	Did not have access to any of these		32 (21%)	
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		48 (32%)	
	What support was available for people feeling depressed or suicidal		26 (18%)	
	How to make routine requests (applications)		24 (16%)	
	Your entitlement to visits		29 (20%)	
	Health services		48 (32%)	
	Chaplaincy		66 (45%)	
	Not offered any information		50 (34%)	

Q3.9	Did you feel safe on your first night here?	
	Yes	106 (70%)
	No	34 (22%)
	Don't remember	12 (8%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	31 (20%)
	Within the first week	75 (49%)
	More than a week	32 (21%)
	Don't remember	14 (9%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	31 (20%)
	Yes	44 (29%)
	No	54 (36%)
	Don't remember	23 (15%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment	18 (12%)
	Within the first week	74 (49%)
	More than a week	42 (28%)
	Don't remember	18 (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?	9 (6%)	19 (13%)	24 (16%)	36 (24%)	30 (20%) 31 (21%)
	Attend legal visits?	16 (11%)	37 (26%)	18 (13%)	19 (13%)	19 (13%) 33 (23%)
	Get bail information?	5 (3%)	8 (6%)	16 (11%)	28 (20%)	31 (22%) 55 (38%)
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					47 (32%)
	Yes					55 (37%)
	No					47 (32%)
Q4.3	Can you get legal books in the library?					
	Yes					44 (29%)
	No					22 (14%)
	Don't know					86 (57%)
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 (53%)	66 (44%)	4 (3%)		
	Are you normally able to have a shower every day?	85 (57%)	60 (40%)	5 (3%)		
	Do you normally receive clean sheets every week?	65 (44%)	78 (53%)	5 (3%)		
	Do you normally get cell cleaning materials every week?	48 (33%)	95 (65%)	3 (2%)		
	Is your cell call bell normally answered within five minutes?	31 (21%)	111 (74%)	7 (5%)		
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	77 (52%)	68 (46%)	3 (2%)		
	If you need to, can you normally get your stored property?	22 (15%)	94 (64%)	32 (22%)		

Q4.5	What is the food like here?	
	<i>Very good</i>	6 (4%)
	<i>Good</i>	23 (15%)
	<i>Neither</i>	43 (28%)
	<i>Bad</i>	34 (22%)
	<i>Very bad</i>	47 (31%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	7 (5%)
	<i>Yes</i>	26 (17%)
	<i>No</i>	119 (78%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	<i>Yes</i>	50 (33%)
	<i>No</i>	33 (22%)
	<i>Don't know</i>	69 (45%)
Q4.8	Are your religious beliefs respected?	
	<i>Yes</i>	94 (61%)
	<i>No</i>	23 (15%)
	<i>Don't know/ N/A</i>	36 (24%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	<i>Yes</i>	100 (66%)
	<i>No</i>	10 (7%)
	<i>Don't know/ N/A</i>	42 (28%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	20 (13%)
	<i>Very easy</i>	36 (24%)
	<i>Easy</i>	34 (22%)
	<i>Neither</i>	20 (13%)
	<i>Difficult</i>	17 (11%)
	<i>Very difficult</i>	10 (7%)
	<i>Don't know</i>	15 (10%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	<i>Yes</i>	84 (55%)
	<i>No</i>	45 (30%)
	<i>Don't know</i>	23 (15%)
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?	39 (26%) 36 (24%) 73 (49%)
	Are applications dealt with quickly (within seven days)?	39 (27%) 17 (12%) 90 (62%)
Q5.3	Is it easy to make a complaint?	
	<i>Yes</i>	73 (48%)
	<i>No</i>	39 (25%)
	<i>Don't know</i>	41 (27%)

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?	61 (40%)	26 (17%)	65 (43%)
Are complaints dealt with quickly (within seven days)?	61 (41%)	16 (11%)	73 (49%)

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

Yes	33 (22%)
No	118 (78%)

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

Don't know who they are	65 (43%)
Very easy	8 (5%)
Easy	12 (8%)
Neither	27 (18%)
Difficult	14 (9%)
Very difficult	25 (17%)

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	13 (9%)
Yes	45 (30%)
No	80 (53%)
Don't know	12 (8%)

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

Don't know what the IEP scheme is	13 (9%)
Yes	55 (36%)
No	70 (46%)
Don't know	13 (9%)

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

Yes	40 (26%)
No	111 (74%)

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	91 (61%)
Very well	5 (3%)
Well	8 (5%)
Neither	12 (8%)
Badly	19 (13%)
Very badly	14 (9%)

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

Yes	77 (53%)
No	68 (47%)

Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	90 (60%)
	No	61 (40%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	29 (19%)
	No	121 (81%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	6 (4%)
	<i>Never</i>	28 (19%)
	<i>Rarely</i>	45 (30%)
	<i>Some of the time</i>	44 (29%)
	<i>Most of the time</i>	14 (9%)
	<i>All of the time</i>	13 (9%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	74 (49%)
	<i>In the first week</i>	16 (11%)
	<i>More than a week</i>	48 (32%)
	<i>Don't remember</i>	12 (8%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	74 (50%)
	<i>Very helpful</i>	10 (7%)
	<i>Helpful</i>	20 (14%)
	<i>Neither</i>	16 (11%)
	<i>Not very helpful</i>	8 (5%)
	<i>Not at all helpful</i>	20 (14%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	Yes	63 (42%)		
	No	88 (58%)		
Q8.2	Do you feel unsafe now?			
	Yes	36 (24%)		
	No	113 (76%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	88 (60%)	<i>At meal times</i>	2 (1%)
	<i>Everywhere</i>	24 (16%)	<i>At health services</i>	10 (7%)
	<i>Segregation unit</i>	4 (3%)	<i>Visits area</i>	18 (12%)
	<i>Association areas</i>	8 (5%)	<i>In wing showers</i>	13 (9%)
	<i>Reception area</i>	4 (3%)	<i>In gym showers</i>	5 (3%)
	<i>At the gym</i>	3 (2%)	<i>In corridors/stairwells</i>	13 (9%)
	<i>In an exercise yard</i>	7 (5%)	<i>On your landing/wing</i>	5 (3%)
	<i>At work</i>	13 (9%)	<i>In your cell</i>	2 (1%)
	<i>During movement</i>	14 (10%)	<i>At religious services</i>	12 (8%)
	<i>At education</i>	15 (10%)		

Q8.4	Have you been victimised by other prisoners here?	
	Yes	28 (19%)
	No	122 (81%)
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>	13 (9%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	10 (7%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	12 (8%)
	<i>Having your canteen/property taken</i>	4 (3%)
	<i>Medication</i>	1 (1%)
	<i>Debt</i>	5 (3%)
	<i>Drugs</i>	4 (3%)
	<i>Your race or ethnic origin</i>	6 (4%)
	<i>Your religion/religious beliefs</i>	6 (4%)
	<i>Your nationality</i>	9 (6%)
	<i>You are from a different part of the country than others</i>	5 (3%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	4 (3%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	4 (3%)
	<i>You were new here</i>	16 (11%)
	<i>Your offence/ crime</i>	3 (2%)
	<i>Gang related issues</i>	11 (7%)
Q8.6	Have you been victimised by staff here?	
	Yes	57 (38%)
	No	95 (63%)
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>	28 (18%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	16 (11%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	17 (11%)
	<i>Medication</i>	9 (6%)
	<i>Debt</i>	2 (1%)
	<i>Drugs</i>	4 (3%)
	<i>Your race or ethnic origin</i>	14 (9%)
	<i>Your religion/religious beliefs</i>	13 (9%)
	<i>Your nationality</i>	9 (6%)
	<i>You are from a different part of the country than others</i>	4 (3%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	4 (3%)
	<i>Your age</i>	8 (5%)
	<i>You have a disability</i>	6 (4%)
	<i>You were new here</i>	15 (10%)
	<i>Your offence/ crime</i>	7 (5%)
	<i>Gang related issues</i>	12 (8%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	87 (61%)
	Yes	18 (13%)
	No	38 (27%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	15 (10%)	19 (13%)	45 (30%)	30 (20%)	19 (13%)	23 (15%)
	The nurse	11 (7%)	23 (15%)	51 (34%)	29 (19%)	22 (15%)	14 (9%)
	The dentist	20 (13%)	9 (6%)	26 (17%)	20 (13%)	35 (23%)	39 (26%)
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	23 (16%)	21 (14%)	51 (35%)	24 (16%)	16 (11%)	11 (8%)
	The nurse	12 (8%)	25 (17%)	49 (34%)	23 (16%)	23 (16%)	14 (10%)
	The dentist	37 (26%)	13 (9%)	39 (27%)	23 (16%)	16 (11%)	15 (10%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>					3 (2%)	
	<i>Very good</i>					22 (15%)	
	<i>Good</i>					55 (38%)	
	<i>Neither</i>					27 (19%)	
	<i>Bad</i>					26 (18%)	
	<i>Very bad</i>					11 (8%)	
Q9.4	Are you currently taking medication?						
	Yes					30 (20%)	
	No					118 (80%)	
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>					118 (80%)	
	<i>Yes, all my meds</i>					9 (6%)	
	<i>Yes, some of my meds</i>					6 (4%)	
	<i>No</i>					14 (10%)	
Q9.6	Do you have any emotional or mental health problems?						
	Yes					45 (30%)	
	No					103 (70%)	
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>					103 (71%)	
	Yes					22 (15%)	
	No					21 (14%)	

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	29 (20%)
	No	119 (80%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	19 (13%)
	No	129 (87%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	14 (9%)
	Easy	5 (3%)
	Neither	11 (7%)
	Difficult	4 (3%)
	Very difficult	26 (18%)
	Don't know	88 (59%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	7 (5%)
	Easy	4 (3%)
	Neither	11 (7%)
	Difficult	7 (5%)
	Very difficult	26 (17%)
	Don't know	94 (63%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	5 (3%)
	No	145 (97%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	5 (3%)
	No	145 (97%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	114 (79%)
	Yes	17 (12%)
	No	13 (9%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	<i>Did not / do not have an alcohol problem</i>	129 (88%)
	Yes	11 (7%)
	No	7 (5%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	125 (86%)
	Yes	17 (12%)
	No	3 (2%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	17 (11%)	8 (5%)	22 (15%)	22 (15%)	42 (28%)	38 (26%)
	Vocational or skills training	33 (23%)	8 (5%)	30 (21%)	28 (19%)	25 (17%)	22 (15%)
	Education (including basic skills)	14 (10%)	22 (15%)	50 (34%)	28 (19%)	17 (12%)	16 (11%)
	Offending behaviour programmes	35 (24%)	7 (5%)	29 (20%)	23 (16%)	22 (15%)	31 (21%)

Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)				
	<i>Not involved in any of these</i>				35 (24%)
	Prison job				44 (30%)
	Vocational or skills training				14 (10%)
	Education (including basic skills)				56 (39%)
	Offending behaviour programmes				13 (9%)
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>	Yes	No	Don't know
	Prison job	40 (31%)	27 (21%)	43 (34%)	18 (14%)
	Vocational or skills training	45 (39%)	29 (25%)	25 (22%)	16 (14%)
	Education (including basic skills)	23 (18%)	48 (38%)	36 (29%)	18 (14%)
	Offending behaviour programmes	37 (32%)	37 (32%)	21 (18%)	20 (17%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				7 (5%)
	Never				46 (32%)
	Less than once a week				54 (37%)
	About once a week				31 (21%)
	More than once a week				7 (5%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				33 (23%)
	Yes				71 (49%)
	No				41 (28%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				5 (3%)
	0				24 (16%)
	1 to 2				102 (68%)
	3 to 5				16 (11%)
	More than 5				2 (1%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				8 (5%)
	0				5 (3%)
	1 to 2				26 (17%)
	3 to 5				38 (25%)
	More than 5				73 (49%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				1 (1%)
	0				5 (3%)
	1 to 2				15 (10%)
	3 to 5				45 (30%)
	More than 5				82 (55%)

Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	54 (36%)
	<i>2 to less than 4 hours</i>	32 (22%)
	<i>4 to less than 6 hours</i>	29 (20%)
	<i>6 to less than 8 hours</i>	17 (11%)
	<i>8 to less than 10 hours</i>	3 (2%)
	<i>10 hours or more</i>	5 (3%)
	<i>Don't know</i>	8 (5%)

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	34 (23%)
	No	115 (77%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	75 (50%)
	No	75 (50%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	78 (52%)
	No	72 (48%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	11 (7%)
	<i>Very easy</i>	11 (7%)
	<i>Easy</i>	27 (18%)
	<i>Neither</i>	19 (13%)
	<i>Difficult</i>	41 (27%)
	<i>Very difficult</i>	39 (26%)
	<i>Don't know</i>	2 (1%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	Yes	78 (53%)
	No	69 (47%)
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>	69 (47%)
	<i>No contact</i>	51 (34%)
	<i>Letter</i>	9 (6%)
	<i>Phone</i>	5 (3%)
	<i>Visit</i>	18 (12%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	91 (61%)
	No	58 (39%)

Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	Yes	59 (40%)
	No	90 (60%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/not sentenced</i>	90 (61%)
	<i>Very involved</i>	14 (10%)
	<i>Involved</i>	11 (7%)
	<i>Neither</i>	16 (11%)
	<i>Not very involved</i>	2 (1%)
	<i>Not at all involved</i>	14 (10%)
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>	90 (62%)
	<i>Nobody</i>	38 (26%)
	<i>Offender supervisor</i>	10 (7%)
	<i>Offender manager</i>	9 (6%)
	<i>Named/ personal officer</i>	4 (3%)
	<i>Staff from other departments</i>	5 (3%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	90 (62%)
	Yes	26 (18%)
	No	16 (11%)
	<i>Don't know</i>	13 (9%)
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>	90 (60%)
	Yes	12 (8%)
	No	25 (17%)
	<i>Don't know</i>	22 (15%)
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>	90 (60%)
	Yes	17 (11%)
	No	18 (12%)
	<i>Don't know</i>	24 (16%)
Q13.10	Do you have a needs based custody plan?	
	Yes	11 (7%)
	No	64 (43%)
	<i>Don't know</i>	73 (49%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	18 (12%)
	No	129 (88%)

**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	28 (20%)	41 (29%)	71 (51%)
Accommodation	33 (24%)	46 (33%)	61 (44%)
Benefits	36 (27%)	31 (23%)	68 (50%)
Finances	35 (26%)	25 (19%)	73 (55%)
Education	36 (27%)	36 (27%)	61 (46%)
Drugs and alcohol	46 (34%)	33 (24%)	57 (42%)

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

<i>Not sentenced</i>	0 (0%)
<i>Yes</i>	55 (38%)
<i>No</i>	89 (62%)

Main comparator and comparator to last time



Prisoner survey responses: HMYOI Feltham B 2017

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

Key to tables

Key to tables		HMYOI Feltham B 2017	Young adult training prisons comparator	HMYOI Feltham B 2017	HMYOI Feltham B 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		153	547	153	160
SECTION 1: General information					
1.2	Are you under 21 years of age?	88%	64%	88%	85%
1.3	Are you sentenced?	100%	100%	100%	98%
1.3	Are you on recall?	9%	6%	9%	7%
1.4	Is your sentence less than 12 months?	14%	5%	14%	19%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	4%	1%	0%
1.5	Are you a foreign national?	17%	8%	17%	20%
1.6	Do you understand spoken English?	99%	100%	99%	100%
1.7	Do you understand written English?	98%	100%	98%	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.)	74%	35%	74%	69%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%	3%	3%
1.1	Are you Muslim?	35%	21%	35%	34%
1.11	Are you homosexual/gay or bisexual?	1%	4%	1%	1%
1.12	Do you consider yourself to have a disability?	13%	17%	13%	10%
1.13	Are you a veteran (ex-armed services)?	2%	2%	2%	1%
1.14	Is this your first time in prison?	61%	60%	61%	51%
1.15	Do you have any children under the age of 18?	16%	23%	16%	18%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	44%	62%	44%	41%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	64%	72%	64%	64%
2.3	Were you offered a toilet break?	10%	11%	10%	10%
2.4	Was the van clean?	32%	44%	32%	46%
2.5	Did you feel safe?	71%	80%	71%	75%
2.6	Were you treated well/very well by the escort staff?	56%	63%	56%	63%
2.7	Before you arrived here were you told that you were coming here?	43%	54%	43%	54%
2.7	Before you arrived here did you receive any written information about coming here?	10%	9%	10%	21%
2.8	When you first arrived here did your property arrive at the same time as you?	77%	86%	77%	79%

Main comparator and comparator to last time

Key to tables

		HMYOI Feltham B 2017	Young adult training prisons comparator	HMYOI Feltham B 2017	HMYOI Feltham B 2014
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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?	70%	70%	70%	76%
3.2	When you were searched in reception, was this carried out in a respectful way?	72%	83%	72%	85%
3.3	Were you treated well/very well in reception?	56%	70%	56%	62%
	When you first arrived:				
3.4	Did you have any problems?	70%	53%	70%	64%
3.4	Did you have any problems with loss of property?	27%	17%	27%	26%
3.4	Did you have any housing problems?	15%	4%	15%	19%
3.4	Did you have any problems contacting employers?	2%	1%	2%	4%
3.4	Did you have any problems contacting family?	31%	17%	31%	19%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	1%	0%	3%
3.4	Did you have any money worries?	17%	10%	17%	14%
3.4	Did you have any problems with feeling depressed or suicidal?	11%	14%	11%	8%
3.4	Did you have any physical health problems?	7%	4%	7%	4%
3.4	Did you have any mental health problems?	9%	17%	9%	4%
3.4	Did you have any problems with needing protection from other prisoners?	8%	10%	8%	4%
3.4	Did you have problems accessing phone numbers?	26%	13%	26%	25%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	25%	31%	25%	29%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	1%	86%	1%	70%
3.6	A shower?	9%	39%	9%	23%
3.6	A free telephone call?	64%	70%	64%	78%
3.6	Something to eat?	34%	49%	34%	59%
3.6	PIN phone credit?	13%	55%	13%	26%
3.6	Toiletries/ basic items?	42%	50%	42%	42%

Key to tables

Main comparator and comparator to last time

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	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 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?	64%	62%	64%	58%
3.7	Someone from health services?	59%	66%	59%	59%
3.7	A Listener/Samaritans?	15%	25%	15%	26%
3.7	Prison shop/ canteen?	15%	29%	15%	17%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	33%	46%	33%	41%
3.8	Support was available for people feeling depressed or suicidal?	18%	36%	18%	31%
3.8	How to make routine requests?	16%	40%	16%	23%
3.8	Your entitlement to visits?	20%	41%	20%	29%
3.8	Health services?	33%	50%	33%	42%
3.8	The chaplaincy?	45%	48%	45%	49%
3.9	Did you feel safe on your first night here?	70%	70%	70%	82%
3.10	Have you been on an induction course?	80%	87%	80%	80%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	36%	46%	36%	45%
3.12	Did you receive an education (skills for life) assessment?	88%	81%	88%	82%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	19%	29%	19%	34%
4.1	Attend legal visits?	37%	38%	37%	49%
4.1	Get bail information?	9%	12%	9%	16%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	37%	42%	37%	33%
4.3	Can you get legal books in the library?	29%	28%	29%	28%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	53%	51%	53%	51%
4.4	Are you normally able to have a shower every day?	57%	53%	57%	85%
4.4	Do you normally receive clean sheets every week?	44%	70%	44%	52%
4.4	Do you normally get cell cleaning materials every week?	33%	44%	33%	31%
4.4	Is your cell call bell normally answered within five minutes?	21%	32%	21%	33%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	52%	57%	52%	61%
4.4	Can you normally get your stored property, if you need to?	15%	25%	15%	33%
4.5	Is the food in this prison good/very good?	19%	24%	19%	21%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	17%	47%	17%	18%
4.7	Are you able to speak to a Listener at any time, if you want to?	33%	39%	33%	39%
4.8	Are your religious beliefs respected?	61%	49%	61%	63%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	66%	58%	66%	69%
4.10	Is it easy/very easy to attend religious services?	46%	44%	46%	64%

Main comparator and comparator to last time

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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?	55%	78%	55%	64%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	33%	53%	33%	57%
5.2	Do you feel applications are dealt with quickly (within seven days)?	16%	26%	16%	28%
5.3	Is it easy to make a complaint?	48%	49%	48%	53%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	29%	30%	29%	36%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	18%	26%	18%	35%
5.5	Have you ever been prevented from making a complaint when you wanted to?	22%	26%	22%	20%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	13%	18%	13%	32%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	30%	41%	30%	38%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	43%	36%	59%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	27%	23%	27%	19%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	23%	26%	23%	22%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	53%	68%	53%	65%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	60%	63%	60%	72%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	19%	26%	19%	30%
7.4	Do staff normally speak to you most of the time/all of the time during association?	18%	23%	18%	26%
7.5	Do you have a personal officer?	51%	71%	51%	61%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	41%	51%	41%	49%

Main comparator and comparator to last time

Key to tables

		HMYOI Feltham B 2017	Young adult training prisons comparator	HMYOI Feltham B 2017	HMYOI Feltham B 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				
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	42%	50%	42%	24%
8.2	Do you feel unsafe now?	24%	23%	24%	12%
8.4	Have you been victimised by other prisoners here?	19%	37%	19%	18%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	9%	20%	9%	9%
8.5	Hit, kicked or assaulted you?	7%	19%	7%	7%
8.5	Sexually abused you?	0%	1%	0%	3%
8.5	Threatened or intimidated you?	8%	24%	8%	8%
8.5	Taken your canteen/property?	3%	14%	3%	3%
8.5	Victimised you because of medication?	1%	2%	1%	3%
8.5	Victimised you because of debt?	3%	9%	3%	1%
8.5	Victimised you because of drugs?	3%	6%	3%	1%
8.5	Victimised you because of your race or ethnic origin?	4%	3%	4%	5%
8.5	Victimised you because of your religion/religious beliefs?	4%	4%	4%	4%
8.5	Victimised you because of your nationality?	6%	3%	6%	3%
8.5	Victimised you because you were from a different part of the country?	3%	8%	3%	3%
8.5	Victimised you because you are from a Traveller community?	0%	1%	0%	2%
8.5	Victimised you because of your sexual orientation?	3%	3%	3%	1%
8.5	Victimised you because of your age?	1%	1%	1%	1%
8.5	Victimised you because you have a disability?	3%	4%	3%	1%
8.5	Victimised you because you were new here?	11%	10%	11%	5%
8.5	Victimised you because of your offence/crime?	2%	13%	2%	4%
8.5	Victimised you because of gang related issues?	7%	9%	7%	6%

Main comparator and comparator to last time

Key to tables

		HMYOI Feltham B 2017	Young adult training prisons comparator	HMYOI Feltham B 2017	HMYOI Feltham B 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				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	38%	32%	38%	33%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	19%	16%	19%	13%
8.7	Hit, kicked or assaulted you?	11%	8%	11%	5%
8.7	Sexually abused you?	1%	1%	1%	3%
8.7	Threatened or intimidated you?	11%	14%	11%	12%
8.7	Victimised you because of medication?	6%	1%	6%	1%
8.7	Victimised you because of debt?	1%	2%	1%	0%
8.7	Victimised you because of drugs?	3%	2%	3%	1%
8.7	Victimised you because of your race or ethnic origin?	9%	6%	9%	9%
8.7	Victimised you because of your religion/religious beliefs?	9%	6%	9%	8%
8.7	Victimised you because of your nationality?	6%	4%	6%	4%
8.7	Victimised you because you were from a different part of the country?	3%	5%	3%	1%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.7	Victimised you because of your sexual orientation?	3%	1%	3%	1%
8.7	Victimised you because of your age?	5%	2%	5%	3%
8.7	Victimised you because you have a disability?	4%	3%	4%	1%
8.7	Victimised you because you were new here?	10%	5%	10%	7%
8.7	Victimised you because of your offence/crime?	5%	5%	5%	1%
8.7	Victimised you because of gang related issues?	8%	2%	8%	3%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	32%	37%	32%	26%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMYOI Feltham B 2017	Young adult training prisons comparator	HMYOI Feltham B 2017	HMYOI Feltham B 2014
	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 9: Health services					
9.1	Is it easy/very easy to see the doctor?	42%	39%	42%	27%
9.1	Is it easy/very easy to see the nurse?	49%	59%	49%	41%
9.1	Is it easy/very easy to see the dentist?	23%	19%	23%	13%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	59%	54%	59%	49%
9.2	The nurse?	55%	69%	55%	35%
9.2	The dentist?	49%	45%	49%	34%
9.3	The overall quality of health services?	55%	49%	55%	35%
9.4	Are you currently taking medication?	20%	25%	20%	24%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	52%	67%	52%	51%
9.6	Do you have any emotional well being or mental health problems?	31%	34%	31%	16%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	52%	52%	52%	54%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	20%	28%	20%	23%
10.2	Did you have a problem with alcohol when you came into this prison?	13%	16%	13%	12%
10.3	Is it easy/very easy to get illegal drugs in this prison?	13%	38%	13%	13%
10.4	Is it easy/very easy to get alcohol in this prison?	7%	12%	7%	5%
10.5	Have you developed a problem with drugs since you have been in this prison?	3%	14%	3%	3%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	3%	4%	3%	3%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	56%	63%	56%	73%
10.8	Have you received any support or help with your alcohol problem while in this prison?	62%	63%	62%	67%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	85%	71%	85%	77%

Main comparator and comparator to last time

Key to tables

		HMYOI Feltham B 2017	Young adult training prisons comparator	HMYOI Feltham B 2017	HMYOI Feltham B 2014
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	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	20%	27%	20%	22%
11.1	Vocational or skills training?	26%	32%	26%	29%
11.1	Education (including basic skills)?	49%	50%	49%	56%
11.1	Offending behaviour programmes?	25%	28%	25%	18%
Are you currently involved in any of the following activities:					
11.2	A prison job?	30%	43%	30%	33%
11.2	Vocational or skills training?	10%	12%	10%	7%
11.2	Education (including basic skills)?	39%	20%	39%	29%
11.2	Offending behaviour programmes?	9%	12%	9%	3%
11.3	Have you had a job while in this prison?	69%	73%	69%	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?	31%	53%	31%	44%
11.3	Have you been involved in vocational or skills training while in this prison?	61%	65%	61%	60%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	42%	56%	42%	43%
11.3	Have you been involved in education while in this prison?	82%	76%	82%	80%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	47%	59%	47%	54%
11.3	Have you been involved in offending behaviour programmes while in this prison?	68%	66%	68%	53%
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?	48%	57%	48%	38%
11.4	Do you go to the library at least once a week?	26%	33%	26%	28%
11.5	Does the library have a wide enough range of materials to meet your needs?	49%	37%	49%	47%
11.6	Do you go to the gym three or more times a week?	12%	15%	12%	11%
11.7	Do you go outside for exercise three or more times a week?	74%	56%	74%	69%
11.8	Do you go on association more than five times each week?	56%	42%	56%	78%
11.9	Do you spend ten or more hours out of your cell on a weekday?	3%	3%	3%	2%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	23%	34%	23%	30%
12.2	Have you had any problems with sending or receiving mail?	50%	50%	50%	40%
12.3	Have you had any problems getting access to the telephones?	52%	36%	52%	31%
12.4	Is it easy/ very easy for your friends and family to get here?	25%	21%	25%	42%

Main comparator and comparator to last time

Key to tables

		HMYOI Feltham B 2017	Young adult training prisons comparator	HMYOI Feltham B 2017	HMYOI Feltham B 2014
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	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	53%	85%	53%	70%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	65%	40%	65%	38%
13.2	Contact by letter?	11%	25%	11%	21%
13.2	Contact by phone?	7%	21%	7%	8%
13.2	Contact by visit?	23%	30%	23%	45%
13.3	Do you have a named offender supervisor in this prison?	61%	80%	61%	71%
For those who are sentenced:					
13.4	Do you have a sentence plan?	40%	68%	40%	46%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	44%	48%	44%	58%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	68%	46%	68%	59%
13.6	Offender supervisor?	18%	38%	18%	27%
13.6	Offender manager?	16%	27%	16%	17%
13.6	Named/ personal officer?	7%	15%	7%	14%
13.6	Staff from other departments?	9%	22%	9%	6%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	47%	66%	47%	60%
13.8	Are there plans for you to achieve any of your targets in another prison?	20%	23%	20%	25%
13.9	Are there plans for you to achieve any of your targets in the community?	29%	25%	29%	30%
13.10	Do you have a needs based custody plan?	8%	5%	8%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	18%	12%	20%
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?	37%	29%	37%	48%
13.12	Accommodation?	43%	26%	43%	55%
13.12	Benefits?	31%	22%	31%	36%
13.12	Finances?	26%	19%	26%	21%
13.12	Education?	37%	30%	37%	50%
13.12	Drugs and alcohol?	37%	36%	37%	48%
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%	54%	38%	51%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMYOI Feltham B 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

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
Number of completed questionnaires returned		111	40	26	125	53	98
1.3	Are you sentenced?	100%	100%	100%	100%	100%	100%
1.5	Are you a foreign national?	18%	15%			25%	14%
1.6	Do you understand spoken English?	99%	98%	100%	98%	98%	99%
1.7	Do you understand written English?	99%	95%	100%	98%	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.)			76%	73%	96%	62%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	13%	8%	2%	0%	5%
1.1	Are you Muslim?	46%	5%	50%	33%		
1.12	Do you consider yourself to have a disability?	12%	15%	23%	11%	11%	14%
1.13	Are you a veteran (ex-armed services)?	2%	0%	3%	2%	4%	1%
1.14	Is this your first time in prison?	61%	60%	57%	61%	66%	58%
2.6	Were you treated well/very well by the escort staff?	53%	67%	46%	58%	51%	59%
2.7	Before you arrived here were you told that you were coming here?	39%	55%	23%	48%	34%	47%
3.2	When you were searched in reception, was this carried out in a respectful way?	67%	87%	76%	71%	68%	74%
3.3	Were you treated well/very well in reception?	51%	72%	54%	56%	47%	60%
3.4	Did you have any problems when you first arrived?	69%	71%	77%	70%	71%	69%
3.7	Did you have access to someone from health care when you first arrived here?	57%	65%	68%	58%	56%	60%
3.9	Did you feel safe on your first night here?	66%	80%	61%	72%	62%	74%
3.10	Have you been on an induction course?	82%	72%	92%	77%	77%	82%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	16%	27%	13%	20%	7%	24%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	54%	53%	53%	53%	47%	55%
4.4	Are you normally able to have a shower every day?	49%	75%	48%	59%	51%	60%
4.4	Is your cell call bell normally answered within five minutes?	23%	15%	20%	22%	22%	21%
4.5	Is the food in this prison good/very good?	16%	28%	23%	18%	19%	20%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	15%	22%	15%	18%	13%	18%
4.7	Are you able to speak to a Listener at any time, if you want to?	33%	34%	31%	34%	32%	33%
4.8	Do you feel your religious beliefs are respected?	63%	55%	74%	59%	61%	62%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	64%	72%	74%	65%	72%	63%
5.1	Is it easy to make an application?	54%	57%	43%	58%	53%	57%
5.3	Is it easy to make a complaint?	48%	48%	43%	50%	47%	48%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	26%	43%	36%	28%	26%	32%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	40%	39%	36%	31%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	29%	15%	31%	26%	37%	22%
7.1	Do most staff, in this prison, treat you with respect?	49%	67%	64%	52%	47%	57%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	56%	67%	72%	57%	47%	67%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	30%	21%	18%	12%	21%
7.4	Do you have a personal officer?	48%	57%	77%	46%	48%	53%
8.1	Have you ever felt unsafe here?	43%	35%	54%	39%	44%	39%
8.2	Do you feel unsafe now?	27%	13%	39%	21%	29%	21%
8.3	Have you been victimised by other prisoners?	19%	15%	26%	17%	20%	19%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	9%	5%	3%	9%	13%	5%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	2%	3%	4%	7%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	0%	3%	4%	7%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	8%	8%	6%	10%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	2%	5%	3%	2%	2%	3%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
8.6	Have you been victimised by a member of staff?	41%	25%	39%	38%	42%	35%
8.7	Have you ever felt threatened or intimidated by staff here?	13%	5%	8%	12%	13%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	2%	12%	9%	16%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	5%	8%	9%	16%	5%
8.7	Have you been victimised because of your nationality? (By staff)	7%	2%	12%	5%	10%	4%
8.7	Have you been victimised because you have a disability? (By staff)	3%	5%	8%	3%	4%	4%
9.1	Is it easy/very easy to see the doctor?	37%	57%	31%	46%	37%	45%
9.1	Is it easy/ very easy to see the nurse?	45%	62%	34%	53%	46%	51%
9.4	Are you currently taking medication?	19%	26%	16%	22%	16%	22%
9.6	Do you feel you have any emotional well being/mental health issues?	30%	28%	44%	28%	32%	30%
10.3	Is it easy/very easy to get illegal drugs in this prison?	13%	13%	21%	12%	26%	5%
11.2	Are you currently working in the prison?	27%	39%	33%	30%	23%	35%
11.2	Are you currently undertaking vocational or skills training?	11%	8%	9%	10%	6%	12%
11.2	Are you currently in education (including basic skills)?	41%	34%	38%	39%	46%	34%
11.2	Are you currently taking part in an offending behaviour programme?	8%	13%	0%	11%	2%	13%
11.4	Do you go to the library at least once a week?	25%	30%	21%	28%	27%	26%
11.6	Do you go to the gym three or more times a week?	8%	23%	16%	12%	6%	16%
11.7	Do you go outside for exercise three or more times a week?	73%	75%	88%	71%	78%	71%
11.8	On average, do you go on association more than five times each week?	51%	64%	56%	56%	54%	56%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	4%	2%	16%	1%	4%	3%
12.2	Have you had any problems sending or receiving mail?	57%	33%	48%	51%	55%	47%
12.3	Have you had any problems getting access to the telephones?	56%	40%	53%	52%	53%	52%



Key question responses (disability and under 21) HMYOI Feltham B 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

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners under the age of 21	Prisoners aged 21 and over
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	133	134	19
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	30%	15%	15%	31%
1.6	Do you understand spoken English?	100%	98%	99%	96%
1.7	Do you understand written English?	96%	98%	98%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	69%	74%	74%	69%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	15%	2%	3%	5%
1.1	Are you Muslim?	30%	36%	33%	47%
1.12	Do you consider yourself to have a disability?			13%	16%
1.13	Are you a veteran (ex-armed services)?	4%	2%	2%	0%
1.14	Is this your first time in prison?	30%	65%	64%	33%
2.6	Were you treated well/very well by the escort staff?	45%	58%	57%	47%
2.7	Before you arrived here were you told that you were coming here?	55%	41%	44%	36%
3.2	When you were searched in reception, was this carried out in a respectful way?	66%	73%	73%	60%
3.3	Were you treated well/very well in reception?	50%	57%	57%	44%
3.4	Did you have any problems when you first arrived?	100%	66%	67%	88%
3.7	Did you have access to someone from health care when you first arrived here?	60%	59%	57%	69%
3.9	Did you feel safe on your first night here?	55%	72%	68%	80%
3.10	Have you been on an induction course?	70%	81%	81%	69%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	16%	19%	18%	21%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners under the age of 21	Prisoners aged 21 and over
	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?	42%	55%	53%	56%
4.4	Are you normally able to have a shower every day?	55%	57%	58%	50%
4.4	Is your cell call bell normally answered within five minutes?	30%	20%	21%	18%
4.5	Is the food in this prison good/very good?	19%	19%	20%	11%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	11%	18%	17%	21%
4.7	Are you able to speak to a Listener at any time, if you want to?	36%	32%	35%	16%
4.8	Do you feel your religious beliefs are respected?	55%	62%	60%	69%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	69%	65%	65%	69%
5.1	Is it easy to make an application?	40%	58%	56%	53%
5.3	Is it easy to make a complaint?	34%	50%	49%	42%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	19%	32%	28%	42%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	19%	39%	37%	36%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	34%	25%	25%	36%
7.1	Do most staff, in this prison, treat you with respect?	44%	54%	53%	56%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	57%	60%	58%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	4%	20%	18%	16%
7.4	Do you have a personal officer?	45%	52%	49%	64%
8.1	Have you ever felt unsafe here?	60%	39%	43%	31%
8.2	Do you feel unsafe now?	47%	21%	24%	27%
8.3	Have you been victimised by other prisoners?	34%	16%	20%	12%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	4%	9%	8%	5%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	11%	3%	4%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	11%	3%	4%	5%
8.5	Have you been victimised because of your nationality? (By prisoners)	11%	5%	6%	5%
8.5	Have you been victimised because of your age? (By prisoners)	0%	2%	2%	0%
8.5	Have you been victimised because you have a disability? (By prisoners)	4%	2%	2%	5%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners under the age of 21	Prisoners aged 21 and over
	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?	66%	33%	35%	53%
8.7	Have you ever felt threatened or intimidated by staff here?	30%	8%	11%	16%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	15%	8%	7%	27%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	15%	8%	7%	21%
8.7	Have you been victimised because of your nationality? (By staff)	11%	5%	5%	16%
8.7	Have you been victimised because of your age? (By staff)	15%	4%	5%	11%
8.7	Have you been victimised because you have a disability? (By staff)	15%	2%	2%	16%
9.1	Is it easy/very easy to see the doctor?	50%	41%	43%	36%
9.1	Is it easy/ very easy to see the nurse?	66%	47%	49%	50%
9.4	Are you currently taking medication?	53%	16%	20%	21%
9.6	Do you feel you have any emotional well being/mental health issues?	89%	22%	28%	44%
10.3	Is it easy/very easy to get illegal drugs in this prison?	11%	13%	13%	11%
11.2	Are you currently working in the prison?	17%	32%	29%	43%
11.2	Are you currently undertaking vocational or skills training?	12%	9%	11%	0%
11.2	Are you currently in education (including basic skills)?	44%	38%	41%	18%
11.2	Are you currently taking part in an offending behaviour programme?	5%	9%	10%	0%
11.4	Do you go to the library at least once a week?	12%	28%	28%	13%
11.6	Do you go to the gym three or more times a week?	4%	13%	12%	16%
11.7	Do you go outside for exercise three or more times a week?	85%	72%	72%	84%
11.8	On average, do you go on association more than five times each week?	36%	58%	59%	31%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	4%	3%	2%	11%
12.2	Have you had any problems sending or receiving mail?	75%	46%	47%	69%
12.3	Have you had any problems getting access to the telephones?	70%	49%	50%	64%