

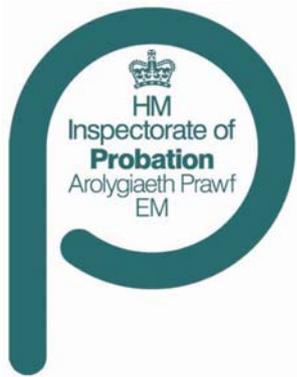
Report on an unannounced inspection of

# **HMP Haverigg**

by HM Chief Inspector of Prisons

**27–28 March, 3–6 April 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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### **Glossary of terms**

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

# Introduction

HMP Haverigg is a category C male training prison situated in West Cumbria. At the time of the last inspection, Haverigg was holding around 650 adult men, but when we visited this time that number had more than halved. Police operation Knightsbridge had been launched in 2016 to investigate two deaths in custody and a serious assault which were alleged to have taken place in the old billet accommodation; the safety of these facilities had been criticised by this Inspectorate in the past. As a consequence of these events, the then National Offender Management Service (now known as Her Majesty's Prison and Probation Service (HMPPS)) took the decision to close these units because the safety of prisoners living there could not be assured. We welcomed that decision. The police investigation was scaled down during our visit but had not concluded. It is not the purpose of this report to examine the issues being investigated under Knightsbridge, but it is important to acknowledge that managers and staff were operating against the backdrop of a significant police investigation. Staff repeatedly expressed ongoing fears to us that the prison would close, although we had no knowledge of such a plan.

The governor had retained most of his budget and resource originally allocated for the larger population and, with the exception of detached duty commitments, was using this money to manage the remaining four units. This respite had enabled him to make some notable improvements that became evident to us at this inspection.

Every new prisoner was now seen on reception by a member of the mental health team, and prisoners at risk of suicide or self-harm were well cared for. Levels of violence had reduced since the decommissioning of the billet accommodation but remained too high, although they were now lower than at comparator establishments. More needed to be done to manage the perpetrators of violence and support victims. The long, rural and therefore vulnerable perimeter added to the problem of drugs at the establishment, and we were shown the evidence of some significant finds. That said, we found very few prisoners isolating themselves and almost all of those we spoke to during the inspection said that Haverigg was now a safer and more decent prison. Security was proportionate, which we felt demonstrated measured leadership given the recent history of the establishment. Rather than tightening security, curtailing the regime and locking people up to keep them apart, the prison was managing risk, which was having a positive impact.

Our partners in Ofsted endorsed the governor for prioritising education and work as routes to rehabilitation, and the prison offered a range of quality full-time activity places for every prisoner. There was a clear focus on getting people out of their cells and into work, education and training. Staff understood the importance of keeping prisoners occupied and our roll checks showed that more prisoners than at the last inspection were unlocked and in work – this was better than in many comparable prisons. There were one or two weaknesses in learning and skills, the most significant being that achievements in the important areas of maths and English were not good enough. Equality and diversity work was improving and there was a more strategic approach to managing resettlement.

We were, however, disappointed that, given the extra resources the prison now had, little had been done to address the living conditions on the units, which, with the exception of Kainos, were shabby and dirty. Efforts were being made to improve the external fabric but there was no excuse for the poor standards of decoration and cleanliness on three of the four residential units; even the enhanced wing looked dirty and neglected and staff were failing to set and enforce reasonable standards.

Health services were reasonably good, although a rigid application of a zero tolerance policy when dealing with challenging prisoners increased the risk of prisoners being deprived of the health care they needed. This was a serious failing of governance that required immediate correction, and was something we brought to the attention of the governor.

Haverigg has had a troubled past and there was still much to do at the establishment. That said, it is important to end on a positive note which recognises the efforts made by the governor and his team not to let that troubled past define the prison's future. Haverigg's real strength lies in its relationships, from the governor's positive relationships with partners and staff associations to those between staff of all disciplines and the prisoners in their care. We left the establishment feeling confident that, with continued support from HMPPS, the team at Haverigg will embrace the recommendations made in this report and improvements will continue.

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

May 2017

# Fact page

## Task of the establishment

Category C male training prison

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

Public

## Region/Department

North-west

## Number held

273

## Certified normal accommodation

291

## Operational capacity

291

## Date of last full inspection

6-17 January 2014

## Brief history

HMP Haverigg was opened in 1967 on the site of a former RAF camp and is the only prison in Cumbria. Originally, 350 prisoners were accommodated in the RAF billets, but the addition of new accommodation and the rebuilding of two units following incidents of concerted indiscipline in 1988 and 1999 increased the accommodation.

Due to recent high levels of violence and the ongoing police investigation, three residential units have been closed. These were mainly billeted accommodation, namely R2, R3 and R6. This has reduced the population by a third.

## Short description of residential units

Skiddaw R1 Purpose-built house block split into two wings, with 103 single, 11 double and three triple cells with integral sanitation

Fairfield R2 Nine billets with single and double cells with integral sanitation housing 196 prisoners. Closed

Blencathra R3 Seven billets, mainly with single cells, for 127 prisoners. Closed

Helvellyn R4 Two 40-cell units with in-cell showers and television

Langdale R5 72 cellular units with eight double cells.

Great Gable R6 Programmes wing with 28 single cells, and four doubles in two billets. Closed

Scafell wing is the segregation unit, with two cells, five cells having been taken off line as the governor deemed them unsuitable for occupation. There are no plans to bring them back into use.

## Name of governor/director

Tony Corcoran

## Escort contractor

GeoAmey

**Health service providers**

Cumbria Partnership NHS Foundation Trust  
Gables Medical (Offender Health) Limited  
Greater Manchester Mental Health NHS Foundation Trust  
Burgess & Hyder Dental Group

**Learning and skills providers**

Novus

**Independent Monitoring Board chair**

Lynn Chambers

**Community rehabilitation company (CRC)**

Cumbria and Lancashire CRC

# About this inspection and report

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

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

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

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

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

- **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 and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and IV respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix V of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>1</sup>

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

# Summary

## Safety

- S1 *The reception process was good, focusing appropriately on safety and care. The first night environment was poor and the induction programme still required improvement. Levels of violence were reducing but more needed to be done to improve perceptions of safety. The management of prisoners at risk of suicide and self-harm was good. Safeguarding procedures had improved. There were some weaknesses in the incentives and earned privileges system. Conditions in the segregation unit were poor and governance in this critical area was weak. The use of force was high compared to similar prisons. Supply reduction work needed to be prioritised but clinical treatment and psychosocial outcomes were generally good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S2 *At the last inspection in January 2014, we found that outcomes for prisoners in HMP Haverigg were not sufficiently good against this healthy prison test. We made 24 recommendations in the area of safety. At this follow-up inspection we found that 11 of the recommendations had been achieved, five had been partially achieved and eight had not been achieved.*
- S3 Long journeys to the prison were exacerbated by delays in alighting from cellular vehicles. Reception processes were swift and thorough. Interviews were conducted in private and all prisoners were seen by a member of the mental health team which demonstrated a focus on care and safety. Most prisoners were positive about their experience in reception and peer support was very good. First night accommodation was poor and lacked privacy. The induction presentation was delivered by an officer with support from a peer worker, which was good. However, the programme was disorganised and contained some inaccurate information, and prisoners spent too long locked in their cells between sessions.
- S4 Too many prisoners in our survey responded negatively about feelings of safety. Following the decommissioning of the billet accommodation there had been a downward trend in violence and it was now lower than in comparable prisons. Strategies to reduce violence were improving but more needed to be done to manage perpetrators and support victims effectively.
- S5 Levels of self-harm were relatively high but were attributable to a few prisoners. The prison had responded well to Prisons and Probation Ombudsman recommendations following death in custody investigations. Management of prisoners at risk and analysis and monitoring of data were good. ACCT<sup>2</sup> documentation demonstrated good multidisciplinary care and prisoners spoke positively about the support they received from staff.
- S6 A developing relationship had been established with the local adult safeguarding board. Work to support prisoners who had suffered sexual abuse, isolated themselves or were vulnerable was good.
- S7 Security arrangements remained largely proportionate. There was a good flow of intelligence into the security department and reports were now collated and analysed promptly. However, 45% of prisoners said it was easy to get drugs in the prison. Work was being done

<sup>2</sup> Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

to tackle the problem of NPS<sup>3</sup> and the results of mandatory drug testing were within target. However, only 42 of the 68 suspicion tests requested in the six months to February 2017 had been completed, with a positive rate of 50%.

- S8 Additional privileges for enhanced prisoners included progression to the enhanced unit and a range of trusted positions. However, the majority of prisoners were on enhanced suggesting that the system was not working effectively. Targets set for those on basic were perfunctory and inadequate for tackling poor behaviour.
- S9 The number of adjudication charges laid remained higher than at comparable prisons, although there had been a notable reduction during the previous six months. Hearings were conducted appropriately and few charges were outstanding.
- S10 The use of force was high in comparison with other category C training prisons. Scrutiny of force had improved but this was still an area that required closer attention. The available paperwork and body-worn video camera footage that we reviewed indicated that force was mostly, but not always, used appropriately.
- S11 The use of segregation was similar to other category C training prisons. We were very concerned to find that poor governance in the segregation unit had resulted in one prisoner having his right to health care assessments under PSO 1700 restricted. The decommissioning of the worst segregation cells was a positive step but, despite efforts, the fabric and condition of the unit remained poor. Relationships on the unit were relaxed and reintegration planning was excellent.
- S12 Psychosocial support for those with a substance misuse problem had improved and clinical treatment was good. Prisoners made positive input into care plans and reviews. The supervision of methadone administration was good.

## Respect

S13 *Too many areas of the prison were dirty and neglected. The R5 unit provided the best accommodation but the units where most prisoners lived were shabby. Telephones lacked privacy and the application system was weak. Relationships were a real strength and staff were motivated and caring. Peer support was good. There had been significant improvements in the management of equality and diversity. The chaplaincy played an integral part in the prison community. Faith provision was good. There was a justified lack of confidence in the complaints system. Health services were reasonably good, although we had serious concerns about the application of a zero tolerance policy in health care. Consultation on food and the provision of fresh produce were good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S14 *At the last inspection in January 2014, we found that outcomes for prisoners in HMP Haverigg were not sufficiently good against this healthy prison test. We made 32 recommendations in the area of respect. At this follow-up inspection we found that 13 of the recommendations had been achieved, five had been partially achieved, 13 had not been achieved and one was no longer relevant.*

S15 The quality of accommodation continued to vary widely from good to poor. Some communal areas were shabby and dirty, and a number of showers were in need of deep cleaning. Despite being an enhanced unit, R4 was not well maintained. R5 offered the best

<sup>3</sup> New psychoactive substances: drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects.

- accommodation and RI the worst. Telephones on units lacked privacy. Graffiti and offensive displays went unchallenged in some areas. There was no oversight or monitoring of the application process.
- S16 Staff relationships continued to be a real strength across the board. Most prisoners felt that staff treated them with respect and that they had someone they could turn to. We observed many positive interactions and most staff treated prisoners with care which contributed to a largely relaxed atmosphere. A few prisoners were trusted in peer support roles and worked alongside staff which strengthened relationships further.
- S17 Strategic management of equality and diversity had improved greatly, with a comprehensive policy, a detailed and appropriate action plan, and regular meetings in place. Haverigg was represented on the Cumbria equality and diversity group. Prisoner equality representatives played an active role around the prison. However, monitoring and analysis of data were not well enough developed to identify areas of concern for all protected characteristics. Forums for Muslim prisoners had addressed some unmet need and there had been some good work to support a transgender prisoner. Gay and bisexual prisoners were offered support. In our survey, 40% of prisoners with disabilities said they had been victimised by other prisoners. Although prisoners we spoke to were positive about relationships, this survey finding required further investigation. There were no targeted activities for older prisoners.
- S18 The chaplaincy was welcoming and visible. Faith provision was good and there was a wide range of faith classes.
- S19 Although most responses to prisoners' complaints were timely, many were brief and lacking in detail and did not address the issue. Quality assurance was not sufficiently robust. Legal services provision was adequate.
- S20 Most areas of health provision were reasonably good but the negative perceptions that prescribing practices were unfair needed to be investigated and addressed. A zero tolerance policy had led to a segregated prisoner being denied adequate health care assessment of his physical, emotional and mental well-being. This meant health care staff were unable to assess if there were any apparent clinical reasons to advise against the continuation of segregation. Partnership working and clinical governance were mostly effective. Initial mental and physical health screening on arrival appropriately identified health needs and risks with proactive referrals to meet these needs. Prisoners had access to an appropriate range of primary care services and visiting specialists, with reasonable waiting times, although the management of long-term conditions needed improvement. Some aspects of medicines management required further attention. Dental provision was good, although there were some deficits in governance. The integrated mental health team provided a reasonably good and responsive service despite some staff shortages.
- S21 The Care Quality Commission (CQC) found there were breaches of the relevant regulations and have issued two requirement notices (see Appendix III).<sup>4</sup>
- S22 Only 18% of prisoners said that the food was good. The food we sampled was reasonably good and the menu included fresh vegetables and smoked fish produced in house. Promotion of healthy eating and consultation arrangements were good. Canteen arrangements were adequate. The debt management scheme was good practice and reduced the risk of prisoners getting into debt.

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<sup>4</sup> 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>.

## Purposeful activity

S23 *Time out of cell had improved and was much better than we see in similar prisons. The provision of learning and skills was a well-led establishment priority. Self assessment was sound and managers and partners worked well to address weaknesses. The process for allocation to work was very good. Prison industries had developed productive contracts with employers to provide work. The range and quality of activity places was very good and there were sufficient spaces for every prisoner to work full time. A good range of vocational qualifications was available but important qualifications at a higher level in mathematics and English were lacking. Attendance was good, as was behaviour in activities. The library provision was good. The PE department continued to provide good access to recreational activities and vocational gym qualifications. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S24 *At the last inspection in January 2014, we found that outcomes for prisoners in HMP Haverigg were reasonably good against this healthy prison test. We made 14 recommendations in the area of purposeful activity. At this follow-up inspection we found that seven of the recommendations had been achieved, six had been partially achieved and one had not been achieved.*

S25 Time out of cell for most prisoners was good, although a few had less than two hours out of cell a day. Our roll checks found 13% of prisoners locked in their cells during the core day, less than at the last inspection and many similar prisons.

S26 The governor had prioritised education and work as routes to rehabilitation and actively supported the head of reducing re-offending to implement improvements in learning and skills. The head of reducing re-offending had developed effective relationships with key partners delivering all aspects of learning and skills work in the prison. Effective arrangements were in place for managers to monitor the quality of the provision and challenge partners to improve their performance. Managers understood the strengths and weaknesses of their provision well and worked collaboratively to tackle areas for improvement. The allocations process was quick and effective with two boards sitting each week, which meant that prisoners did not wait long before starting a job, training workshop or education. The prison industries had developed some productive contracts with employers to provide work, but the education provider had not been as effective in developing partnerships with employers to enhance its vocational provision.

S27 There were enough full-time purposeful activity places for all prisoners. There was a good range of activity places for the size of the population, particularly in industry workshops and vocational training areas. Instructors and trainers in workshops and industries planned sessions and worked well to develop the technical and employability skills of prisoners. The quality of resources in workshops and industries was good and most instructors and trainers were well motivated and organised. The majority of the industrial experience in workshops prepared prisoners well for work on release. Prisoners made a good rate of progress in vocational workshops, particularly in the excellent smokery.

S28 Subcontractors offered a good range of additional vocational qualifications but there was limited progression to a higher level. There was insufficient planning of teaching, learning and assessment in English and mathematics classes for individual learners with a wide range of abilities and there was not enough challenge for the most able learners. Achievement rates on levels 1 and 2 in English and mathematics were low and achievement rates in a few vocational courses had declined. Attendance overall was good. Behaviour was good in classes and workshops. Distance learning was promoted well.

- S29 Prisoners had good access to a well-stocked library where the staff worked effectively with other agencies to promote literacy. The PE department offered good access to recreational activities and vocational qualifications. Gym staff promoted understanding of how to improve health among prisoners and had well developed links with health care.

## Resettlement

S30 *The integration of the reducing reoffending and offender management functions had improved the strategic management of resettlement. The quality of offender management was better for high risk cases managed by probation offender supervisors. The sentence plan did not drive prisoners' progress adequately. Arrangements to manage MAPPA (multi-agency public protection arrangements) prisoners were sound and the initial screening process was an example of good practice. Support for long-term prisoners was reasonable but there were limited interventions to help reduce risk. Reintegration was managed reasonably well. Most pathways work was adequate but some prisoners were released with no fixed address. The community rehabilitation company (CRC) also had to do more to help prisoners find employment on release and there were gaps in offending behaviour work that could increase risk on release. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S31 *At the last inspection in January 2014, we found that outcomes for prisoners in HMP Haverigg were reasonably good against this healthy prison test. We made 15 recommendations in the area of resettlement. At this follow-up inspection we found that seven of the recommendations had been achieved, seven had not been achieved and one was no longer relevant.*

S32 Strategic management of resettlement was reasonably good, and integration of the reducing re-offending and offender management functions had improved since the last inspection. The needs analysis and action plan were detailed and up to date.

S33 In our survey, 84% of prisoners said they had an offender supervisor and 76% a sentence plan, both better than the comparator. Management of high risk cases was reasonably good, with ongoing support from probation offender supervisors and good quality sentence plans. Low and medium risk cases, managed by prison offender supervisors, received less input and there was too much reliance on prisoners motivating themselves. Offender supervisors were frequently cross-deployed to residential units, reducing their time in the offender management unit. Sentence plans did not drive the planning and monitoring of work with prisoners.

S34 Public protection arrangements were robust and well managed. The initial screening template and process was an example of good practice. Most transfers to open establishments were facilitated promptly. Categorisation reviews were well informed and most were timely.

S35 Beyond Kainos, there was limited work for prisoners to complete to demonstrate risk reduction. Helpful consultation groups and designated lifer family days were valued by prisoners.

S36 The CRC saw almost all men before release and developed detailed resettlement plans which were appropriate and encompassed all pathways. Shelter had developed links with a good range of housing providers, although some men had been released with no fixed abode in the previous six months. Shelter also provided helpful support to prisoners opening bank accounts and to those with low-level debt problems.

- S37 The National Careers Service provided good quality information, advice and guidance for prisoners on entry to the prison and before release. The CRC was ineffective in securing employment on release and initiatives to support prisoners into employment were not well coordinated.
- S38 Discharge planning was well organised for primary and mental health services and satisfactory for those who needed to continue working with substance misuse services.
- S39 A family link worker provided good support to rebuild and maintain family ties. The parenting and relationship courses offered to prisoners were good and there were regular family days which were appreciated by prisoners. The visitors' centre was small but welcoming and visits arrangements were adequate.
- S40 Some offending behaviour needs were not met because there were not enough available interventions. Although some offender supervisors delivered innovative one-to-one work with prisoners, particularly on domestic violence issues, this was not consistent for all prisoners who needed it.

### Main concerns and recommendations

- S41 **Concern:** Despite reducing levels of violence, too many prisoners said they felt unsafe. There was not enough support for victims, or appropriate challenge and intervention with the perpetrators of violent incidents. The revised violence reduction strategy was not being implemented effectively.

**Recommendation: A clear plan should be introduced to address prisoners' perceptions of safety. The safer custody team should ensure that the local strategy is effectively implemented to provide adequate support for victims, challenge perpetrators and address any underlying causes of violent incidents.**

- S42 **Concern:** The R4 accommodation was poorly maintained, the association room was sparsely furnished and the communal areas dirty. R1 accommodation was poor. Some cells were dirty and floors were worn in places. Toilets lacked screening and were dirty. Painting had been sloppy and contributed to an impoverished atmosphere on R1 and R4. Graffiti was visible around the prison.

**Recommendation: The accommodation on R1 and R4 should be maintained to a high standard. Cells and communal areas should be clean, graffiti free and painted to a good standard.**

- S43 **Concern:** The health care team failed to meet the health care needs of a segregated prisoner. Segregation can negatively affect prisoners' mental and physical health yet nurses refused to assess the health needs of the segregated man each day.

**Recommendation: A health care professional should assess the health needs of each segregated prisoner every day. The GP should see each segregated prisoner at least once every 72 hours.**

# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

- I.1 Prisoners had long journeys to the prison. In our survey, 74% of prisoners said they spent more than two hours in the escort van against the comparator of 45%.
- I.2 Some prisoners had to wait in the cellular vehicle for too long before alighting. Despite the designated holding room, staff kept prisoners on the vehicle while property and documents were checked.
- I.3 Many prisoners told us that they learned they were going to Haverigg only on the morning of transfer from their previous establishment. In our survey, only 6% of prisoners said they had received written information about Haverigg.

### Recommendations

- I.4 **Prisoners should be given sufficient notice that they are transferring to Haverigg.**  
(Repeated recommendation I.4)
- I.5 **Arriving prisoners should be disembarked from escort vehicles without delay.**  
(Repeated recommendation I.5)

## Early days in custody

### Expected outcomes:

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

- I.6 The initial holding room was clean with a toilet which afforded privacy. However, the room had no seats or information and it was out of the sight of staff. Prisoners spent a very short time there before moving to the larger and better equipped holding room. Two additional very small holding rooms were used for prisoners who had to be searched or kept separate from others. The rooms only had a small bench and no sanitation.
- I.7 The large holding room was bright and contained appropriate information and a television. Two peer workers, one of whom was a trained Listener<sup>5</sup>, welcomed new arrivals, provided a hot drink and gave them a pack which contained refreshments.
- I.8 Reception processes were swift and new arrivals usually spent less than two hours in reception. Relationships between reception staff and prisoners were good. All reception interviews were conducted in private. The interviews were comprehensive and appropriately

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<sup>5</sup> Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

focused on risk. Prisoners were seen by first night officers, health care staff and a member of the mental health team. This focus on the care and safety of new arrivals was commendable. All new arrivals received a free telephone call and were seen by a member of the chaplaincy before being located to the first night unit R1.

- I.9** In our survey, 92% of prisoners said they had been treated well in reception against the comparator of 75% and 84% at the last inspection.
- I.10** First night accommodation was poor. Cells were dirty with graffiti on the walls and the metal beds were old and sunken. The triple cells used for prisoners on their first night were inappropriate. Prisoners arriving Monday to Thursday were able to have a shower on the first night unit but those arriving late on Fridays could not. Staff gave a thorough handover to night staff about new arrivals and checks were made on them throughout the night, which was good.
- I.11** The week-long induction programme was disorganised. Induction was supposed to start the day after arrival but this did not always happen. The presentation was delivered by an induction officer and peer worker, but it included inaccurate and outdated information. The room used for delivering the programme was on an upper floor and prisoners who were unable to walk upstairs only received an informal induction in their cell from a peer worker. Prisoners spent too long locked in their cells between sessions.

## Recommendations

- I.12** **The content of the induction programme should be accurate. All prisoners should be kept purposefully engaged until allocated to activities and should not be locked in their cells between induction sessions.**
- I.13** **First night cells should be clean, free from graffiti and properly equipped.**  
(Repeated recommendation I.13)

## 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.14** In our survey, 40% of prisoners said they had felt unsafe at Haverigg at some point. At the time of the inspection, 16% said they felt unsafe compared with 8% at the previous inspection. Levels of violence against prisoners and staff had been decreasing since the decommissioning of the billet accommodation in October 2016 and were now lower than similar prisons. During the previous six months, there had been 17 assaults on prisoners and seven on staff. Most incidents related to debt or drug issues.
- I.15** The safer custody department oversaw the management of bullying and violence and developed strategies to reduce violent incidents. The introduction of a designated violence reduction officer was a welcome initiative.
- I.16** A violence reduction and management action plan had been developed which focused on the accurate recording and thorough investigation of incidents. A thematic analysis of violence had been conducted by external forensic psychologists, whose recommendations were

included in the action plan. The plan had not been informed by the HMPPS violence diagnostic tool, prisoner consultation or local surveys of prisoners, staff and visitors.

- I.17 Violence had previously been discussed at safer custody committee meetings, but a violence reduction committee had recently been established to provide greater focus. Logs of monthly meetings included limited information on actions and the absence of minutes meant that not all key discussions were recorded. There were good links with other departments such as security, with emphasis on the prevention of bullying and violence, identifying hotspots and prisoners who were of concern.
- I.18 The violence management strategy focused on a two-stage violence reduction plan for victims and perpetrators and support by individual case managers. However, the strategy had not been fully implemented and some staff were still using the discontinued tackling antisocial behaviour (TAB) booklet to support prisoners.
- I.19 During the previous six months, 39 TAB support booklets had been opened. Not enough support was given to the victim and, in most cases, this was limited to a move of accommodation rather than addressing the underlying issue. The management of perpetrators of violence focused on punitive measures such as use of the basic regime rather than interventions to manage behaviour (see main recommendation S41).
- I.20 The violence reduction officer investigated most allegations and incidents of violence. Investigations were carried out competently but actions were not always taken to manage perpetrators, support victims adequately or address underlying issues.

## 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.21 The safer custody committee managed all aspects of suicide and self-harm prevention. Monitoring and analysis of data were good with a clear focus on providing appropriate support for prisoners at risk of self-harm.
- I.22 The number of acts of self-harm had increased since the last inspection and was relatively high. During the previous six months, there had been 119 recorded incidents, many attributed to a small number of prisoners. Sixty-six assessment, care in custody and teamwork (ACCT) documents had been opened and six were open at the start of the inspection.
- I.23 The quality of ACCT documents was good, although we found some predictable night time observations. Case managers did not attend all reviews. Serious incidents of self-harm were investigated thoroughly. There had been five deaths in custody since the last inspection. The prison had responded well to recommendations from the Prisons and Probation Ombudsman investigations. There was multidisciplinary attendance at ACCT reviews, with good support from the mental health team and chaplaincy. All prisoners we spoke to on open ACCTs were complimentary about the care they received. Night staff were not always clear about their responsibility to enter a cell when a prisoner had seriously self-harmed.

- I.24** The care suite and gated cell on A wing were prepared for immediate occupation. The constant watch cell remained inappropriately located on a busy wing. Strip-clothing had not been used for a long time but there was a procedure to authorise its use if necessary.
- I.25** An active group of Listeners felt well supported by staff and the Samaritans. They attended safer custody meetings and were involved in reception and induction. Prisoners now had 24-hour access to the Samaritans.

## Recommendations

- I.26** Case managers should consistently attend reviews of prisoners on open ACCT documents.
- I.27** Night staff should be trained to respond to serious self-harm incidents. Night observations of prisoners on open ACCTs should be carried out irregularly.
- I.28** The gated cell in A wing should be more appropriately located to afford greater privacy from other prisoners.

## Safeguarding (protection of adults at risk)

### Expected outcomes:

**The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.<sup>6</sup>**

- I.29** Links were developing with the local safeguarding adults board and the governor was a member of the Safer Cumbria Board. The prison had made no safeguarding referrals. The comprehensive safeguarding policy covered all aspects of social care and vulnerability. No staff had been trained in safeguarding.
- I.30** During the first few days after prisoners' arrival, effective screening procedures and risk assessments were carried out. They included cell-sharing risk assessments and reviews and initial health care screening interviews with clinical and mental health staff. The offender management unit reviewed case files of all new arrivals to identify vulnerability.
- I.31** Staff were alert to prisoners who were vulnerable or self-isolating. They were discussed at the multi-agency case management meeting to ensure that they received good support. Counselling had been arranged for prisoners who had been victims of sexual assault at the prison.

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<sup>6</sup> We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

## Security

### Expected outcomes:

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

- I.32 The greatest threats to security were phones and drugs. During 2016, a large quantity of banned items had been thrown over the perimeter fence, including computer tablets. On several occasions, intruders had breached the perimeter fence to get closer to residential units. Steps had been taken to counteract this evolving threat, including the cladding of fencing.
- I.33 Security arrangements remained largely proportionate to the risks posed by the population.
- I.34 At the time of our inspection, no prisoners were on closed visits and one visitor was banned from the establishment. Until recently prisoners could be placed on closed visits for non-visits related matters. The policy had been changed but not all prison staff were aware of this and prisoners were inappropriately advised that they could be placed on closed visits for failing a drugs test. A terminally ill prisoner was being supervised at a local hospital without the use of handcuffs and chains, which demonstrated a proportionate response to the risk of escape.
- I.35 The flow of intelligence into the security department was good. Staff had submitted 2,563 intelligence reports in the last six months, a few of which were poorly written. The security department was collating and analysing reports promptly but this had not been the case leading up to the inspection.
- I.36 Appropriate action was not always taken following the receipt of intelligence. For example, not all prisoners suspected of taking drugs were tested and searches were not always conducted to recover banned items.
- I.37 Monthly security meetings were well attended and discussions were detailed. A wide range of information and analysis was shared across departments. The prevention of bullying and reduction of violence was a standing agenda item and attendance by the safer custody team was good.
- I.38 The small number of extremists and members of organised criminal networks were monitored robustly. The security team published a helpful monthly newsletter highlighting current security threats and achievements.
- I.39 In our survey, 45% of prisoners said it was easy to get illegal drugs in the prison, which was high, and it was concerning that 13% said they had developed a drug problem since entering the prison.
- I.40 The positive random mandatory drug testing (MDT) rate for the six months to the end of January 2017 was 9.2%, similar to other category C establishments. However, monthly results varied widely between 22.0% and 0%, indicating variations in the supply of illicit drugs. Cannabis was the most commonly detected drug on the traditional MDT panel.
- I.41 Testing for synthetic cannabinoids was being conducted under the new HMPPS MDT arrangements. In the same period, almost double the number of prisoners testing positive for cannabis had tested positive for synthetic cannabinoids.

- I.42** Suspicion testing was not adequately resourced. During the six months to February 2017, 68 suspicion tests had been requested but only 42 completed, with a positive rate of 50%. The MDT suite was clean, tidy and appropriately equipped.

## Recommendations

- I.43** **The mandatory drug testing programme should be adequately resourced to undertake the required level of target testing and for all requested suspicion tests to be completed.**

## Good practice

- I.44** *The security department produced an effective monthly newsletter, which raised awareness among staff of security threats, good practice and recent successes.*

## Incentives and earned privileges

### Expected outcomes:

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

- I.45** More than half the population (58%) were on the enhanced level and just 6% on the basic level of the incentives and earned privileges (IEP) scheme, which suggested that the scheme was not working effectively. In our survey, fewer prisoners than at the previous inspection said the IEP scheme promoted good behaviour, although 57% against the comparator of 48% said that they had been treated fairly under the scheme.
- I.46** The IEP scheme offered standard differentials between the levels. A number of additional incentives were available for prisoners on the enhanced level: trusted positions were available which were well received by prisoners. Some enhanced prisoners could progress to the R4 accommodation where cells had integral showers and toilets. However, not all enhanced prisoners could be accommodated on R4 as it only held 80 prisoners.
- I.47** All but one of the prisoners was on the basic level because they had been suspected of taking a psychoactive substance<sup>7</sup>. Targets for these prisoners were perfunctory and included 'refrain from taking spice' rather than interventions with substance misuse services or ways of improving poor behaviour.

## Recommendation

- I.48** **Individual targets for prisoners on basic level to improve their behaviour should be set, monitored and reviewed.**

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<sup>7</sup> New psychoactive substances: drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects.

## 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.49** There had been 571 new adjudications during the previous six months, twice the number at comparable prisons. The number of new charges had decreased since October 2016 and there was a noticeable reduction in the use of adjudications. Many charges related to violence or drugs (see paragraphs I.14 and I.32).
- I.50** Adjudication hearings that we observed were thorough and prisoners were fully involved. Standardisation meetings were held quarterly and were chaired by the deputy governor. A broad range of operational issues were covered, but not concerns about protected characteristics.
- I.51** The business hub was now responsible for overseeing adjudications each day. As a result, the number of outstanding adjudications had significantly reduced to 25 which was much lower than at similar establishments.

### Recommendation

- I.52** **Protected characteristics issues should be discussed at the adjudication standardisation meeting to identify any trends or patterns of concern.**

### Good practice

- I.53** *The daily oversight of adjudications by the business hub had reduced the number of outstanding charges.*

### The use of force

- I.54** Force had been used on 58 occasions in the previous six months, twice as many as at similar prisons. The reasons for this high figure had not been investigated. Written records and body-worn video camera footage indicated that force was generally, but not always, used appropriately. We found cases where more force than necessary had been used and for too long. One incident involved an officer grabbing a prisoner by his shirt, pushing him onto a bed and shouting in his face while he held him on the bed.
- I.55** Ten officers had drawn batons during the first four months of 2016 and on two of these occasions had used them to strike prisoners. Batons were not always drawn as a last resort or in self-defence. For example, two officers had drawn batons as a prisoner ran away from them. Scrutiny of these incidents was not robust enough.
- I.56** Despite these shortcomings, governance of force had improved since our last inspection. A use of force committee met every month and a manager reviewed 5% of records and all incidents captured on body-worn video cameras. Staff relied on body-worn cameras rather than camcorders to film planned incidents, which was less effective. The completion of

records had improved since our last inspection but there were still too many missing records or they had been completed late.

## Recommendation

- I.57 Incidents involving the use of force should be reduced. The governance of and accountability for the use of force, planned interventions and batons, should be improved. All planned use of force should be filmed on hand-held video cameras. Documentation of all such uses should be completed promptly.**

## Segregation

- I.58** During the previous six months, 45 prisoners had been segregated, a similar number to other category C training prisons. Five of the worst segregation cells had been decommissioned. Efforts had been made to maintain the unit but overall it remained a poor environment. The two exercise yards were bare except for metal benches. Outdoor exercise equipment had been purchased but not installed. Cells were shabby and toilets lacked seats and lids.
- I.59** Activities were provided, including radios and a wide range of books and puzzles. Staff organised quizzes and crossword competitions. Relationships were relaxed and the custodial manager demonstrated positive leadership. Excellent care and reintegration plans documented the prisoner's needs and steps to progress to normal location. The segregation monitoring and review group met every two months. The segregation action plan was a useful tool to drive change.
- I.60** A manager and health care professional visited the unit each day. Where possible a member of the independent monitoring board visited the unit once in every 72-hour period. One prisoner had previously threatened a nurse and as a result the GP and nurses refused to see him to check his health needs each day. This was unacceptable and introduced risk (see paragraph 2.62). Governance in this critical area was weak and senior prison managers were either unaware that the man was being denied appropriate health care or had not intervened to ensure that he was assessed by a health care professional every day.

## Substance misuse

### Expected outcomes:

**Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.**

- I.61** Clinical and psychosocial services were delivered by Greater Manchester Mental Health NHS Foundation Trust, known locally as the Unity substance misuse service. The substance strategy committee met monthly with representation from across the prison.
- I.62** Sixty-five prisoners (22% of the population) were on the psychosocial caseload. In our survey, 74% of prisoners with drug or alcohol problems said they had received help or support for their problem while in the prison against the comparator of 60% and 53% at the last inspection. Eighty-eight percent of prisoners who had received support for their drug or alcohol problem said the support had been helpful. Prisoners had access to a wider range of mutual aid groups than we usually see, including regular Alcoholics Anonymous, Narcotics Anonymous and self-management and recovery training groups.

- I.63** Prisoners spoke positively about the Unity recovery workers and their skilful delivery of one-to-one and group sessions. Mental health nurses added value to the Unity service by working closely with recovery workers and delivering group sessions on mood and mindfulness.
- I.64** The Unity service lacked a high intensity recovery programme. The previous Pillars of Recovery high intensity programme had been on hold during the previous three months.
- I.65** There was still no specific intervention to address alcohol-related violence. This was covered in the basic alcohol awareness course and in-cell work packs but not in the needs analysis which the Unity team had recently reviewed.
- I.66** Prisoners' outcomes were greatly enhanced by excellent joint working between Unity and the mental health team. A formal dual diagnosis pathway had been established and positive contributions were made by mental health nurses to the Unity service caseload.
- I.67** Thirty-eight prisoners (13% of the population) were receiving opiate substitution therapy, 10 of whom were on reducing doses and 28 on maintenance doses. Clinical treatment for these men was good.
- I.68** Methadone was the only available opiate substitute and buprenorphine was still not available as an option for prisoners nearing release. Prisoners were positive about their involvement in their care plans and clinical reviews.
- I.69** The administration of controlled drugs had improved greatly since the last inspection. Prisoners no longer had to wait outside, and the process was well supervised by prison officers. We observed excellent levels of meaningful interaction between nurses and prisoners at the hatch where controlled drugs were dispatched.

## Recommendation

- I.70** **The Unity substance use service should conduct a treatment needs analysis to identify the needs of the population. This should be done in conjunction with the offender management unit to determine the need for treatment arising from substance-related offending.**



## Section 2. Respect

### Residential units

#### Expected outcomes:

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

- 2.1 The quality of residential accommodation varied considerably. R5 provided the best living conditions with single cells with integral showers and toilets. The association areas were well maintained and stocked. R4 was designated the enhanced unit where prisoners had integral showers and toilets and keys to their cells. The doors to R4 were locked at night, but prisoners were not locked in their cells. However, the unit was poorly maintained, communal areas were dirty and the association room was sparse. R1 had the worst accommodation. Most toilets in cells were dirty and lacked screens, some cells were dirty and floors were worn in places. Prisoners complained that the showers were cold on the ground floor of the unit: new boilers were needed and the showers needed deep cleaning. Replacement boilers had recently been fitted for the upstairs showers which were in better condition. Communal areas were shabby but there was adequate association equipment.
- 2.2 Units R1 and R4 had been painted in a slapdash manner with paint drops on the floor, walls and signs. Signs and notices were out of date and notices in many areas had been secured with sticky labels rather than fixings.
- 2.3 We found graffiti on walls and etched into doors across the site and in some areas offensive displays were visible despite the local policy.
- 2.4 Signage was poor and units had multiple names, which made it difficult to navigate the large site.
- 2.5 In our survey, 43% of prisoners said that their cell call bells were answered within five minutes against the comparator of 34% and 24% at the last inspection. The logs that we checked indicated that most call bells were answered within this timeframe.
- 2.6 All prisoners could wear their own clothes but only R5 had its own laundry rooms. There were good supplies of clean prison clothing and weekly clothing exchanges.
- 2.7 In our survey, 87% of prisoners said it was easy to make an application, but there was no oversight or monitoring of the application process. On R1 application forms were located upstairs which was unsuitable for prisoners with mobility difficulties. Many prisoners said that responses to applications were poor and some said they did not receive a response. As a result, many prisoners made formal complaints to resolve simple issues (see paragraph 2.35).
- 2.8 There were not enough telephones on the units for the population and telephones on all units lacked privacy. There were no restrictions on the number of letters prisoners could send or receive.

## Recommendations

- 2.9 All toilets in cells should be clean and adequately screened.** (Repeated recommendation 2.15)
- 2.10 There should be facilities to allow prisoners to wash their own clothes.** (Repeated recommendation 2.16)
- 2.11 Managers should oversee and monitor the application system to ensure that applications are dealt with effectively and promptly.**
- 2.12 Telephones on all units should provide adequate privacy.**

## 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.**

- 2.13** The quality of relationships between staff and prisoners was good and we saw many staff on all units engaging positively with prisoners. In our survey, 77% of prisoners said that most staff treated them with respect and 71% felt there was a member of staff they could turn to if they had a problem. Officers had a good awareness of prisoners' needs and showed interest in them which contributed to a relaxed atmosphere. Officers demonstrated care and concern for prisoners with complex needs. A few prisoners had peer support roles and worked alongside staff, which further strengthened relationships. However, most staff referred to prisoners by their surname only despite prisoners being asked their preferred name on arrival.
- 2.14** The personal officer scheme was well developed and entries in prisoner records demonstrated regular engagement with prisoners. However, in some cases entries focused more on negative than positive behaviour.
- 2.15** Prisoner consultation was developing and was good on most units. However, the monthly consultation meetings did not always take place and minutes indicated that some issues were carried forward each month without resolution.

### Recommendation

- 2.16 Staff should refer to prisoners by their preferred name.**

## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>8</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.**

### Strategic management

- 2.17** Equality work had much improved since our last inspection. The strategy was up to date and comprehensive, and there was an overarching action plan. The equality manager was a member of the Cumbria County Council equality and diversity group which was helping to improve community links. All staff were regularly reminded of their duty to promote equality and diversity.
- 2.18** The regular equality meeting was attended by prisoner representatives and attendance by key staff had improved. Basic monitoring was in place, but it was not sufficiently detailed to identify areas of inequality. Enthusiastic prisoner representatives supported equality work well, including updating notice boards and information on wings.
- 2.19** Consultation with protected groups was limited and was targeted at groups which had encountered problems. Consultations had been held recently with Muslim prisoners to discuss the handling of food and a good outcome had been reached. Prisoners from other minority groups had received valuable one-to-one support from the equality manager but consultation needed further improvement.
- 2.20** A prison survey had been carried out on equality and prison life in general. Early analysis had shown that prisoners lacked confidence in the discrimination incident reporting system. During the previous six months, 24 discrimination incidents had been reported. Not all concerned discrimination and not all had been investigated thoroughly. This had been recognised and additional work was undertaken during the inspection to rectify the deficiencies in investigations.

### Recommendations

- 2.21 Regular consultation with minority groups and monitoring of these groups should be undertaken to understand their perceptions and to ensure equitable access to provision.**
- 2.22 All reported incidents of discrimination should be investigated thoroughly.**

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<sup>8</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

## Protected characteristics

- 2.23** Black and minority ethnic prisoners comprised 9.5% of the population and two Travellers had been identified. The equalities manager had included BME prisoners in forums for Muslim prisoners to ensure they received adequate support. Travellers were all seen on a one-to-one basis by the manager and those we spoke to were satisfied with the help they had been offered.
- 2.24** At the time of the inspection, there were seven foreign national prisoners and no immigration detainees. All the foreign national prisoners could speak and read English. Little information was produced in other languages but interpreting services and prisoners and staff who spoke other languages were available if needed. There were some books in other languages in the library. Prisoners could make a free five-minute monthly telephone call if they did not receive visits.
- 2.25** The prison had identified 27 prisoners with physical and mental health disabilities and the education department was responsible for managing those with learning difficulties. There were no purpose-built adapted cells, but R5 was reasonably accessible for those with mobility problems and reasonable adjustments had been made for prisoners who needed them. In our survey, more prisoners with a disability (40%) than those without a disability (17%) said they had been victimised by another prisoner. This finding required further investigation. Prisoners with disabilities were positive about their care but they did not have formal care plans, buddies or carers.
- 2.26** Personal emergency evacuation plans were in place for prisoners with more severe impairments and staff were very knowledgeable about the assistance required in an emergency.
- 2.27** There were few older prisoners; four were aged over 60 years and an additional 25 aged over 50 years. There were no specific activities for this group.
- 2.28** One transgender prisoner had been held before our inspection. Haverigg staff had visited the sending establishment before her arrival to identify her needs and the support offered was good.
- 2.29** The few gay or bisexual prisoners were offered individual support. Two of them acted as prisoner representatives for equality and diversity and were well respected by staff and prisoners.

## Recommendation

- 2.30** **The perceptions of prisoners with disabilities about victimisation by other prisoners should be investigated and the findings acted on.**

## 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.**

- 2.31** Faith provision was good. The chaplaincy was friendly and welcoming to prisoners. Facilities were good and met the needs of the different faith groups. All faith groups in the prison were covered and faith provision for Muslims had been increased to meet their needs. The chaplaincy provided a wide range of faith activities and classes.
- 2.32** Chaplains were visible and accessible. They attended reception to meet all new arrivals and visited wings every day to support prisoners. Pastoral care and support were good for men in crisis or experiencing bereavement.
- 2.33** Chaplaincy work was well integrated into the prison. They attended all assessment, care in custody and teamwork (ACCT) case management reviews. Prisoners in segregation received a daily visit and could worship individually if they could not attend collective worship. Chaplains regularly attended equality, safer custody and other relevant meetings.

## 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.**

- 2.34** In our survey, perceptions about the complaints system had improved. 66% of prisoners said that it was easy to make a complaint against 55% at our last inspection. Forty-one per cent of respondents said that complaints were dealt with quickly, which was higher than the comparator of 27% and than at the time of the last inspection.
- 2.35** We found that some complaints could have been redirected through the application process. A number of responses to complaints were too brief and did not answer the issue raised; others did not use the prisoner's preferred name or had missing signatures and dates. More positively, most complaints were answered on time and many replies had been typed, which made the response clear.
- 2.36** The deputy governor quality assured 5% of responses but this had not improved the quality of replies. The senior management team discussed complaints at the performance management meeting but there was little analysis of trends or meaningful action to address problem areas.

### Recommendations

- 2.37 All replies to complaints should adequately address the issues raised by prisoners and use the prisoner's preferred name.** (Repeated recommendation 2.57)
- 2.38 There should be a robust quality assurance scheme for complaints and regular analysis of trends.** (Repeated recommendation 2.58)

## 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** Limited information on legal services was available on induction. Prisoners needing assistance were signposted to their offender supervisor for further help.
- 2.40** Legal visits were restricted to two rooms in visits with no video link facility. Legal visits took place at the same times as social visits. However, legal representatives were accommodated outside these times given the remote location of Haverigg.
- 2.41** There was a good range of legal texts in the library and other useful publications and Prison Service instructions were acquired on request. Access to legal advice by telephone was adequate. We saw a number of complaints from prisoners that their legally privileged correspondence had been opened without authority, which was inappropriate.

## 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.**

- 2.42** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)<sup>9</sup> and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. Two areas have been identified that require improvement with subsequent notices issued by the CQC which are detailed in Appendix III of this report.

## Governance arrangements

- 2.43** NHS England had commissioned a range of providers to deliver health care services. Cumbria Partnership NHS Foundation Trust provided primary care nursing and Gables Medical (Offender Health) Limited provided GP services. Greater Manchester Mental Health NHS Foundation Trust provided mental health and substance misuse services and Burgess & Hyder Dental Group delivered dental services. Partnership board arrangements were well established and working relationships between health providers and the prison were good. Governance structures were embedded for most services, although aspects of dental governance needed attention (see paragraph 2.80). The health and wellbeing needs assessment completed in March 2015 was being refreshed to reflect current need.
- 2.44** Health care was delivered mainly from two health care centres. They were clean and clinical rooms complied with infection control requirements.

<sup>9</sup> 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>.

- 2.45** Primary care nurses were available from 7.30am to 6.30pm on weekdays and from 8am to 4pm at weekends. The mental health team was available seven days a week, including bank holidays.
- 2.46** There was visible clinical leadership and a skilled staff group. Suitable training, induction and supervision arrangements were in place for most staff apart from dental staff (see paragraph 2.80).
- 2.47** Chronic staffing problems had reduced but some vacancies remained which were covered by temporary bank staff, managers and ongoing recruitment.
- 2.48** Prisoners contributed their views through the prison council, health focus groups and patient satisfaction surveys. Prisoners could make confidential health complaints, and responses were prompt, courteous and focused. Lessons from clinical incidents and death in custody action plans informed service delivery.
- 2.49** Health promotion initiatives were underpinned by a multi-departmental prison health promotion strategy. This included a joint approach to smoking cessation by the gym and health care, which was positive. Wing health information boards were updated by peer navigators (supporters) in liaison with health staff. A proactive approach was taken to health education and appropriate health promotion information was available.
- 2.50** Systems were in place for the prevention of communicable diseases and all staff had access to a wide range of policies, including safeguarding.
- 2.51** Appropriate emergency equipment held in clinical areas was clearly audited. All primary care clinical staff had received intermediate or advanced life support training and had a good level of skill to deal with the increasing number of emergencies, principally relating to new psychoactive substances (NPS)<sup>10</sup>. Prison officers trained in first aid were present on each shift and had good access to well-maintained automated external defibrillators (AEDs). Twenty-nine per cent of custody staff had been trained in their use with further training planned. The location of the prison meant that an ambulance could take up to an hour to arrive.
- 2.52** The prison and health providers were familiar with the Care Act (2014), although no cases had been referred for social care support. Links with Cumbria County Council had been established to undertake social care assessments, and screening by health staff was conducted on reception to identify potential need. Access to mobility and health aids was satisfactory.
- 2.53** Access to immunisations and screening for blood-borne viruses and age-appropriate screening was good. Effective use was made of visiting sexual health specialists and barrier protection was advertised and available.

### Good practice

- 2.54** *The emergency response arrangements for clinical staff, including training status, staff competence and equipment, ensured a coordinated and timely response to health emergencies by clinical staff.*

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<sup>10</sup> New drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

## Delivery of care (physical health)

- 2.55** New arrivals received physical health screening by a competent assistant practitioner followed by secondary screening a few days later by a registered nurse. Mental health screening was also undertaken on reception by a registered mental health nurse. The consultations that we observed were conducted in a professional and caring manner with evaluation of immediate risk and appropriate referrals.
- 2.56** The range of primary care services reflected the health needs of the population and waiting times were reasonable.
- 2.57** A range of nurse-led clinics were offered, including a daily triage clinic and NHS health checks for prisoners between 40 and 74.
- 2.58** Appropriately trained staff undertook follow-up reviews at nurse-led clinics for prisoners with long-term conditions. Most reviews were good, although a few were not timely. Care plans and templates based on national clinical guidance were limited and needed further development.
- 2.59** A GP ran a clinic every weekday and there was also a non-medical prescriber. Routine waiting times were good and urgent appointments were facilitated according to clinical need. Cumbria Health on Call provided out-of-hours GP cover. A telemedicine system had been introduced and was in development.
- 2.60** Prisoners were positive about the care they received from nurses but were very negative about the GP's approach to prescribing. In our survey, 71% of prisoners who had been to the nurse said the quality of nursing was good against the comparator of 57% and 48% at our last inspection. However, 35% of prisoners who had been to the doctor said the quality of the doctor's service was good against the comparator of 49%.
- 2.61** The GP followed the prescribing formulary of his organisation. We found clearly documented clinical and security rationale for his decisions in all but one of the cases we reviewed.
- 2.62** Primary health care staff had failed to provide adequate health care to a segregated prisoner. Following a threat to a nurse, health care staff applied a zero tolerance policy which meant the prisoner was no longer reviewed each day in the segregation unit. This directly contravened national policy PSO 1700. The prisoner's antidepressant medication had also been stopped. Governance of decision making and contingency planning was inadequate and introduced risk that could have been avoided. We highlighted our concerns to the governor and commissioner (see paragraph 1.60 and main recommendation S43).
- 2.63** Too many external hospital visits were rearranged for many reasons, including a lack of custody escort staff. We saw one example where care had been compromised by escort delays.

## Recommendations

- 2.64** **Prisoners with long-term conditions should be identified and reviewed in a timely and systematic manner. They should have evidence-based care plans.**
- 2.65** **Escort arrangements should be fully effective in meeting the health care needs of the population.**

## Pharmacy

- 2.66** Lloyds Pharmacy supplied appropriately labelled named patient medications against valid prescriptions apart from controlled drugs which were administered from stock. The selection and administration of medicines from individually labelled patient packs would have allowed additional checks to be made and this practice did not reflect current recommendations.
- 2.67** Most medicines were supplied in possession. Risk assessments were completed but we found some examples of in-possession status and risk assessments which were not accurately recorded on SystemOne (electronic case notes). Prison officers were not always present when prisoners collected their medication and the lack of lockable cupboards in cells increased the risk of bullying and diversion.
- 2.68** Supervised medication was administered twice a day. At weekends the afternoon dose was administered from 3pm and there was potential for recommended dosage intervals to be contravened. Two prisoners were served side by side from the same treatment room which increased the risk of mistakes and breaches of confidentiality.
- 2.69** We observed a nurse administering supervised medicines to prisoners on the segregation unit and R5 by transferring the individual dose into a separate container in health care. This was then hand labelled with the patient's name and taken to the patient. This was not good practice.
- 2.70** Methadone solution was safely administered using Methasoft system with good officer supervision. Methadone was stored in a controlled drugs cabinet which was not fixed with bolts. Controlled drug registers did not comply with current legislation.
- 2.71** A small range of available patient group directions<sup>11</sup> did not include salbutamol and nurses sometimes supplied this at weekends without a valid prescription. We also noted a case of warfarin being administered with no prescription, which was not good practice and potentially unsafe. Prisoners could be supplied with medication for minor ailments, but only after an appointment at a clinic, causing unnecessary delay.
- 2.72** There was no reconciliation against use of the small range of emergency stock, with the risk of diversion going unnoticed. Fridge temperatures were monitored effectively.
- 2.73** A pharmacist took a weekly clinic and contributed to monthly clinical governance and bimonthly medicines management meetings which were attended by prescribers. There was a prescribing formulary and tradable medication was monitored. Appropriate policies and procedures were available. Drug alerts and dispensing incidents were dealt with appropriately.

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<sup>11</sup> Authorise appropriate health care professionals to supply and administer prescription-only medicine.

## Recommendations

- 2.74** Prison officers should supervise the administration and collection of medication to eliminate bullying and the diversion of supplies. Prisoners should be able to store their medication securely in their cells.
- 2.75** Controlled drugs should be stored in legally compliant cabinets that are bolted to the wall for security and the appropriate registers should be used.
- 2.76** Nurses should not dispense medicines other than in exceptional circumstances and all medicines, with the exception of methadone, should be supplied from individually labelled patient packs.

## Dentistry

- 2.77** A good range of dental services and excellent oral hygiene advice were delivered by a dental therapist two days a week and a dentist one morning a week supported by a trainee dental nurse.
- 2.78** The dental suite was modern and fully equipped with a separate decontamination room. The dental suite was located on the first floor with no access for mobility impaired prisoners, but alternative facilities had been made available. The suite met current infection control requirements.
- 2.79** In our survey, 24% of prisoners said it was easy to see the dentist and 53% said that the quality of the service was good against respective comparators of 14% and 43%. No prisoners were waiting for urgent care, and 21 patients were awaiting treatment appointments scheduled for the following week, which was good.
- 2.80** Governance arrangements were inadequate. Dental staff had not received supervision or appraisal and there was no review of complaints by the provider.

## Recommendation

- 2.81** Governance arrangements, including staff supervision and appraisal, should be robust enough to ensure that the needs of the individual and the organisation are met.

## Delivery of care (mental health)

- 2.82** Despite staff shortages, the integrated mental health team provided a reasonably good primary and secondary mental health service. The team comprised experienced registered mental health nurses, counsellors and a health and wellbeing practitioner and new staff were being recruited. Psychiatrist input had been increased from one day a fortnight to one day a week, but this did not always happen. The team could seek telephone advice when required.
- 2.83** The team worked closely with the substance misuse service and had a good understanding of the needs of prisoners with dual diagnosis.
- 2.84** The team had received 248 referrals through an open referral system and reception screening during the six months to February 2017. Cases were allocated at a joint referral meeting and care and treatment was discussed at regular weekly meetings. Routine

assessments were usually conducted within two weeks and urgent referrals were seen promptly. The team had a caseload of 56 and there were 23 on the secondary mental health caseload.

- 2.85** A stepped model of care offered a range of interventions for mild to moderate and more complex mental health problems, including self-help guidance, counselling and brief and solution-focused therapies. Individual sessions and group work, including a mood and mindfulness group, were held in the health care centre (see paragraph 1.63). Prisoners were also seen on the wings and weekly drop-in sessions were held.
- 2.86** The team attended the segregation unit regularly and contributed to the ACCT process.
- 2.87** Approximately 27% of prison officers had received mental health awareness training and further sessions were planned.
- 2.88** There had been no transfers under the Mental Health Act to secure mental health units during the previous eight months.

## Catering

### **Expected outcomes:**

**Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.**

- 2.89** The menu was on a four-week cycle and contained halal and vegan options. The main menu was served in the evening and a lighter meal at lunch time. The meagre breakfast packs were served the night before they were eaten.
- 2.90** The menu was healthy, with fruit and vegetables at every meal. Fish, some from the prison smokery, was available most days. Fresh vegetables from the prison farms were used. Soups were all hand made. The catering manager was a member of the prison health and wellbeing committee. The needs of prisoners with special diets were met. The quality of the food that we tasted was reasonably good. Portion sizes were adequate. Despite this, only 18% of prisoners in our survey said that the food was good or very good.
- 2.91** Consultation arrangements were reasonably good. The catering manager attended equality meetings and prison council meetings where food was a standing agenda item. A food survey had been completed in October 2016.
- 2.92** The two dining halls had been closed since our last inspection and the opportunities for prisoners to eat together at a table had reduced. The kitchen was fit for purpose. Food trolleys and serveries were clean. Halal food was now stored and prepared separately. Thirteen prisoners worked in the kitchen and could study for a level 2 food and drink qualification.

## Purchases

### Expected outcomes:

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

- 2.93** On arrival prisoners could buy a smokers' or non-smokers' pack with nicotine replacement alternatives for prisoners who had transferred from smoke-free prisons. A debt management policy helped prisoners to avoid debt during their early days. The policy topped up prisoners' funds to £6.50 and reduced television payments during the first three weeks at Haverigg, before payment recovery began at a moderate rate. This was a sensible approach to debt management.
- 2.94** Prisoners could buy items from the local product list each week. Depending on the day of arrival, they could wait up to 12 days before receiving a first full shop order. The debt management policy allowed additional reception packs to be purchased from the top-up funding scheme.
- 2.95** Purchases could be made from a range of catalogues, although a 50 pence administration fee was still levied for each order.

### Good practice

- 2.96** *The debt management scheme effectively reduced the risk of debt and subsequent problems for prisoners.*

## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

**All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.<sup>12</sup>**

- 3.1** Time out of cell was good for most prisoners. Many could spend over 10 hours out of their cells on most weekdays. However, a few prisoners could experience just two hours out of cell each day. Prisoners on R4 were unlocked all day and locked into their unit at 7.15pm, with free access to facilities after that time.
- 3.2** Our roll checks found 13% of prisoners locked behind their doors during the core day, less than at our last inspection and most similar prisons.
- 3.3** Prisoners who could not work, for example because of disability, were not always unlocked during the core day. Exercise in the open air was restricted to half an hour a day.

### Learning and skills and work activities

#### Expected outcomes:

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

- 3.4** *Ofsted<sup>13</sup> made the following assessments about the learning and skills and work provision:*

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

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

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

*Personal development and behaviour:* **Good**

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

<sup>12</sup> Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

<sup>13</sup> Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

## Management of learning and skills and work

- 3.5** The senior management team prioritised education and work as routes to rehabilitation. The governor supported the head of reoffending to improve learning and skills, and he met Novus, the education provider, each month to monitor their performance and commission new courses. Managers had developed effective relationships with all key partners delivering learning, skills and work activities. The quality of the provision was reviewed rigorously at quarterly improvement group meetings, where each partner's performance was scrutinised and challenged. As a result, managers had a good understanding of the strengths and weaknesses of their provision. Self-assessment reports by the prison and Novus were accurate and evaluative. Managers worked collaboratively to improve quality, such as observing work activities in industries. The education and vocational training provided by Novus were good.
- 3.6** Following the reduction in prisoner numbers in autumn 2016, managers carefully changed the curriculum. They maintained the breadth of the curriculum, while redesigning the delivery of English and mathematics to be incorporated in prisoners' work in industries. This change had not yet improved the teaching of English and mathematics consistently.
- 3.7** Prison managers had developed high-value contracts with employers for productive work for prisoners in industry workshops which met regional employment priorities, such as in the call centre and smokery. Novus managers, who had extensive contacts with regional employers, had been less effective in ensuring that their vocational provision met up-to-date industry standards.

## Recommendations

- 3.8 Teachers and instructors should identify and implement vocational activities which improve prisoners' English and mathematical skills and knowledge.**
- 3.9 Vocational qualifications should meet current industry standards.**

## Provision of activities

- 3.10** There were 274 full-time and 34 part-time purposeful activity places, enough to meet the current needs of the prison population. Fifty-four full-time and 20 part-time places were in education, with the rest spread across workshops, industries and other roles in the prison, such as orderlies and wing workers. Very few prisoners were unemployed.
- 3.11** A good range of activity places was available to prisoners, particularly in industry workshops and vocational training areas. Examples of work included the call centre, a 35-acre farm, the award-winning smokery, the woodworking workshop, textiles, the laundry and the kitchen. Prisoners were able to achieve levels 1 and 2 qualifications through their work in customer service, catering, horticulture, waste management, and meat and shellfish preparation. There were no qualifications for prisoners in textiles, woodwork, the laundry and the bike repair workshops. Additional vocational qualifications up to level 2 were provided by Novus subcontractors in tiling, plastering and interior design. In education, there were English and mathematics qualifications from entry to level 2, qualifications in information communication technology, and a range of personal development courses with a good focus on offender behaviour. An innovative partnership with the University of Cumbria enabled prisoners to study a degree level module in criminology and psychology.

- 3.12** The labour board met twice a week and allocation of activity places was quick and effective. Prisoners did not wait long before starting a job or an education class. Pay scales were designed to reward prisoners who worked in the most demanding industries, such as the call centre and smokery.

### Recommendation

- 3.13 Prisoners' vocational skills in all areas of work should be recognised through accredited qualifications.**

### Quality of provision

- 3.14** The quality of the provision was good in the vocational workshops and industries, which comprised a large proportion of the activities. Trainers and instructors planned training effectively, based on accurate information on each prisoner's previous record of education and employment. Activities were organised well to motivate prisoners and ensure that they enjoyed their training and made good progress. Instructors and trainers had good experience in their vocational areas, which they used to encourage prisoners to understand the relevance of their training to gaining employment on release. Staff supported prisoners with additional learning needs, and they progressed as well as their peers.
- 3.15** Trainers and instructors monitored prisoners' progress thoroughly and gave useful feedback to help prisoners improve their work. In the recycling workshop, prisoners kept daily learning logs of their personal progress to improve their skills. In a few workshops, trainers had devised their own activities to support prisoners' English and mathematics skills. In floor tiling and plastering, prisoners calculated angles and dimensions to work out the most economic use of raw materials. However, in most workshops and industries, tutors were not skilled or confident enough to use vocational activities as a means of making English and mathematics more relevant for prisoners.
- 3.16** Teachers and instructors promoted equality and diversity in classrooms and workshops. Prisoners were sensitive and respectful of differences, and could apply this understanding practically, such as the prisoners on a gym course who designed exercise and nutrition programmes for different age groups.
- 3.17** The teachers of English and mathematics at levels 1 and 2 failed to engage and enthuse prisoners, with the result that not enough prisoners achieved their qualifications. Teachers did not plan their teaching effectively enough to reflect the different starting points of prisoners. Too often the most able prisoners were not challenged and the less able struggled. Teachers were over-reliant on paper hand-outs, and were not skilled at using interactive technologies to make their lessons more interesting.

### Recommendation

- 3.18 Teachers should recognise the different starting points of prisoners and plan their teaching, learning and assessment in English and mathematics to challenge all prisoners to work to their full potential and improve their skills.**

## Personal development and behaviour

- 3.19** Prisoners' behaviour in classrooms, industries and workshops was good. Most prisoners arrived at sessions punctually, prepared to learn or work. Attendance was high, particularly in vocational workshops and industries. Prisoners were respectful to their teachers and instructors, and supported each other to complete tasks.
- 3.20** Prisoners grew in self-confidence and developed good team-working skills, particularly on the farm, in the painting party and in the kitchen. Prisoners followed instructions well and demonstrated safe working practices. Initiatives, such as the savings scheme in the call centre and smokery, encouraged prisoners to put money aside for when they were released.

## Education and vocational achievements

- 3.21** Prisoners developed a good range of technical and vocational skills in industries and workshops. Prisoners in the call centre developed effective customer service skills to enable them to deal professionally with irate customers. Prisoners in the works party successfully clad a timber-framed building on site. Prisoners taking the University of Cumbria degree course demonstrated confident debating skills.
- 3.22** Standards of work were high. Produce from the farm, the smokery and the woodworking workshop were of a good enough standard to be used in the prison kitchens and mess, and to be sold through the prison shop. Products from the smokery were sold to food outlets across the region.
- 3.23** Most prisoners taking vocational and personal development courses achieved their qualifications. The vast majority achieved entry-level English and mathematics qualifications. However, prisoners' progress at levels 1 and 2 in these subjects was weak. Only a third of prisoners had achieved a level 1 or 2 qualification in English in the current year, and only just over half had achieved a qualification in mathematics at these levels.

## Recommendation

- 3.24** **Achievement rates in English and mathematics at levels 1 and 2 should be high.**

## Library

- 3.25** The library was well run by four members of staff from Cumbria County Council, supported by two prison orderlies. The library was open every day, including four evenings, and on Saturday and Sunday mornings, giving prisoners good access. Although overall use of the library was the same as at comparable prisons, the proportion of prisoners who used it three or more times a week was much higher. The library represented a calm space for regular users to read and relax. A good range of stock was available. Legal text books and Prison Service instructions were all up to date and available on request. Vocational textbooks were linked to the courses delivered in the prison. There were ample books in a range of languages. Damage to stock was very low. Prisoner satisfaction with the quality of the stock was much higher than in similar prisons.

- 3.26** Library staff ran a number of initiatives to promote literacy and reading habits, such as the six book challenge and a well-attended Storybook Dads<sup>14</sup> course run by the local authority adult education service.
- 3.27** Staff collected very basic data on their users, such as number of users and the stock that was issued. They were not in a position to analyse which prisoners were non-users or to identify the reasons.

### Recommendation

- 3.28** **Managers should identify which prisoners do not use the library and the reasons for this. The findings should be acted on to increase the number of prisoners using the library.**

## 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.**

- 3.29** Managers had improved access to PE successfully since the previous inspection. All residential wings were allocated sufficient time during the week for all prisoners to use the gym. Staffing ratios in PE had improved, and the deployment of PE staff to other duties had reduced. Cancellation of gym sessions was rare. Prisoners' attendance at gym sessions was much higher than at similar prisons.
- 3.30** PE staff provided thorough and effective induction programmes, and prisoners knew how to use the equipment safely. PE staff worked effectively with health care staff to provide remedial gym programmes for sick, older, injured and disabled prisoners. They also led on health promotion campaigns, such as smoking cessation.
- 3.31** Gym staff were qualified to provide supervision and instruction in a wide range of sport, fitness and first aid activities, and to deliver qualifications at levels 1 and 2 in all these subjects. Prisoners' achievement rates in these qualifications were high.
- 3.32** PE facilities met the varied needs of the population. An effective planned scheme for the replacement and refurbishment of equipment was in place. There was a well-equipped sports hall for racquet sports, team games and circuit training, an outdoor pitch and two fitness suites with up-to-date weights and cardiovascular equipment. The shower and changing facilities needed refurbishment. A number of tiles were missing, and the permanent modesty screens for the showers recommended at the last inspection had not been fully installed.

### Recommendation

- 3.33** **Managers should ensure that the substandard shower facilities identified at the last inspection should be upgraded as a matter of priority.**

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<sup>14</sup> Project for prisoners to record stories for their children.



## Section 4. Resettlement

### Strategic management of resettlement

#### Expected outcomes:

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

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

**Good planning ensures a seamless transition into the community.**

- 4.1 The strategic management of resettlement was reasonably good. A needs analysis incorporated offending behaviour needs and an associated action plan, both of which were detailed and up to date.
- 4.2 Integration of the reducing re-offending and offender management functions had improved since the last inspection. The offender management and pathways functions were now central to the reducing re-offending strategy. The offender management unit (OMU) was represented at the quarterly strategy meetings, and efforts had been made to develop joint working at an operational level.

### 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.**

- 4.3 In our survey, 84% of prisoners said they had an offender supervisor and 76% a sentence plan against respective comparators of 75% and 61%.
- 4.4 The OMU was reasonably well staffed given the small population: there were seven prison and four probation offender supervisors. A senior probation officer attended the prison one day a week. However, uniformed offender supervisors were frequently cross deployed to residential units, sometimes for significant periods.
- 4.5 There was a clear difference between the quality of work in the high risk of harm cases and other cases. The management of high-risk cases was reasonably good, with ongoing support from probation offender supervisors and good quality sentence plans. Many prisoners had a copy of their plan, were familiar with it and had been involved in deciding the work they had to do while in prison.
- 4.6 Low and medium risk cases, managed by prison offender supervisors, received less attention. It was reasonable to expect prisoners to take some responsibility for their own progression, but there was too much reliance on low-risk prisoners motivating and referring themselves to interventions to address their offending behaviour. Ongoing support from offender supervisors was inconsistent. The quality of sentence plans for some prisoners was poor, and several did not know what work they were required to do to address the risk they posed. In one case the sentence plan had been drafted while the prisoner was in hospital and did not reflect his new situation and needs.

- 4.7** The prison had identified this weakness and reflected it in the reducing re-offending action plan. Sentence plans did not drive the planning and monitoring of work with prisoners.
- 4.8** About 25 OASys (offender assessment system) assessments were incomplete, which was too many. Probation staff countersigned assessments completed by prison offender supervisors. The head of the OMU quality assured 10% of assessments a month and provided feedback to relevant staff. However, some assessments and plans had not been reviewed after a significant event, such as completion of an important course or when there was a clear pattern of violent behaviour in the prison. In other cases, reviews were not timely.
- 4.9** During the previous six months, 62 men had been considered for release on home detention curfew, of whom 27 had been approved. Three prisoners had been released on temporary licence a total of 92 times to work in the shop outside the prison gate. Risk assessments for each were reasonable and generally timely.

## Recommendations

- 4.10 All relevant prisoners should have an up-to-date OASys and sentence plan. Offender supervisors should consistently provide meaningful support to prisoners proportionate to their risks.**
- 4.11 All offender supervisors should receive regular casework supervision, and offender management files should be subject to regular quality assurance checks.** (Repeated recommendation 4.23)

## Public protection

- 4.12** Forty-six prisoners were on the violent and sexual offenders register. An additional five men were a risk to children and another 31 were subject to harassment restrictions. There was one MAPPAs (multi-agency public protection arrangements) level 3 case and two MAPPAs level 2 cases, and 16 men were subject to telephone and/or mail monitoring. There were no prisoners whose current offences were of a sexual nature, but three men had previous convictions for such offences.
- 4.13** Public protection arrangements were robust and well managed by the probation staff. The initial screening process and template was an example of good practice. Probation staff carried out an initial sift of new arrivals using a range of information sources. They completed a form which listed all pertinent public protection information in a simple format, which reduced the risk that key information would be overlooked.
- 4.14** The public protection policy was up to date and reflected recent changes to strengthen MAPPAs processes. The visiting senior probation officer demonstrated a good understanding of public protection, including the importance of constructive links between the community and the prison. He had been instrumental in setting up effective systems to ensure that, in MAPPAs eligible cases, the National Probation Service was reminded in a timely way of the need to confirm MAPPAs status before release.
- 4.15** A monthly interdepartmental risk management meeting was attended by relevant staff, including the security department. The meeting had very recently been broadened to include high risk as well as very high risk cases, which instilled confidence that a greater number of relevant cases would be discussed in future.

## Good practice

- 4.16** *Probation staff completed a form which listed all pertinent public protection information in a format which was simple and easy for other staff to understand, reducing the risk that key information would be missed or overlooked.*

## Categorisation

- 4.17** There were 256 category C and 19 category D prisoners at the establishment.
- 4.18** Categorisation reviews were well informed, drawing on a range of information sources including the security department. The process was initiated a month in advance and most reviews were timely. Most transfers to open establishments were facilitated promptly, and 60 men had been transferred to open prisons in the previous six months.

## Indeterminate sentence prisoners

- 4.19** At the time of the inspection, 31 prisoners were subject to an indeterminate sentence, of whom 21 were serving a life sentence and 10 were serving an indeterminate sentence for public protection (ISP). A designated probation offender supervisor managed most ISPs and visited them on arrival to discuss sentence plans and what they needed to do to reduce their risk in preparation for parole hearings.
- 4.20** A helpful lifer consultation group was held every two months to discuss the specific needs and concerns of ISPs. There were three designated lifer family days a year, which were valued by prisoners. An ISP policy booklet set out in detail how to manage an indeterminate sentence. There was little opportunity for these prisoners to complete offending behaviour work (see paragraph 4.38).

## 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.**

- 4.21** During the previous six months, 114 prisoners had been released. Sodexo Justice Services owned and managed the Cumbria and Lancashire Community Rehabilitation Company (CRC). Shelter was subcontracted to provide accommodation, finance, benefit and debt services.
- 4.22** Shelter saw almost all prisoners before release. Weekly pre-release boards were held for prisoners within 12 weeks of their release date, attended by Shelter, education, activities, National Careers Service and an offender supervisor from the OMU. Resettlement plans were detailed, appropriate and encompassed all pathways, which were regularly reviewed. The offender supervisor helpfully facilitated discussion of licence conditions and restraining orders.

## Accommodation

- 4.23** In our survey, 23% of prisoners said they had arrived at the prison with housing problems against the comparator of 13% and 13% at our last inspection.
- 4.24** Accommodation needs were discussed during the pre-release board meeting. Shelter had developed links with a good range of housing providers and was tenacious in its efforts to secure accommodation for men on release.
- 4.25** Sixty of the 114 men released in the last six months had been released into permanent accommodation, eight to approved premises, five to supported housing, one to Bail Accommodation and Support Service accommodation and seven to temporary housing. Thirteen men had been released with no accommodation in place, although in some cases this stemmed from a prisoner's refusal to engage with Shelter. Shelter could not provide us with the accommodation outcomes in the remaining cases.

## Education, training and employment

- 4.26** The Manchester Growth Company subcontracted the charity Career Connect to provide the National Careers Service. The quality of the service was good. Staff provided helpful information, advice and guidance to prisoners on arrival and before release. A further advice service was available to prisoners seeking employment or further training in the community on release. National Careers Service staff had enabled 17 prisoners to access distance learning programmes at level 3 and above in a range of subjects, including law, plumbing and poultry management. Prisoners were supported effectively to use the well-equipped virtual campus<sup>15</sup> to search for jobs.
- 4.27** Sodexo ran the employment support arm of the CRC but was ineffective in getting prisoners employment on release. Only 7% of prisoners had achieved this. Data were not collected systematically and the initiatives to help prisoners find work were not coordinated.

## Recommendation

- 4.28** **The initiatives that help prisoners to gain employment on release should be effectively coordinated.**

## Health care

- 4.29** Discharge planning was well organised and issues were highlighted at a weekly meeting between mental health, primary care and substance misuse managers. Enough time was allowed to prepare medications and referral letters and to liaise with community health services. Local palliative and end-of-life care services were available. If required, the prisoner would be moved to a more appropriate setting with 24-hour health care.

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<sup>15</sup> Internet access for prisoners to community education, training and employment opportunities.

## Drugs and alcohol

- 4.30** The drugs and alcohol pathway arrangements were satisfactory. The Unity substance misuse service consulted prisoners and used links with community agencies to complete treatment plans within appropriate timescales. Informal communication between Unity and the OMU had improved since the last inspection, but no formal information-sharing protocol was in place.

## Finance, benefit and debt

- 4.31** Shelter helped prisoners to open bank accounts and assisted those with debts from rent arrears, mobile phone contracts, credit cards and court fines. They referred more complex debt problems to a central Shelter legal team. They also gave prisoners template letters to send to creditors. Shelter produced letters and photographs at no cost, which the job centre and hostels accepted as ID. This helped prisoners to avoid the cost of a Citizen Card.

## Children, families and contact with the outside world

- 4.32** Good work was carried out to help prisoners rebuild and maintain family ties. Two courses were delivered: 'parenting without conflict' and 'relationships without conflict'. Since November 2015, 47 prisoners had completed one of these courses. Feedback from men who had completed the courses was positive.
- 4.33** The Visitors' and Children's Support Group (VCSG) ran the visitors' centre and visits tea bar and employed a part-time family link worker who saw all newly arrived prisoners. Other prisoners could apply to see the family link worker for support and the worker attended the prison safer custody meetings. VCSG worked with the University of Cumbria and the local children's centre to support family ties. They also supported the Kainos course (see paragraph 4.36) by staffing the visitors' centre on graduation days. Barnardo's provided Hidden Sentence training to prison staff about the effects on children of their parents' imprisonment.
- 4.34** Two kinds of family day were organised: one for long-term prisoners and one for the general population. During 2016, eight family days were held from 10.30am to 4.30pm, three for long-term prisoners and five for other prisoners. Prisoners clearly valued the experience. Unlike in other prisons, they did not have to pay to participate in family days. Each day was themed, for example there were family days for pre-school children. During 2016, 45 prisoners had completed the Storybook Dads course and had recorded stories. During the second half of 2016, 43 prisoners had received pastoral support after a family member's death or serious illness. The Prison Fellowship helped 19 prisoners to send Christmas presents to their children in 2016.
- 4.35** The visitors' centre was small but welcoming and was open from noon to 5pm on visiting days. It had a tea bar and a wide range of information was available. Visits arrangements were adequate. Visits took place four days a week from Thursday to Sunday and were more punctual than at our last inspection. The visits hall provided a reasonable environment but prisoners sat on one side of a table opposite their visitors. Table and chairs were fixed to the floor which gave an institutional feel. The well-equipped children's play area was staffed by VCSG. VCSG encouraged visitors to report any welfare or safeguarding concerns about a prisoner, particularly if visitors had delivered bad news.

## Attitudes, thinking and behaviour

- 4.36** There was only one accredited offending behaviour programme, the Kainos 'Challenge to Change' programme which had been running since 2013<sup>16</sup>. The target number of completions (45) had been met. Despite some uncertainty about contracts, two courses were running at the time of the inspection. Four men were on the waiting list for the programme, two from Haverigg and two from other establishments.
- 4.37** Many prisoners had completed the victim awareness pack which was intended as a facilitated course of work. However, offender supervisors provided little assistance, such as helping with reading and writing or exploring with prisoners the impact of completing the work.
- 4.38** Other work for prisoners to demonstrate risk reduction was limited. This was a particular problem for men subject to an indeterminate sentence whose release or re-categorisation could only be directed by the Parole Board. Transfers to other establishments to complete programmes were rare and only five ISPs had done so since 2013.
- 4.39** Probation offender supervisors carried out some innovative one-to-one work, particularly in relation to domestic violence. However, this was not delivered consistently to all prisoners requiring it.

## Recommendations

- 4.40 A full range of interventions should be delivered to meet the offending behaviour needs of the population.**
- 4.41 When access to a specific programme is required, transfer to the appropriate establishment should be facilitated in a timely manner.**

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<sup>16</sup> Kainos 'challenge to change' is a full-time, 24-week therapeutic community programme aimed at medium to high risk prisoners. It is delivered through a therapeutic community approach; Mentors who have already completed the programme partly facilitate the programme.

# Section 5. Summary of recommendations and good practice

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

## Main recommendations

To the governor

- 5.1** A clear plan should be introduced to address prisoners' perceptions of safety. The safer custody team should ensure that the local strategy is effectively implemented to provide adequate support for victims, challenge perpetrators and address any underlying causes of violent incidents. (S41)
- 5.2** The accommodation on R1 and R4 should be maintained to a high standard. Cells and communal areas should be clean, graffiti free and painted to a good standard. (S42)
- 5.3** A health care professional should assess the health needs of each segregated prisoner every day. The GP should see each segregated prisoner at least once every 72 hours. (S43)

## Recommendations

### Courts, escort and transfers

- 5.4** Prisoners should be given sufficient notice that they are transferring to Haverigg. (1.4, repeated recommendation 1.4)
- 5.5** Arriving prisoners should be disembarked from escort vehicles without delay. (1.5, repeated recommendation 1.5)

### Early days in custody

- 5.6** The content of the induction programme should be accurate. All prisoners should be kept purposefully engaged until allocated to activities and should not be locked in their cells between induction sessions. (1.12)
- 5.7** First night cells should be clean, free from graffiti and properly equipped. (1.13, repeated recommendation 1.13)

### Self-harm and suicide

- 5.8** Case managers should consistently attend reviews of prisoners on open ACCT documents. (1.26)
- 5.9** Night staff should be trained to respond to serious self-harm incidents. Night observations of prisoners on open ACCTs should be carried out irregularly. (1.27)
- 5.10** The gated cell in A wing should be more appropriately located to afford greater privacy from other prisoners. (1.28)

## Security

- 5.11** The mandatory drug testing programme should be adequately resourced to undertake the required level of target testing and for all requested suspicion tests to be completed. (1.43)

## Incentives and earned privileges

- 5.12** Individual targets for prisoners on basic level to improve their behaviour should be set, monitored and reviewed. (1.48)

## Discipline

- 5.13** Protected characteristics issues should be discussed at the adjudication standardisation meeting to identify any trends or patterns of concern. (1.52)
- 5.14** Incidents involving the use of force should be reduced. The governance of and accountability for the use of force, planned interventions and batons, should be improved. All planned use of force should be filmed on hand-held video cameras. Documentation of all such uses should be completed promptly. (1.57)

## Substance misuse

- 5.15** The Unity substance use service should conduct a treatment needs analysis to identify the needs of the population. This should be done in conjunction with the offender management unit to determine the need for treatment arising from substance-related offending. (1.70)

## Residential units

- 5.16** All toilets in cells should be clean and adequately screened. (2.9, repeated recommendation 2.15)
- 5.17** There should be facilities to allow prisoners to wash their own clothes. (2.10, repeated recommendation 2.16)
- 5.18** Managers should oversee and monitor the application system to ensure that applications are dealt with effectively and promptly. (2.11)
- 5.19** Telephones on all units should provide adequate privacy. (2.12)

## Staff-prisoner relationships

- 5.20** Staff should refer to prisoners by their preferred name. (2.16)

## Equality and diversity

- 5.21** Regular consultation with minority groups and monitoring of these groups should be undertaken to understand their perceptions and to ensure equitable access to provision. (2.21)
- 5.22** All reported incidents of discrimination should be investigated thoroughly. (2.22)
- 5.23** The perceptions of prisoners with disabilities about victimisation by other prisoners should be investigated and the findings acted on. (2.30)

## Complaints

- 5.24** All replies to complaints should adequately address the issues raised by prisoners and use the prisoner's preferred name. (2.37, repeated recommendation 2.57)
- 5.25** There should be a robust quality assurance scheme for complaints and regular analysis of trends. (2.38, repeated recommendation 2.58)

## Health services

- 5.26** Prisoners with long-term conditions should be identified and reviewed in a timely and systematic manner. They should have evidence-based care plans. (2.64)
- 5.27** Escort arrangements should be fully effective in meeting the health care needs of the population. (2.65)
- 5.28** Prison officers should supervise the administration and collection of medication to eliminate bullying and the diversion of supplies. Prisoners should be able to store their medication securely in their cells. (2.74)
- 5.29** Controlled drugs should be stored in legally compliant cabinets that are bolted to the wall for security and the appropriate registers should be used. (2.75)
- 5.30** Nurses should not dispense medicines other than in exceptional circumstances and all medicines, with the exception of methadone, should be supplied from individually labelled patient packs. (2.76)
- 5.31** Governance arrangements, including staff supervision and appraisal, should be robust enough to ensure that the needs of the individual and the organisation are met. (2.81)

## Learning and skills and work activities

- 5.32** Teachers and instructors should identify and implement vocational activities which improve prisoners' English and mathematical skills and knowledge. (3.8)
- 5.33** Vocational qualifications should meet current industry standards. (3.9)
- 5.34** Prisoners' vocational skills in all areas of work should be recognised through accredited qualifications. (3.13)
- 5.35** Teachers should recognise the different starting points of prisoners and plan their teaching, learning and assessment in English and mathematics to challenge all prisoners to work to their full potential and improve their skills. (3.18)
- 5.36** Achievement rates in English and mathematics at levels 1 and 2 should be high. (3.24)
- 5.37** Managers should identify which prisoners do not use the library and the reasons for this. The findings should be acted on to increase the number of prisoners using the library. (3.28)

## Physical education and healthy living

- 5.38** Managers should ensure that the substandard shower facilities identified at the last inspection should be upgraded as a matter of priority. (3.33)

## Offender management and planning

- 5.39** All relevant prisoners should have an up-to-date OASys and sentence plan. Offender supervisors should consistently provide meaningful support to prisoners proportionate to their risks. (4.10)
- 5.40** All offender supervisors should receive regular casework supervision, and offender management files should be subject to regular quality assurance checks. (4.11, repeated recommendation 4.23)

## Reintegration planning

- 5.41** The initiatives that help prisoners to gain employment on release should be effectively coordinated. (4.28)
- 5.42** A full range of interventions should be delivered to meet the offending behaviour needs of the population. (4.40)
- 5.43** When access to a specific programme is required, transfer to the appropriate establishment should be facilitated in a timely manner. (4.41)

## Examples of good practice

- 5.44** The security department produced an effective monthly newsletter, which raised awareness among staff of security threats, good practice and recent successes. (1.44)
- 5.45** The daily oversight of adjudications by the business hub had reduced the number of outstanding charges. (1.53)
- 5.46** The emergency response arrangements for clinical staff, including training status, staff competence and equipment, ensured a coordinated and timely response to health emergencies by clinical staff. (2.54)
- 5.47** The debt management scheme effectively reduced the risk of debt and subsequent problems for prisoners. (2.96)
- 5.48** Probation staff completed a form which listed all pertinent public protection information in a format which was simple and easy for other staff to understand, reducing the risk that key information would be missed or overlooked. (4.16)

## Section 6. Appendices

### Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Deborah Butler	Team leader
Karen Dillon	Inspector
Bev Alden	Inspector
Colin Carroll	Inspector
Tamara Pattinson	Inspector
Ian Dickens	Inspector
Kam Sarai	Inspector
Joe Simmonds	Researcher
Catherine Shaw	Researcher
Anna Fenton	Researcher
Paul Roberts	Substance use inspector
Maureen Jamieson	Health inspector
Jo MacDonald	CQC inspector
Rachel O'Callaghan	Pharmacy inspector
Charles Searle	Ofsted inspector
Dr Daniel Grant	Ofsted inspector
Ken Fisher	Ofsted inspector
Vivienne Raine	Offender management inspector
Jessica Willans	Offender management inspector
Tony Kirk	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.**

**6.1** *At the last inspection in 2014, many prisoners complained about the journey to the prison with some not notified of their destination. Early days arrangements were generally satisfactory but induction was fragmented and lacked good governance. Although in our survey few prisoners reported feeling unsafe, there were too many violent incidents and we found some evidence of under-reporting. Not enough was done to identify, protect and support victims of bullying. Incidents of self-harm were low and arrangements to support prisoners in crisis were good. Safeguarding arrangements were underdeveloped. Security was mostly proportionate. Oversight of the use of force was poor. Too many prisoners remained in the segregation unit where the environment and regime were poor. The drugs reduction strategy showed signs of success but prisoners said it was easy to access unauthorised substances. Clinical treatment provision for substance misusers had improved. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

#### **Main recommendation**

The identification, protection and support for victims of bullying should be improved by:

- fully implementing the violence reduction policy and ensuring all staff should have the training and awareness necessary to do so.
- The safer custody team ensuring that all suspected incidents are identified, recorded, effectively investigated and appropriate action taken against perpetrators and to support victims.
- Improving lighting and CCTV coverage in communal internal and external areas. (S45)

#### **Not achieved**

The number of prisoners in the segregation unit should be reduced and the quality of regime and environment should be improved. (S47)

#### **Partially achieved**

Incidents involving the use of force should be reduced. The governance of and accountability for the use of force, including uses of unfurnished accommodation, planned interventions and batons, should be improved. All planned use of force should be filmed and reviewed. Documentation of all such uses should also be enhanced. (S46)

#### **Partially achieved**

## Recommendations

Prisoners should be given sufficient notice that they are transferring to Haverigg. (1.4)

**Not achieved** (Recommendation repeated, 1.4)

Arriving prisoners should be disembarked from escort vehicles without delay. (1.5)

**Not achieved** (Recommendation repeated, 1.5)

New arrivals should receive a free telephone call on their first night. (1.12)

**Achieved**

First night cells should be clean, free from graffiti and properly equipped. (1.13)

**Not achieved** (Recommendation repeated, 1.13)

The content and delivery of induction and monitoring of attendance should be improved, and all prisoners should be kept purposefully engaged until allocated to activities. (1.14)

**Not achieved**

Staff should be trained in the development of effective care mapping for prisoners on assessment, care in custody and teamwork (ACCT) case management documents, and the quality of such mapping should be monitored. (1.32)

**Achieved**

Prisoners should have 24-hour access to the Samaritans. (1.33)

**Achieved**

A more appropriate location should be found for the gated cell in A wing which affords greater privacy from other prisoners and the condition of the cell should be improved. (1.34)

**Partially achieved**

Strip-clothing should be used only in the most extreme cases and occasions of use should be properly authorised by senior managers and recorded centrally. (1.35)

**Achieved**

The governor should develop the contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to implement local safeguarding processes. (1.40)

**Achieved**

Prisoners should only be strip searched on the basis of intelligence or specific suspicion, and this should always be conducted by two officers. (1.47)

**Partially achieved**

The mandatory drug test (MDT) programme should be sufficiently resourced to undertake the required level of random and target testing and to process positive tests on time. (1.48)

**Not achieved**

The regime for prisoners on the basic level should be improved, and the incentives and earned privileges (IEP) policy should clarify progression through this level. (1.56, repeated recommendation 7.50)

**Not achieved**

Decisions to demote prisoners to basic should be fully justified and always followed by a thorough investigation. (1.57)

**Achieved**

Individual targets for prisoners on basic level to improve their behaviour should be set, monitored and reviewed, and officers who know the prisoner should be fully engaged in the planning process. (1.58)

**Not achieved**

All disciplinary charges should be fully investigated, with clear reasons given for the decisions reached, and the quality assurance of adjudication records should be improved. (1.61)

**Achieved**

The adjudication standardisation meeting should improve its analysis of data on disciplinary procedures and use the information more effectively. (1.62)

**Achieved**

Segregation review documentation should be completed thoroughly and include meaningful targets. (1.74)

**Achieved**

Prescribing options for opiate dependent prisoners should include buprenorphine treatment. (1.79)

**Not achieved**

Substance misuse and mental health services should formalise joint working to ensure effective care coordination for dual diagnosis clients. (1.80)

**Achieved**

The establishment should improve the environment for prisoners waiting to receive methadone. (1.81)

**Achieved**

The prison should introduce a structured alcohol programme that addresses alcohol related offending. (1.82)

**Partially achieved**

## Respect

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

*At the last inspection in 2014, accommodation varied from good to poor. Staff-prisoner relationships were very good. Formal arrangements for equality and diversity, including consultation, were poor, and staff were completely unaware of the needs of prisoners from minority groups. Faith provision was mostly good. Complaints were not always answered appropriately. Legal services provision was adequate. Health services were satisfactory and developing. Prisoners were dissatisfied with the food. Prison shop provision was adequate. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### Main recommendation

The prison should develop a clear strategy based on a needs analysis to promote and improve outcomes for prisoners from all minority groups. This should include regular consultation and monitoring to understand their perceptions and to ensure equitable access to provision. (S48)

**Partially achieved**

## Recommendations

Immigration detainees should not be held in prison unless there are exceptional reasons to do so following risk assessment. (2.47)

**Achieved**

Association rooms should be better equipped and kept clean and well maintained. (2.12)

**Not achieved**

All cells should have call bells, and these should be answered within five minutes. (2.13)

**Achieved**

There should be a clear policy prohibiting offensive displays that should be applied consistently. (2.14)

**Not achieved**

All toilets in cells should be clean and adequately screened. (2.15)

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

There should be facilities to allow prisoners to wash their own clothes. (2.16)

**Not achieved** (Recommendation repeated, 2.10)

There should be arrangements to enable wing staff to chase up applications not responded to within three working days, and the date of response should be routinely recorded. (2.17)

**Not achieved**

There should be sufficient telephones for prisoners on all residential units. (2.18)

**Not achieved**

Staff supervision of the billeted residential units, particularly unit two, should be improved. (2.27)

**No longer relevant**

Personal officers should engage in sentence planning. (2.28)

**Not achieved**

There should be adequately resourced arrangements to cover and support the role of the equality and diversity officer. (2.36)

**Achieved**

Discrimination incident reporting forms should be freely available in all areas, all incidents should be investigated thoroughly and quality assurance should be robust. (2.37)

**Partially achieved**

All staff should be regularly made aware of their duty to promote equality and diversity. (2.38)

**Achieved**

Prisoners with a disability who have additional needs should have a care plan and, if appropriate, a personal emergency evacuation plan. Those who require day-to-day support should be offered a paid carer or buddy. (2.48)

**Partially achieved**

There should be an increase in faith provision for Muslim prisoners. (2.52)

**Achieved**

All replies to complaints should adequately address the issues raised by prisoners and use the prisoner's preferred name. (2.57)

**Not achieved** (Recommendation repeated, 2.37)

There should be a robust quality assurance scheme for complaints and regular analysis of trends. (2.58)

**Not achieved** (Recommendation repeated, 2.38)

There should be an up-to-date health assessment that includes the dental needs of the population. (2.75)

**Not achieved**

The partnership board should ensure that reporting mechanisms for the clinical governance of the dental services are sufficiently robust. (2.76)

**Not achieved**

Cumbria Partnership NHS Trust should support its prison health service in finding solutions to the chronic inability to recruit staff to vacancies. (2.77)

**Achieved**

The dental suite should be accessible to prisoners with serious mobility issues. (2.78)

**Not achieved**

The Partnership Board should ensure that the waiting capacity of the health centre is sufficient for efficient throughput of clinics, that patients should not have to wait there for excessive periods before and following their appointments, and that waiting patients are not exposed to the elements. (2.79)

**Achieved**

Patients should have access to a complete pharmaceutical service, including pharmacy-led clinics and medicine use reviews. (2.93)

**Achieved**

Nurses should not dispense medicines other than in exceptional circumstances. (2.94)

**Partially achieved**

There should be a maintenance contract for the dental chair that includes emergency call out and fixing. (2.99)

**Achieved**

The dental waiting lists should be managed down to acceptable levels. (2.100)

**Achieved**

Breakfast packs should be issued on the day they are to be eaten. (2.112)

**Not achieved**

Food in the segregation unit should be supplied from a servery and by correctly dressed staff. (2.113)

**Achieved**

Halal food should be prepared separately from other foods. (2.114)

**Achieved**

All areas used to prepare, cook or serve food should be clean and well maintained. (2.115)

**Achieved**

New arrivals should be able to buy items from the prison shop within their first 24 hours, and should have the option of buying a non-smoker's pack. (2.121)

**Partially achieved**

## Purposeful activity

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

*At the last inspection in 2014, time out of cell was reasonable for employed prisoners but there were insufficient activity places and too many prisoners were locked up during the core day. The prison had a good focus on education and vocational training but the inefficient use of places to maximise attendance at work and vocational training was a concern. Achievement outcomes were good. Prisoners benefited from good access to the library. PE provision was very good. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Recommendations

All prisoners should be able to achieve 10 hours out of cell and one hour for outside exercise every day. (3.5)

**Not achieved**

The prison should ensure that activity places are used efficiently. (3.13)

**Achieved**

Staff in learning and skills should complete equality and diversity training to give them the skills and knowledge to enhance prisoners' understanding in learning sessions. (3.14)

**Achieved**

The Manchester College processes for observing and evaluating the quality of accredited activities should be extended to non-OLASS provision to inform improvements in teaching, learning and assessment. (3.15)

**Achieved**

There should be cover for staff absence to ensure that all activities take place. (3.23)

**Partially achieved**

Education staff should offer education support for prisoners in the segregation unit and those who are unable to leave their cells. (3.24)

**Partially achieved**

The rusty ovens in the education cookery classroom should be replaced and work surfaces repaired to ensure high quality hygiene. (3.33)

**Achieved**

Session planning should cover how prisoners' individual needs will be met and be clear about what each prisoner is expected to achieve, so progress can be easily monitored. (3.34)

**Partially achieved**

Prisoner achievement of English and mathematics level 1 awards should be improved, with particular focus on completing the speaking and listening aspect. (3.41)

**Partially achieved**

Prisoner achievement of English and mathematics level 1 awards should be improved, with particular focus on completing the speaking and listening aspect. (3.41)

**Partially achieved**

Library staff should investigate the reasons why not all prisoners use the library and take action to extend its appeal across the prison. (3.48)

**Achieved**

The skills that orderlies develop while working in the library should be recognised and recorded. (3.49)

**Achieved**

Shower screens should be installed in the main gym showers as a matter of urgency. (3.57)

**Partially achieved**

There should be a planned replacement and refurbishment programme for PE equipment and facilities. (3.58)

**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, time out of cell was reasonable for employed prisoners but there were insufficient activity places and too many prisoners were locked up during the core day. The prison had a good focus on education and vocational training but the inefficient use of places to maximise attendance at work and vocational training was a concern. Achievement outcomes were good. Prisoners benefited from good access to the library. PE provision was very good. Outcomes for prisoners were reasonably good against this healthy prison test.*

## Recommendations

Prisoners should not be transferred to HMP Haverigg without an up-to-date OASys assessment. (4.18)

**Not achieved**

The reducing reoffending and offender management functions of the establishment should be better integrated to ensure continuity of provision to meet prisoner needs. (4.6)

**Achieved**

There should be a clear plan to rectify the shortfall in offender management staffing. (4.7)

**No longer relevant**

All appropriate prisoners should have a completed and up-to-date OASys assessment. (4.19)

**Not achieved**

There should be offender management representation at prisoner development boards to ensure sentence plan targets are incorporated into reviews. (4.20)

**Achieved**

All departments working with a prisoner, including his personal officer, employment, training and education providers and drug and alcohol services, should attend sentence planning boards, or at least provide written contributions. (4.21)

**Not achieved**

Offender supervision provision should be consistent and reflect the level of need for prisoners at HMP Haverigg, and such work and contact should be oriented to reducing levels of risk of harm and reoffending. (4.22)

**Not achieved**

All offender supervisors should be offered regular casework supervision, and offender management files should be subject to regular quality assurance checks. (4.23)

**Not achieved** (Recommendation repeated, 4.11)

The prison should ensure that work by resettlement pathway providers is properly and effectively coordinated with that of offender supervisors to support release. (4.35)

**Achieved**

The prison should increase its links with employers to include more organisations, and support prisoners' release on temporary licence opportunities and resettlement into employment on release. (4.42)

**Achieved**

Substance misuse and offender management services should improve information sharing. (4.45)

**Achieved**

Outcome data on finance, benefit and debt should be agreed and monitored to establish the extent of prisoner need, and there should be appropriate support to address identified issues. (4.49)

**Achieved**

Family visits should be available to prisoners regardless of their incentives and earned privileges status. (4.55)

**Achieved**

The prison should provide a full range of accredited programmes to meet the offending behaviour needs of the population. (4.60)

**Not achieved**

Prisoners who need offending behaviour programmes and appropriate work not provided at Haverigg should be transferred to an establishment where such work is available as soon as is practicable. (4.61)

**Not achieved**

# Appendix III: Care Quality Commission Requirement Notices

## Requirement Notice

**Provider:** Mr Mohammed Azfar Hyder

**Location:** Ferryhill Dental Health Centre

**Location ID:** 1-153035179

**Regulated activities:** Diagnostic and screening procedures; treatment of disease, disorder, or injury; surgical procedures

### Action we have told the provider to take

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

<b>Regulation 17 Good Governance</b>	<b>17</b> Systems or processes must be established and operated effectively to ensure compliance with the requirements in this part.
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### How the regulation was not being met:

Governance and oversight arrangements were not operating effectively to assess, monitor, and improve the quality of service provided.

The trainee dental nurse had not received management or clinical supervision or appraisal since she commenced in February 2016. There was no evidence to demonstrate how the provider assessed the trainee dental nurse as being suitability skilled and competent to carry out her role safely.

The provider had not made appropriate checks of associate staff used to deliver care and treatment. For example, both the dentist and dental therapist had no current Disclosure and Barring Service (DBS) checks and the indemnity cover for the dentist ran out on 31 December 2016. When we questioned this, a new indemnity certificate was provided which commenced on 16 April 2017.

Complaints were answered locally by the dental therapist. There was no evidence that monitoring of these complaints had taken place, in order for trends or areas of risk to be identified and addressed. Patient surveys and feedback was collected locally, again there was no evidence that these had been analysed and used to drive improvements to the quality and safety of the service.

# Requirement Notice

**Provider:** Cumbria Partnership NHS Foundation Trust

**Location:** Haverigg Prison

**Location ID:** RNNX4

**Regulated activities:** Diagnostic and screening procedures; treatment of disease, disorder, or injury

## Action we have told the provider to take

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

<b>Regulation 12 Safe care and treatment</b>	<b>12.—(1) Care and treatment must be provided in a safe way for service users.</b>
--	---

## How the regulation was not being met:

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

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

We observed an incident where medicines were removed from their original packaging, placed in individual boxes with patient names handwritten on them only. These medicines were then transported to the segregation unit insecurely. This practice was unsafe and compromised patient safety.

Medication was administered by nurses where no current prescription or patient group direction was in place. For example, salbutamol was given by nurses at the weekend where no patient group directions were in place and on one occasion, a nurse had administered warfarin subsequent to an INR test when no current prescription was available. No clinical assessment of the INR results was made and the entry in the patient medical record said: “warfarin administered in the patient’s best interests”; This practice was unsafe and compromised patient safety.

## Appendix IV: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced		225	81.8
Recall		23	8.4
Convicted unsentenced		0	
Remand		0	
Civil prisoners		0	
Detainees		0	
<b>Total</b>		<b>248</b>	<b>90.2</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced		0	
Less than six months		0	
six months to less than 12 months		8	2.9
12 months to less than 2 years		12	4.4
2 years to less than 4 years		85	30.9
4 years to less than 10 years		125	45.5
10 years and over (not life)		14	5.1
ISPP (indeterminate sentence for public protection)		10	3.6
Life		21	11.3
<b>Total</b>		<b>275</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years	0	
21 years to 29 years	92	33.5
30 years to 39 years	87	31.6
40 years to 49 years	67	24.4
50 years to 59 years	25	9.1
60 years to 69 years	3	1.1
70 plus years	1	0.4
Please state maximum age here:	76	
<b>Total</b>	<b>275</b>	<b>100</b>

Nationality	18–20 yr olds	21 and over	%
British		268	97.5
Foreign nationals		7	2.5
<b>Total</b>		<b>275</b>	<b>100</b>

<b>Security category</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Uncategorised unsentenced		0	
Uncategorised sentenced		0	
Category A		0	
Category B		0	
Category C		256	93.1
Category D		19	6.9
Other			
<b>Total</b>		<b>275</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
White			
British		242	88
Irish		3	1.1
Gypsy/Irish Traveller		3	1.1
Other white		1	.4
Mixed			
White and black Caribbean		1	0.4
White and black African		1	0.4
White and Asian		1	0.4
Other mixed		2	0.7
Asian or Asian British			
Indian		3	1.1
Pakistani		13	4.7
Bangladeshi		2	0.7
Chinese		0	
Other Asian		0	
Black or black British			
Caribbean		1	0.4
African		1	0.4
Other black		1	0.4
Other ethnic group			
Arab		0	
Other ethnic group		0	
Not stated		0	
<b>Total</b>		<b>275</b>	<b>100</b>

Religion	18–20 yr olds	21 and over	%
Baptist		0	
Church of England		77	28
Roman Catholic		64	23
Other Christian denominations		18	6.5
Muslim		26	9.5
Sikh		0	
Hindu		0	
Buddhist		3	1.1
Jewish		3	1.1
Other		5	2.1
No religion		79	28.7
<b>Total</b>			<b>100</b>

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)		0	
<b>Total</b>			

### Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			32	11.6
1 month to 3 months			61	22.2
3 months to six months			78	28.4
six months to 1 year			54	19.6
1 year to 2 years			10	3.6
2 years to 4 years			37	13.5
4 years or more			3	1.1
<b>Total</b>			<b>275</b>	<b>100</b>

### Sentenced prisoners only

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

### Unsentenced prisoners only

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

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

# Appendix V: Summary of prisoner questionnaires and interviews

## Prisoner survey methodology

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

### Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment<sup>17</sup>. 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 20 March 2017 the prisoner population at HMP Haverigg 281. Using the method described above, questionnaires were distributed to a sample of 156 prisoners.

We received a total of 145 completed questionnaires, a response rate of 93%. This included two questionnaires completed via interview. Six respondents refused to complete a questionnaire and five questionnaires were not returned.

### Presentation of survey results and analyses

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

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%.

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<sup>17</sup> 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences<sup>18</sup> 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 Haverigg in 2017 compared with responses from prisoners surveyed in all other category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 38 category C training prisons since April 2013.
- The current survey responses from HMP Haverigg in 2017 compared with the responses of prisoners surveyed at HMP Haverigg in 2014.
- A comparison within the 2017 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2017 survey between those who are aged 50 and over and those under 50.

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<sup>18</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.01 which means that there is only a 1% likelihood that the difference is due to chance.

# Survey summary

## Section I: About You

<b>Q1.1</b>	<b>What wing or houseblock are you currently living on?</b> (See Survey Methodology)	
<b>Q1.2</b>	<b>How old are you?</b>	
	Under 21 .....	1 (1%)
	21 - 29.....	50 (35%)
	30 - 39.....	44 (31%)
	40 - 49.....	31 (22%)
	50 - 59.....	16 (11%)
	60 - 69.....	2 (1%)
	70 and over .....	0 (0%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	Yes.....	131 (91%)
	Yes - on recall .....	13 (9%)
	No - awaiting trial .....	0 (0%)
	No - awaiting sentence.....	0 (0%)
	No - awaiting deportation .....	0 (0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	Not sentenced.....	0 (0%)
	Less than 6 months.....	6 (4%)
	6 months to less than 1 year .....	5 (4%)
	1 year to less than 2 years .....	17 (12%)
	2 years to less than 4 years .....	40 (28%)
	4 years to less than 10 years.....	50 (35%)
	10 years or more.....	10 (7%)
	IPP (indeterminate sentence for public protection) .....	7 (5%)
	Life.....	7 (5%)
<b>Q1.5</b>	<b>Are you a foreign national (i.e. do not have UK citizenship)?</b>	
	Yes.....	7 (5%)
	No.....	137 (95%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>	
	Yes.....	142 (100%)
	No.....	0 (0%)
<b>Q1.7</b>	<b>Do you understand written English?</b>	
	Yes.....	139 (99%)
	No.....	1 (1%)

<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	White - British (English/ Welsh/ Scottish/ Northern Irish) .....	120 (83%)	Asian or Asian British - Chinese .....
	White - Irish .....	3 (2%)	Asian or Asian British - other .....
	White - other .....	7 (5%)	Mixed race - white and black Caribbean ..
	Black or black British - Caribbean .....	0 (0%)	Mixed race - white and black African .....
	Black or black British - African .....	0 (0%)	Mixed race - white and Asian .....
	Black or black British - other .....	0 (0%)	Mixed race - other .....
	Asian or Asian British - Indian .....	1 (1%)	Arab .....
	Asian or Asian British - Pakistani .....	7 (5%)	Other ethnic group .....
	Asian or Asian British - Bangladeshi .....	0 (0%)	
<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>		
	Yes .....		6 (4%)
	No .....		134 (96%)
<b>Q1.10</b>	<b>What is your religion?</b>		
	None .....	48 (34%)	Hindu .....
	Church of England .....	44 (31%)	Jewish .....
	Catholic .....	28 (20%)	Muslim .....
	Protestant .....	1 (1%)	Sikh .....
	Other Christian denomination .....	1 (1%)	Other .....
	Buddhist .....	2 (1%)	
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>		
	Heterosexual/ Straight .....		140 (99%)
	Homosexual/Gay .....		2 (1%)
	Bisexual .....		0 (0%)
<b>Q1.12</b>	<b>Do you consider yourself to have a disability (i.e do you need help with any long term physical, mental or learning needs)?</b>		
	Yes .....		29 (20%)
	No .....		114 (80%)
<b>Q1.13</b>	<b>Are you a veteran (ex- armed services)?</b>		
	Yes .....		8 (6%)
	No .....		135 (94%)
<b>Q1.14</b>	<b>Is this your first time in prison?</b>		
	Yes .....		43 (30%)
	No .....		100 (70%)
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>		
	Yes .....		80 (56%)
	No .....		63 (44%)

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>On your most recent journey here, how long did you spend in the van?</b>		
	Less than 2 hours .....		34 (23%)
	2 hours or longer .....		107 (74%)
	Don't remember .....		4 (3%)

<b>Q2.2</b>	<b>On your most recent journey here, were you offered anything to eat or drink?</b>	
	<i>My journey was less than two hours</i> .....	34 (24%)
	Yes .....	89 (62%)
	No .....	19 (13%)
	Don't remember .....	1 (1%)
<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>	
	<i>My journey was less than two hours</i> .....	34 (23%)
	Yes .....	6 (4%)
	No.....	103 (71%)
	Don't remember .....	2 (1%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	Yes.....	78 (54%)
	No.....	54 (37%)
	Don't remember .....	13 (9%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes .....	110 (76%)
	No.....	32 (22%)
	Don't remember .....	3 (2%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	<i>Very well</i> .....	39 (27%)
	<i>Well</i> .....	70 (48%)
	<i>Neither</i> .....	29 (20%)
	<i>Badly</i> .....	1 (1%)
	<i>Very badly</i> .....	3 (2%)
	Don't remember .....	3 (2%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)</b>	
	<i>Yes, someone told me</i> .....	95 (66%)
	<i>Yes, I received written information</i> .....	8 (6%)
	<i>No, I was not told anything</i> .....	40 (28%)
	Don't remember .....	3 (2%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes .....	124 (86%)
	No.....	18 (13%)
	Don't remember .....	2 (1%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	<i>Less than 2 hours</i> .....	91 (64%)
	<i>2 hours or longer</i> .....	46 (32%)
	Don't remember.....	5 (4%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes .....	127 (91%)
	No .....	7 (5%)
	Don't remember .....	5 (4%)

<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>		
	Very well.....	61 (43%)	
	Well.....	70 (49%)	
	Neither.....	9 (6%)	
	Badly.....	1 (1%)	
	Very badly.....	0 (0%)	
	Don't remember.....	1 (1%)	
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>		
	Loss of property.....	22 (16%)	Physical health.....
	Housing problems.....	31 (23%)	Mental health.....
	Contacting employers.....	5 (4%)	Needing protection from other prisoners
	Contacting family.....	18 (13%)	Getting phone numbers.....
	Childcare.....	3 (2%)	Other.....
	Money worries.....	24 (18%)	Did not have any problems.....
	Feeling depressed or suicidal.....	22 (16%)	
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>		
	Yes.....	37 (28%)	
	No.....	50 (37%)	
	Did not have any problems.....	47 (35%)	
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>		
	Tobacco.....	127 (89%)	
	A shower.....	42 (30%)	
	A free telephone call.....	57 (40%)	
	Something to eat.....	75 (53%)	
	PIN phone credit.....	88 (62%)	
	Toiletries/ basic items.....	103 (73%)	
	Did not receive anything.....	1 (1%)	
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>		
	Chaplain.....	98 (69%)	
	Someone from health services.....	110 (77%)	
	A Listener/Samaritans.....	91 (64%)	
	Prison shop/ canteen.....	46 (32%)	
	Did not have access to any of these.....	11 (8%)	
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>		
	What was going to happen to you.....	87 (64%)	
	What support was available for people feeling depressed or suicidal.....	73 (53%)	
	How to make routine requests (applications).....	66 (48%)	
	Your entitlement to visits.....	57 (42%)	
	Health services.....	84 (61%)	
	Chaplaincy.....	84 (61%)	
	Not offered any information.....	21 (15%)	
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>		
	Yes.....	105 (74%)	
	No.....	33 (23%)	
	Don't remember.....	4 (3%)	

<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>	
	Have not been on an induction course .....	8 (6%)
	Within the first week.....	90 (64%)
	More than a week.....	40 (28%)
	Don't remember .....	3 (2%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	Have not been on an induction course .....	8 (6%)
	Yes .....	71 (51%)
	No.....	51 (37%)
	Don't remember .....	9 (6%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	Did not receive an assessment.....	9 (7%)
	Within the first week.....	40 (29%)
	More than a week.....	73 (53%)
	Don't remember .....	16 (12%)

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

<b>Q4.1</b>	<b>How easy is it to.....</b>						
		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your solicitor or legal representative?	18 (14%)	29 (22%)	23 (17%)	26 (20%)	11 (8%)	26 (20%)
	Attend legal visits?	18 (15%)	34 (28%)	23 (19%)	7 (6%)	4 (3%)	35 (29%)
	Get bail information?	10 (9%)	8 (7%)	19 (17%)	14 (13%)	1 (1%)	60 (54%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>						
	Not had any letters.....						39 (29%)
	Yes .....						48 (35%)
	No.....						49 (36%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>						
	Yes .....						63 (46%)
	No.....						10 (7%)
	Don't know .....						63 (46%)
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>						
		Yes	No	Don't know			
	Do you normally have enough clean, suitable clothes for the week?	103 (73%)	37 (26%)	1 (1%)			
	Are you normally able to have a shower every day?	128 (90%)	13 (9%)	1 (1%)			
	Do you normally receive clean sheets every week?	106 (75%)	28 (20%)	7 (5%)			
	Do you normally get cell cleaning materials every week?	89 (64%)	49 (35%)	2 (1%)			
	Is your cell call bell normally answered within five minutes?	58 (42%)	54 (39%)	25 (18%)			
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	90 (66%)	45 (33%)	2 (1%)			
	If you need to, can you normally get your stored property?	52 (38%)	49 (36%)	37 (27%)			
<b>Q4.5</b>	<b>What is the food like here?</b>						
	Very good.....						3 (2%)
	Good.....						23 (16%)
	Neither.....						30 (21%)
	Bad.....						48 (34%)
	Very bad.....						37 (26%)

<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>	
	<i>Have not bought anything yet/ don't know</i> .....	1 (1%)
	Yes .....	62 (45%)
	No.....	75 (54%)
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>	
	Yes .....	87 (62%)
	No.....	9 (6%)
	Don't know .....	44 (31%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	Yes .....	75 (54%)
	No.....	12 (9%)
	Don't know/ N/A.....	52 (37%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>	
	Yes .....	93 (67%)
	No.....	5 (4%)
	Don't know/ N/A.....	40 (29%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	<i>I don't want to attend</i> .....	30 (21%)
	Very easy .....	35 (25%)
	Easy .....	37 (26%)
	Neither .....	15 (11%)
	Difficult.....	6 (4%)
	Very difficult.....	3 (2%)
	Don't know .....	15 (11%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>		
	Yes .....	121 (87%)	
	No .....	13 (9%)	
	Don't know .....	5 (4%)	
<b>Q5.2</b>	<b>Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)</b>		
		Not made one	Yes
			No
	Are <i>applications</i> dealt with fairly?	13 (10%)	66 (50%)
	Are <i>applications</i> dealt with quickly (within seven days)?	13 (10%)	48 (38%)
			53 (40%)
			67 (52%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>		
	Yes .....	90 (66%)	
	No .....	25 (18%)	
	Don't know .....	22 (16%)	
<b>Q5.4</b>	<b>Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)</b>		
		Not made one	Yes
			No
	Are <i>complaints</i> dealt with fairly?	38 (28%)	34 (25%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	38 (29%)	38 (29%)
			62 (46%)
			54 (42%)

<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes .....	21 (15%)
	No.....	118 (85%)
<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	<i>Don't know who they are</i> .....	42 (31%)
	<i>Very easy</i> .....	11 (8%)
	<i>Easy</i> .....	19 (14%)
	<i>Neither</i> .....	33 (25%)
	<i>Difficult</i> .....	26 (19%)
	<i>Very difficult</i> .....	3 (2%)

### Section 6: Incentive and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)</b>	
	<i>Don't know what the IEP scheme is</i> .....	2 (1%)
	Yes .....	77 (57%)
	No .....	53 (39%)
	<i>Don't know</i> .....	4 (3%)
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)</b>	
	<i>Don't know what the IEP scheme is</i> .....	2 (1%)
	Yes .....	60 (44%)
	No.....	68 (50%)
	<i>Don't know</i> .....	6 (4%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	Yes .....	7 (5%)
	No.....	129 (95%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	<i>I have not been to segregation in the last 6 months</i> .....	110 (87%)
	<i>Very well</i> .....	6 (5%)
	<i>Well</i> .....	2 (2%)
	<i>Neither</i> .....	6 (5%)
	<i>Badly</i> .....	3 (2%)
	<i>Very badly</i> .....	0 (0%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	Yes .....	106 (77%)
	No.....	31 (23%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes .....	98 (72%)
	No.....	39 (28%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes .....	41 (29%)
	No.....	99 (71%)

<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i> .....	7 (5%)
	<i>Never</i> .....	40 (29%)
	<i>Rarely</i> .....	40 (29%)
	<i>Some of the time</i> .....	33 (24%)
	<i>Most of the time</i> .....	15 (11%)
	<i>All of the time</i> .....	5 (4%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i> .....	60 (43%)
	<i>In the first week</i> .....	32 (23%)
	<i>More than a week</i> .....	30 (22%)
	<i>Don't remember</i> .....	16 (12%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/ her</i> .....	60 (45%)
	<i>Very helpful</i> .....	22 (16%)
	<i>Helpful</i> .....	26 (19%)
	<i>Neither</i> .....	16 (12%)
	<i>Not very helpful</i> .....	4 (3%)
	<i>Not at all helpful</i> .....	6 (4%)

### Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>	
	<i>Yes</i> .....	56 (39%)
	<i>No</i> .....	86 (61%)
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>	
	<i>Yes</i> .....	22 (15%)
	<i>No</i> .....	120 (85%)
<b>Q8.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>	
	<i>Never felt unsafe</i> .....	86 (65%)
	<i>Everywhere</i> .....	23 (17%)
	<i>Segregation unit</i> .....	0 (0%)
	<i>Association areas</i> .....	12 (9%)
	<i>Reception area</i> .....	1 (1%)
	<i>At the gym</i> .....	4 (3%)
	<i>In an exercise yard</i> .....	9 (7%)
	<i>At work</i> .....	7 (5%)
	<i>During movement</i> .....	11 (8%)
	<i>At education</i> .....	5 (4%)
	<i>At meal times</i> .....	5 (4%)
	<i>At health services</i> .....	3 (2%)
	<i>Visits area</i> .....	3 (2%)
	<i>In wing showers</i> .....	7 (5%)
	<i>In gym showers</i> .....	1 (1%)
	<i>In corridors/stairwells</i> .....	4 (3%)
	<i>On your landing/wing</i> .....	13 (10%)
	<i>In your cell</i> .....	8 (6%)
	<i>At religious services</i> .....	1 (1%)
<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>	
	<i>Yes</i> .....	30 (21%)
	<i>No</i> .....	111 (79%)

<b>Q8.5</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends) .....</i>	15 (11%)
	<i>Physical abuse (being hit, kicked or assaulted) .....</i>	11 (8%)
	<i>Sexual abuse .....</i>	3 (2%)
	<i>Feeling threatened or intimidated .....</i>	17 (12%)
	<i>Having your canteen/property taken.....</i>	5 (4%)
	<i>Medication.....</i>	4 (3%)
	<i>Debt .....</i>	6 (4%)
	<i>Drugs.....</i>	3 (2%)
	<i>Your race or ethnic origin.....</i>	2 (1%)
	<i>Your religion/religious beliefs .....</i>	5 (4%)
	<i>Your nationality .....</i>	2 (1%)
	<i>You are from a different part of the country than others.....</i>	5 (4%)
	<i>You are from a traveller community .....</i>	1 (1%)
	<i>Your sexual orientation .....</i>	2 (1%)
	<i>Your age.....</i>	1 (1%)
	<i>You have a disability.....</i>	3 (2%)
	<i>You were new here.....</i>	3 (2%)
	<i>Your offence/ crime .....</i>	3 (2%)
	<i>Gang related issues.....</i>	6 (4%)
<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes .....	37 (26%)
	No.....	103 (74%)
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends) .....</i>	18 (13%)
	<i>Physical abuse (being hit, kicked or assaulted) .....</i>	0 (0%)
	<i>Sexual abuse .....</i>	1 (1%)
	<i>Feeling threatened or intimidated .....</i>	13 (9%)
	<i>Medication.....</i>	1 (1%)
	<i>Debt .....</i>	2 (1%)
	<i>Drugs.....</i>	3 (2%)
	<i>Your race or ethnic origin.....</i>	3 (2%)
	<i>Your religion/religious beliefs .....</i>	3 (2%)
	<i>Your nationality .....</i>	2 (1%)
	<i>You are from a different part of the country than others.....</i>	5 (4%)
	<i>You are from a traveller community .....</i>	1 (1%)
	<i>Your sexual orientation .....</i>	1 (1%)
	<i>Your age.....</i>	1 (1%)
	<i>You have a disability.....</i>	1 (1%)
	<i>You were new here.....</i>	2 (1%)
	<i>Your offence/ crime .....</i>	3 (2%)
	<i>Gang related issues.....</i>	0 (0%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	Not been victimised .....	87 (65%)
	Yes .....	11 (8%)
	No.....	36 (27%)

### Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people?:</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	9 (7%)	11 (8%)	34 (25%)	23 (17%)	44 (32%)	17 (12%)
	The nurse	9 (7%)	20 (15%)	65 (47%)	19 (14%)	15 (11%)	9 (7%)
	The dentist	13 (10%)	7 (5%)	26 (19%)	16 (12%)	34 (25%)	39 (29%)

<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?:</b>						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	12 (9%)	12 (9%)	32 (23%)	20 (14%)	22 (16%)	41 (29%)
	The nurse	7 (5%)	26 (19%)	68 (49%)	18 (13%)	11 (8%)	9 (6%)
	The dentist	30 (22%)	25 (18%)	32 (23%)	23 (17%)	12 (9%)	15 (11%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<i>Not been</i> .....					5 (4%)	
	<i>Very good</i> .....					14 (10%)	
	<i>Good</i> .....					38 (28%)	
	<i>Neither</i> .....					24 (18%)	
	<i>Bad</i> .....					30 (22%)	
	<i>Very bad</i> .....					26 (19%)	
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes .....					54 (39%)	
	No .....					85 (61%)	
<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>						
	<i>Not taking medication</i> .....					85 (62%)	
	<i>Yes, all my meds</i> .....					28 (20%)	
	<i>Yes, some of my meds</i> .....					12 (9%)	
	<i>No</i> .....					13 (9%)	
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>						
	Yes .....					50 (36%)	
	No .....					87 (64%)	
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?</b>						
	<i>Do not have any emotional or mental health problems</i> .....					87 (64%)	
	Yes .....					28 (21%)	
	No .....					21 (15%)	

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	Yes .....	53 (38%)
	No .....	85 (62%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	Yes .....	25 (18%)
	No .....	111 (82%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	<i>Very easy</i> .....	34 (25%)
	<i>Easy</i> .....	27 (20%)
	<i>Neither</i> .....	10 (7%)
	<i>Difficult</i> .....	10 (7%)
	<i>Very difficult</i> .....	7 (5%)
	<i>Don't know</i> .....	48 (35%)

<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy.....	13 (10%)
	Easy.....	18 (13%)
	Neither.....	11 (8%)
	Difficult.....	19 (14%)
	Very difficult.....	9 (7%)
	Don't know.....	66 (49%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes.....	18 (13%)
	No.....	118 (87%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes.....	9 (7%)
	No.....	125 (93%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	Did not / do not have a drug problem.....	79 (61%)
	Yes.....	37 (29%)
	No.....	13 (10%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?</b>	
	Did not / do not have an alcohol problem.....	111 (84%)
	Yes.....	14 (11%)
	No.....	7 (5%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	Did not have a problem/ did not receive help.....	85 (67%)
	Yes.....	36 (29%)
	No.....	5 (4%)

### Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	9 (7%)	24 (18%)	63 (46%)	18 (13%)	19 (14%)	4 (3%)
	Vocational or skills training	21 (16%)	23 (17%)	48 (36%)	23 (17%)	15 (11%)	4 (3%)
	Education (including basic skills)	18 (13%)	29 (22%)	55 (41%)	18 (13%)	12 (9%)	2 (1%)
	Offending behaviour programmes	22 (16%)	12 (9%)	33 (24%)	22 (16%)	26 (19%)	20 (15%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>						
	Not involved in any of these.....					14 (10%)	
	Prison job.....					106 (79%)	
	Vocational or skills training.....					34 (25%)	
	Education (including basic skills).....					31 (23%)	
	Offending behaviour programmes.....					23 (17%)	

<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	5 (4%)	51 (40%)	56 (44%)	16 (13%)
	Vocational or skills training	12 (11%)	42 (40%)	39 (37%)	13 (12%)
	Education (including basic skills)	14 (13%)	40 (36%)	44 (40%)	12 (11%)
	Offending behaviour programmes	17 (17%)	36 (36%)	32 (32%)	16 (16%)
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>				
	<i>Don't want to go</i> .....				18 (13%)
	<i>Never</i> .....				20 (14%)
	<i>Less than once a week</i> .....				45 (32%)
	<i>About once a week</i> .....				50 (36%)
	<i>More than once a week</i> .....				6 (4%)
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>				
	<i>Don't use it</i> .....				31 (23%)
	<i>Yes</i> .....				81 (60%)
	<i>No</i> .....				22 (16%)
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>				
	<i>Don't want to go</i> .....				31 (23%)
	<i>0</i> .....				24 (18%)
	<i>1 to 2</i> .....				23 (17%)
	<i>3 to 5</i> .....				32 (23%)
	<i>More than 5</i> .....				27 (20%)
<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>				
	<i>Don't want to go</i> .....				13 (10%)
	<i>0</i> .....				27 (20%)
	<i>1 to 2</i> .....				52 (38%)
	<i>3 to 5</i> .....				21 (15%)
	<i>More than 5</i> .....				23 (17%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>				
	<i>Don't want to go</i> .....				4 (3%)
	<i>0</i> .....				3 (2%)
	<i>1 to 2</i> .....				8 (6%)
	<i>3 to 5</i> .....				19 (14%)
	<i>More than 5</i> .....				103 (75%)
<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)</b>				
	<i>Less than 2 hours</i> .....				12 (9%)
	<i>2 to less than 4 hours</i> .....				8 (6%)
	<i>4 to less than 6 hours</i> .....				14 (10%)
	<i>6 to less than 8 hours</i> .....				35 (26%)
	<i>8 to less than 10 hours</i> .....				28 (21%)
	<i>10 hours or more</i> .....				29 (21%)
	<i>Don't know</i> .....				9 (7%)

## Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	Yes .....	50 (37%)
	No.....	86 (63%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes .....	51 (38%)
	No.....	85 (63%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes .....	34 (24%)
	No.....	105 (76%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i> .....	24 (17%)
	<i>Very easy</i> .....	9 (6%)
	<i>Easy</i> .....	10 (7%)
	<i>Neither</i> .....	8 (6%)
	<i>Difficult</i> .....	25 (18%)
	<i>Very difficult</i> .....	62 (45%)
	<i>Don't know</i> .....	1 (1%)

## Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i> .....	0 (0%)
	Yes .....	111 (80%)
	No.....	27 (20%)
<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (Please tick all that apply you.)</b>	
	<i>Not sentenced/ NA</i> .....	27 (20%)
	<i>No contact</i> .....	47 (34%)
	<i>Letter</i> .....	35 (26%)
	<i>Phone</i> .....	20 (15%)
	<i>Visit</i> .....	17 (12%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes .....	114 (84%)
	No.....	22 (16%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i> .....	0 (0%)
	Yes .....	105 (76%)
	No.....	33 (24%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i> .....	33 (24%)
	<i>Very involved</i> .....	21 (15%)
	<i>Involved</i> .....	29 (21%)
	<i>Neither</i> .....	16 (12%)
	<i>Not very involved</i> .....	18 (13%)
	<i>Not at all involved</i> .....	19 (14%)

<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	33	(24%)	
	<i>Nobody</i> .....	55	(40%)	
	<i>Offender supervisor</i> .....	40	(29%)	
	<i>Offender manager</i> .....	11	(8%)	
	<i>Named/ personal officer</i> .....	8	(6%)	
	<i>Staff from other departments</i> .....	16	(12%)	
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	33	(24%)	
	<i>Yes</i> .....	62	(46%)	
	<i>No</i> .....	26	(19%)	
	<i>Don't know</i> .....	15	(11%)	
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	33	(25%)	
	<i>Yes</i> .....	26	(20%)	
	<i>No</i> .....	47	(36%)	
	<i>Don't know</i> .....	26	(20%)	
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	33	(25%)	
	<i>Yes</i> .....	19	(14%)	
	<i>No</i> .....	48	(36%)	
	<i>Don't know</i> .....	32	(24%)	
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>			
	<i>Yes</i> .....	8	(6%)	
	<i>No</i> .....	65	(47%)	
	<i>Don't know</i> .....	64	(47%)	
<b>Q13.11</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>			
	<i>Yes</i> .....	27	(20%)	
	<i>No</i> .....	109	(80%)	
<b>Q13.12</b>	<b>Do you know of anyone in this prison who can help you with the following on release?: (Please tick all that apply to you.)</b>			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	19 (14%)	46 (35%)	67 (51%)
	Accommodation	25 (19%)	32 (25%)	72 (56%)
	Benefits	24 (19%)	32 (25%)	73 (57%)
	Finances	25 (20%)	22 (18%)	78 (62%)
	Education	25 (20%)	29 (24%)	69 (56%)
	Drugs and alcohol	28 (23%)	42 (34%)	54 (44%)
<b>Q13.13</b>	<b>Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?</b>			
	<i>Not sentenced</i> .....	0	(0%)	
	<i>Yes</i> .....	72	(55%)	
	<i>No</i> .....	59	(45%)	

## Main comparator and comparator to last time



### Prisoner survey responses HMP Haverigg 2017

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

#### Key to tables

		HMP Haverigg 2017	Category C training prisons comparator	HMP Haverigg 2017	HMP Haverigg 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				
<b>Number of completed questionnaires returned</b>		<b>145</b>	<b>6,559</b>	<b>145</b>	<b>157</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	1%	2%	1%	0%
1.3	Are you sentenced?	100%	100%	100%	99%
1.3	Are you on recall?	9%	9%	9%	9%
1.4	Is your sentence less than 12 months?	8%	6%	8%	8%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	8%	5%	1%
1.5	Are you a foreign national?	5%	11%	5%	5%
1.6	Do you understand spoken English?	100%	99%	100%	100%
1.7	Do you understand written English?	99%	98%	99%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	10%	26%	10%	12%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	5%	4%	5%
1.1	Are you Muslim?	8%	14%	8%	7%
1.11	Are you homosexual/gay or bisexual?	1%	4%	1%	1%
1.12	Do you consider yourself to have a disability?	20%	22%	20%	15%
1.13	Are you a veteran (ex-armed services)?	6%	6%	6%	6%
1.14	Is this your first time in prison?	30%	40%	30%	35%
1.15	Do you have any children under the age of 18?	56%	51%	56%	55%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	74%	45%	74%	86%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	82%	74%	82%	74%
2.3	Were you offered a toilet break?	6%	8%	6%	4%
2.4	Was the van clean?	54%	60%	54%	59%
2.5	Did you feel safe?	76%	78%	76%	82%
2.6	Were you treated well/very well by the escort staff?	75%	73%	75%	68%
2.7	Before you arrived here were you told that you were coming here?	66%	60%	66%	58%
2.7	Before you arrived here did you receive any written information about coming here?	6%	12%	6%	16%
2.8	When you first arrived here did your property arrive at the same time as you?	86%	84%	86%	91%

## Main comparator and comparator to last time

### Key to tables

		HMP Haverigg 2017	Category C training prisons comparator	HMP Haverigg 2017	HMP Haverigg 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				
<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	64%	53%	64%	57%
3.2	When you were searched in reception, was this carried out in a respectful way?	91%	85%	91%	88%
3.3	Were you treated well/very well in reception?	92%	75%	92%	84%
When you first arrived:					
3.4	Did you have any problems?	66%	62%	66%	52%
3.4	Did you have any problems with loss of property?	16%	19%	16%	16%
3.4	Did you have any housing problems?	23%	13%	23%	13%
3.4	Did you have any problems contacting employers?	4%	2%	4%	2%
3.4	Did you have any problems contacting family?	13%	19%	13%	14%
3.4	Did you have any problems ensuring dependants were being looked after?	2%	2%	2%	1%
3.4	Did you have any money worries?	18%	13%	18%	11%
3.4	Did you have any problems with feeling depressed or suicidal?	16%	16%	16%	10%
3.4	Did you have any physical health problems?	13%	13%	13%	9%
3.4	Did you have any mental health problems?	28%	19%	28%	13%
3.4	Did you have any problems with needing protection from other prisoners?	3%	6%	3%	3%
3.4	Did you have problems accessing phone numbers?	12%	16%	12%	8%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	43%	36%	43%	31%
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	90%	74%	90%	87%
3.6	A shower?	30%	28%	30%	25%
3.6	A free telephone call?	40%	41%	40%	29%
3.6	Something to eat?	53%	57%	53%	43%
3.6	PIN phone credit?	62%	50%	62%	58%
3.6	Toiletries/ basic items?	73%	48%	73%	64%

## Key to tables

## Main comparator and comparator to last time

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<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	69%	53%	69%	40%
3.7	Someone from health services?	78%	70%	78%	72%
3.7	A Listener/Samaritans?	64%	33%	64%	25%
3.7	Prison shop/ canteen?	32%	25%	32%	16%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	64%	50%	64%	51%
3.8	Support was available for people feeling depressed or suicidal?	53%	40%	53%	34%
3.8	How to make routine requests?	48%	43%	48%	36%
3.8	Your entitlement to visits?	42%	39%	42%	28%
3.8	Health services?	61%	52%	61%	49%
3.8	The chaplaincy?	61%	48%	61%	42%
3.9	Did you feel safe on your first night here?	74%	79%	74%	80%
3.10	Have you been on an induction course?	94%	90%	94%	94%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	54%	59%	54%	52%
3.12	Did you receive an education (skills for life) assessment?	94%	84%	94%	84%
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	35%	43%	35%	33%
4.1	Attend legal visits?	43%	45%	43%	40%
4.1	Get bail information?	16%	14%	16%	16%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	35%	38%	35%	37%
4.3	Can you get legal books in the library?	46%	41%	46%	49%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	73%	66%	73%	70%
4.4	Are you normally able to have a shower every day?	90%	90%	90%	93%
4.4	Do you normally receive clean sheets every week?	75%	68%	75%	83%
4.4	Do you normally get cell cleaning materials every week?	64%	64%	64%	55%
4.4	Is your cell call bell normally answered within five minutes?	43%	34%	43%	24%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	66%	68%	66%	71%
4.4	Can you normally get your stored property, if you need to?	38%	23%	38%	21%
4.5	Is the food in this prison good/very good?	18%	31%	18%	20%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	48%	45%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	62%	55%	62%	46%
4.8	Are your religious beliefs respected?	54%	52%	54%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	67%	58%	67%	47%
4.10	Is it easy/very easy to attend religious services?	51%	49%	51%	45%

## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	87%	80%	87%	86%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	55%	56%	55%	57%
5.2	Do you feel applications are dealt with quickly (within seven days)?	42%	38%	42%	41%
5.3	Is it easy to make a complaint?	66%	58%	66%	55%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	36%	33%	36%	28%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	41%	27%	41%	30%
5.5	Have you ever been prevented from making a complaint when you wanted to?	15%	20%	15%	21%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	22%	29%	22%	21%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	57%	48%	57%	54%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	45%	44%	54%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	9%	5%	6%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	49%	37%	49%	46%
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	77%	79%	77%	84%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	71%	73%	71%	67%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	29%	29%	29%	22%
7.4	Do staff normally speak to you most of the time/all of the time during association?	14%	21%	14%	13%
7.5	Do you have a personal officer?	57%	62%	57%	53%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	65%	62%	65%	69%

## Main comparator and comparator to last time

### Key to tables

		HMP Haverigg 2017	Category C training prisons comparator	HMP Haverigg 2017	HMP Haverigg 2014
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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	40%	40%	40%	31%
8.2	Do you feel unsafe now?	16%	17%	16%	8%
8.4	Have you been victimised by other prisoners here?	21%	28%	21%	20%
Since you have been here, have other prisoners:					
8.5	Made insulting remarks about you, your family or friends?	11%	12%	11%	9%
8.5	Hit, kicked or assaulted you?	8%	8%	8%	6%
8.5	Sexually abused you?	2%	1%	2%	1%
8.5	Threatened or intimidated you?	12%	16%	12%	12%
8.5	Taken your canteen/property?	4%	8%	4%	4%
8.5	Victimised you because of medication?	3%	4%	3%	2%
8.5	Victimised you because of debt?	4%	5%	4%	3%
8.5	Victimised you because of drugs?	2%	5%	2%	3%
8.5	Victimised you because of your race or ethnic origin?	2%	4%	2%	4%
8.5	Victimised you because of your religion/religious beliefs?	4%	3%	4%	3%
8.5	Victimised you because of your nationality?	2%	3%	2%	1%
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	5%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.5	Victimised you because of your sexual orientation?	2%	2%	2%	0%
8.5	Victimised you because of your age?	1%	3%	1%	2%
8.5	Victimised you because you have a disability?	2%	3%	2%	1%
8.5	Victimised you because you were new here?	2%	5%	2%	5%
8.5	Victimised you because of your offence/crime?	2%	4%	2%	1%
8.5	Victimised you because of gang related issues?	4%	5%	4%	5%

## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	27%	28%	27%	29%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	13%	11%	13%	11%
8.7	Hit, kicked or assaulted you?	0%	4%	0%	3%
8.7	Sexually abused you?	1%	1%	1%	0%
8.7	Threatened or intimidated you?	9%	12%	9%	6%
8.7	Victimised you because of medication?	1%	4%	1%	4%
8.7	Victimised you because of debt?	2%	2%	2%	1%
8.7	Victimised you because of drugs?	2%	2%	2%	1%
8.7	Victimised you because of your race or ethnic origin?	2%	4%	2%	4%
8.7	Victimised you because of your religion/religious beliefs?	2%	3%	2%	1%
8.7	Victimised you because of your nationality?	2%	3%	2%	1%
8.7	Victimised you because you were from a different part of the country?	4%	3%	4%	3%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.7	Victimised you because of your age?	1%	2%	1%	1%
8.7	Victimised you because you have a disability?	1%	3%	1%	0%
8.7	Victimised you because you were new here?	2%	4%	2%	1%
8.7	Victimised you because of your offence/crime?	2%	4%	2%	0%
8.7	Victimised you because of gang related issues?	0%	2%	0%	3%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	23%	40%	23%	40%

## Main comparator and comparator to last time

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<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	33%	28%	33%	28%
9.1	Is it easy/very easy to see the nurse?	62%	49%	62%	50%
9.1	Is it easy/very easy to see the dentist?	24%	14%	24%	8%
	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?	35%	49%	35%	34%
9.2	The nurse?	71%	57%	71%	48%
9.2	The dentist?	53%	43%	53%	33%
9.3	The overall quality of health services?	40%	42%	40%	33%
9.4	Are you currently taking medication?	39%	50%	39%	39%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	76%	83%	76%	92%
9.6	Do you have any emotional well being or mental health problems?	37%	35%	37%	29%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	57%	50%	57%	51%
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	38%	26%	38%	26%
10.2	Did you have a problem with alcohol when you came into this prison?	19%	16%	19%	13%
10.3	Is it easy/very easy to get illegal drugs in this prison?	45%	45%	45%	44%
10.4	Is it easy/very easy to get alcohol in this prison?	23%	25%	23%	31%
10.5	Have you developed a problem with drugs since you have been in this prison?	13%	11%	13%	10%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	7%	7%	7%	7%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	74%	60%	74%	53%
10.8	Have you received any support or help with your alcohol problem while in this prison?	66%	62%	66%	39%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	88%	75%	88%	73%

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<b>SECTION 11: Activities</b>					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	64%	48%	64%	46%
11.1	Vocational or skills training?	53%	42%	53%	49%
11.1	Education (including basic skills)?	63%	56%	63%	59%
11.1	Offending behaviour programmes?	33%	23%	33%	29%
Are you currently involved in any of the following activities:					
11.2	A prison job?	79%	59%	79%	62%
11.2	Vocational or skills training?	25%	16%	25%	20%
11.2	Education (including basic skills)?	23%	22%	23%	21%
11.2	Offending behaviour programmes?	17%	11%	17%	16%
11.3	Have you had a job while in this prison?	96%	84%	96%	85%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	41%	43%	41%	41%
11.3	Have you been involved in vocational or skills training while in this prison?	89%	75%	89%	77%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	45%	57%	45%	56%
11.3	Have you been involved in education while in this prison?	87%	80%	87%	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?	42%	58%	42%	50%
11.3	Have you been involved in offending behaviour programmes while in this prison?	83%	70%	83%	72%
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?	43%	49%	43%	52%
11.4	Do you go to the library at least once a week?	40%	42%	40%	45%
11.5	Does the library have a wide enough range of materials to meet your needs?	60%	45%	60%	62%
11.6	Do you go to the gym three or more times a week?	43%	33%	43%	36%
11.7	Do you go outside for exercise three or more times a week?	32%	54%	32%	60%
11.8	Do you go on association more than five times each week?	75%	62%	75%	67%
11.9	Do you spend ten or more hours out of your cell on a weekday?	21%	17%	21%	19%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	37%	33%	37%	29%
12.2	Have you had any problems with sending or receiving mail?	38%	43%	38%	34%
12.3	Have you had any problems getting access to the telephones?	24%	21%	24%	39%
12.4	Is it easy/ very easy for your friends and family to get here?	14%	28%	14%	10%

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<b>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	81%	81%	81%	82%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	43%	36%	43%	43%
13.2	Contact by letter?	32%	33%	32%	39%
13.2	Contact by phone?	18%	27%	18%	13%
13.2	Contact by visit?	16%	32%	16%	24%
13.3	Do you have a named offender supervisor in this prison?	84%	75%	84%	77%
For those who are sentenced:					
13.4	Do you have a sentence plan?	76%	61%	76%	69%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	49%	54%	49%	46%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	54%	46%	54%	61%
13.6	Offender supervisor?	39%	39%	39%	26%
13.6	Offender manager?	11%	27%	11%	15%
13.6	Named/ personal officer?	8%	12%	8%	4%
13.6	Staff from other departments?	16%	15%	16%	12%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	60%	61%	60%	60%
13.8	Are there plans for you to achieve any of your targets in another prison?	26%	20%	26%	20%
13.9	Are there plans for you to achieve any of your targets in the community?	19%	28%	19%	25%
13.10	Do you have a needs based custody plan?	6%	6%	6%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	20%	15%	20%	14%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	41%	34%	41%	25%
13.12	Accommodation?	31%	36%	31%	32%
13.12	Benefits?	30%	37%	30%	40%
13.12	Finances?	22%	27%	22%	26%
13.12	Education?	30%	34%	30%	32%
13.12	Drugs and alcohol?	44%	41%	44%	42%
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?	55%	54%	55%	51%

## Diversity Analysis



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

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

#### Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better					
	Any percentage highlighted in blue is significantly worse					
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	Percentages which are not highlighted show there is no significant difference					
<b>Number of completed questionnaires returned</b>		<b>29</b>	<b>114</b>		<b>18</b>	<b>126</b>
1.3	Are you sentenced?	100%	100%		100%	100%
1.5	Are you a foreign national?	11%	4%		0%	6%
1.6	Do you understand spoken English?	100%	100%		100%	100%
1.7	Do you understand written English?	100%	99%		100%	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.)	0%	12%		6%	10%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	5%		0%	5%
1.1	Are you Muslim?	4%	9%		6%	8%
1.12	Do you consider yourself to have a disability?				24%	20%
1.13	Are you a veteran (ex-armed services)?	4%	6%		11%	5%
1.14	Is this your first time in prison?	35%	29%		49%	28%
2.6	Were you treated well/very well by the escort staff?	70%	77%		83%	74%
2.7	Before you arrived here were you told that you were coming here?	55%	68%		50%	68%
3.2	When you were searched in reception, was this carried out in a respectful way?	93%	91%		94%	91%
3.3	Were you treated well/very well in reception?	89%	93%		89%	93%
3.4	Did you have any problems when you first arrived?	86%	62%		60%	67%
3.7	Did you have access to someone from health care when you first arrived here?	79%	77%		71%	78%
3.9	Did you feel safe on your first night here?	66%	76%		54%	77%
3.10	Have you been on an induction course?	89%	95%		83%	96%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	30%	37%		39%	35%

## Diversity Analysis

### Key to tables

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	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	73%	73%	77%	72%
4.4	Are you normally able to have a shower every day?	89%	90%	94%	90%
4.4	Is your cell call bell normally answered within five minutes?	52%	40%	36%	43%
4.5	Is the food in this prison good/very good?	19%	18%	23%	18%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	50%	44%	34%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	66%	61%	77%	60%
4.8	Do you feel your religious beliefs are respected?	54%	53%	64%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	67%	68%	71%	67%
5.1	Is it easy to make an application?	81%	88%	89%	87%
5.3	Is it easy to make a complaint?	66%	65%	70%	65%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	58%	66%	55%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	45%	30%	46%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	6%	6%	5%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	88%	75%	94%	75%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	76%	70%	71%	71%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	20%	12%	23%	13%
7.4	Do you have a personal officer?	56%	56%	54%	56%
8.1	Have you ever felt unsafe here?	52%	37%	50%	38%
8.2	Do you feel unsafe now?	23%	14%	17%	16%
8.3	Have you been victimised by other prisoners?	40%	17%	29%	21%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	19%	11%	23%	11%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%	0%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	3%	0%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	2%	0%	2%
8.5	Have you been victimised because of your age? (By prisoners)	0%	1%	6%	0%
8.5	Have you been victimised because you have a disability? (By prisoners)	11%	0%	0%	3%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	28%	27%	17%	28%
8.7	Have you ever felt threatened or intimidated by staff here?	8%	10%	6%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	3%	0%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	3%	0%	3%
8.7	Have you been victimised because of your nationality? (By staff)	0%	2%	0%	2%
8.7	Have you been victimised because of your age? (By staff)	0%	1%	0%	1%
8.7	Have you been victimised because you have a disability? (By staff)	4%	0%	0%	1%
9.1	Is it easy/very easy to see the doctor?	34%	32%	46%	31%
9.1	Is it easy/ very easy to see the nurse?	69%	60%	71%	60%
9.4	Are you currently taking medication?	50%	36%	60%	36%
9.6	Do you feel you have any emotional well being/mental health issues?	79%	28%	42%	36%
10.3	Is it easy/very easy to get illegal drugs in this prison?	48%	45%	42%	46%
11.2	Are you currently working in the prison?	83%	77%	83%	78%
11.2	Are you currently undertaking vocational or skills training?	17%	27%	23%	25%
11.2	Are you currently in education (including basic skills)?	17%	24%	23%	23%
11.2	Are you currently taking part in an offending behaviour programme?	21%	16%	0%	19%
11.4	Do you go to the library at least once a week?	31%	41%	50%	38%
11.6	Do you go to the gym three or more times a week?	29%	47%	36%	44%
11.7	Do you go outside for exercise three or more times a week?	29%	32%	46%	30%
11.8	On average, do you go on association more than five times each week?	80%	74%	52%	78%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	26%	21%	18%	22%
12.2	Have you had any problems sending or receiving mail?	41%	37%	29%	39%
12.3	Have you had any problems getting access to the telephones?	28%	24%	11%	27%