

Report on an announced inspection of

# **HMP Lindholme**

by HM Chief Inspector of Prisons

**2–6 October 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.justiceinspectors.gov.uk/hmiprison/about-our-inspections/>

# Introduction

HMP Lindholme is a category C prison situated near Doncaster. It is sited on an old RAF station and holds more than 1,000 adult male prisoners. Nearly all of these prisoners are serving sentences of more than four years, and around a quarter are serving more than 10 years. It is a complex and challenging population, with about 20% of the prisoners having links to organised crime. At the time of the last inspection in March 2016, we found that the safety of the prison was significantly compromised by the ready availability of drugs and the consequent debt, bullying and violence. There were also serious shortcomings in the resettlement provision. In both our healthy prison tests of these areas, we found the situation warranted our lowest assessment of 'poor'. We were so concerned that we decided to revisit Lindholme a mere 18 months later, and on this occasion to announce the inspection so that the prison would have more opportunity to address the issues raised in March 2016.

This inspection showed that there had been some improvement in safety at Lindholme, and we were able to lift the assessment to 'not sufficiently good' from 'poor'. The levels of violence in the prison were still high, with a quarter of prisoners saying they felt unsafe at the time of the inspection. However, the number of serious incidents had reduced, the recording and analysis of violence had improved and there was some good work to support those who were self-isolating. It should be clearly understood, however, that the fact we were able to raise the safety assessment was due to improvements in reception, first night arrangements and induction. It is certainly not a reflection of any diminution in the amount of violence or the threat posed to the prison by illicit drugs, which remained severe.

More than two-thirds of prisoners still told us that it was easy or very easy to get hold of drugs, and a shockingly high 27% said they had developed a problem with drugs since being in the prison. These very high figures were reflected in the fact that 41% of prisoners were testing positive for drugs. Clearly, more must be done to keep drugs out of Lindholme. The lengthy perimeter of the prison is difficult to defend. When this is combined with the linkages of so many prisoners to organised crime and their obvious resourcefulness in getting large quantities of drugs into the jail, it means that further progress will be difficult to achieve. There is a question to be asked as to whether Lindholme is actually a suitable establishment in which to hold its current population given the apparent intractability of the problem. Nevertheless, there was a need for a comprehensive drug supply reduction strategy, and this is therefore the subject of our first main recommendation, as so much else depended on it.

Health care provision at Lindholme was suffering from a chronic lack of GP availability, leading to lengthy delays in getting appointments. Only 10% of prisoners that were surveyed told us it was easy to see the doctor, while a very high 69% said it was very difficult to do so. Only 13% thought the overall quality of health care was good, while 54% thought it was very bad. Aside from delays in getting appointments, we found there to be problems in clinical governance, support for those suffering from mental health issues and in getting prisoners to external appointments.

The problems in health care provision may have played a part in influencing the very large decline in the number of prisoners telling us that they were treated with respect by staff. At the last inspection the figure had stood at 85%, but in a mere 18 months this had declined to 57%. This needs to be understood and addressed if the progress that the prison has made is to be maintained. It is quite likely that, as is so often the case, day-to-day frustrations have also contributed to prisoners feeling that they are not being treated in a respectful way. For instance, we found that there was a poor response to cell call bells, and also problems with the response to applications. On a positive note, there had been some good progress in the prison's approach to issues of equality and diversity, with strong involvement from the senior leadership. It was also good to see that a scrutiny panel had been established to review the response to allegations of discrimination.

Lindholme is, of course, a working prison, with enough activity spaces for all the prisoners being held there. It was therefore surprising and disappointing to find that during our roll check we found that some 25% of prisoners were locked in their cells during the core day. This was even more concerning when one considers that in the older spur accommodation, prisoners were unlocked all day, meaning that in the cellular accommodation some 38% were locked up. Again, this needs to be understood and addressed.

In the area of rehabilitation and release planning, which had been poor at the last inspection, we found that there had been some improvement. The offender assessment system (OASys) backlog had reduced considerably as a result of bringing in extra support to address the issue. There was also an excellent initiative to buy in community rehabilitation company (CRC) capacity in support of resettlement work. This was proving to be highly effective because the arrangements were not constrained by the usual inflexibilities found in CRC contracts. We commended this initiative as good practice. However, more work was needed to help prisoners keep in contact with families and, given the long sentences being served by most prisoners, there needed to be far more regular and meaningful contact with offender supervisors.

It is clear that Lindholme still has a long way to go, but it would be churlish and wrong not to acknowledge the progress that has been made in the short time since the last inspection. To have gained higher assessments in two of our healthy prison tests is no mean achievement. It is worth noting that if the period since the last inspection had been longer, the number of recommendations successfully achieved would have been the subject of serious adverse comment, but it was obvious that a real effort had been made in the short time available. This was particularly evident in the area of safety, where nine out of the 15 recommendations had been achieved or partially achieved.

HMI Prisons focuses on what we find at the time of the inspection, and we are always cautious about giving too much credit for future plans that may or may not come to fruition in terms of improving outcomes for prisoners. Lindholme has faced some very serious challenges, and still does. There is always a high risk from drugs and the violence they generate. The leadership at HMP Lindholme have a number of credible plans, and they will need them to be successful if they are to defeat the organised criminals who are determined to continue to ply their trade while serving their sentences.

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

November 2017

# Fact page

## Task of the establishment

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

## Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 1,014

Certified normal capacity: 924

Operational capacity: 1,017

## Notable features from this inspection

*Almost all prisoners (909) were serving a prison sentence of four years or more, including 114 serving an indeterminate sentence.*

*A quarter of prisoners felt unsafe at the time of the inspection.*

*30% of prisoners were from a black and minority ethnic background.*

*41% of prisoners tested positive for illicit drug use, including new psychoactive substances.*

*16% of prisoners were employed in high-quality work obtained through commercial contracts.*

## Prison status (public or private) and key providers

Public

Physical health provider: Care UK Health & Rehabilitation Services Ltd

Mental health provider: Care UK Health & Rehabilitation Services Ltd

Substance misuse provider: Care UK Health & Rehabilitation Services Ltd

Learning and skills provider: Novus

Community rehabilitation company (CRC): South Yorkshire CRC was providing resettlement help for a six-month pilot project

Escort contractor: GeoAmey

## Region/Department

Yorkshire

## Brief history

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

## Short description of residential units

There are three large, modern, purpose-built wings (G, J and K). L wing is a small modern induction wing, where all new receptions are held for their first days at Lindholme.

The rest of the accommodation consists of six small, older units (A to F wings), situated around the main exercise yard. Each of these wings contains 64 beds (in double and single cells) across eight spurs. All prisoners on these wings have access to their own rooms, with a room key, and to the

communal landing. A wing is the drug recovery wing, working in partnership with Care UK and other agencies to promote and encourage recovery from addiction.

**Name of governor and date in post**

Simon Walters took up post in November 2016.

**Independent Monitoring Board chair**

Carol Gee

**Date of last inspection**

7–16 March 2016



# About this inspection and report

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

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

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

**Safety** Prisoners, particularly the most vulnerable, are held safely.

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

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

**Rehabilitation and release planning** Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

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 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous 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 and conditions for men in prisons (Version 5, 2017)*.<sup>1</sup> 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 the appendices.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>2</sup>

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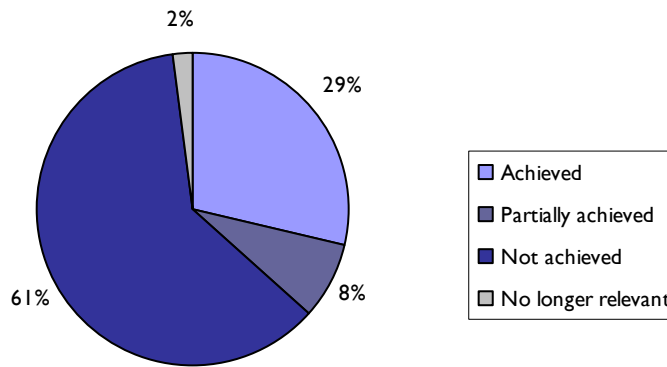
<sup>1</sup> <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

<sup>2</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

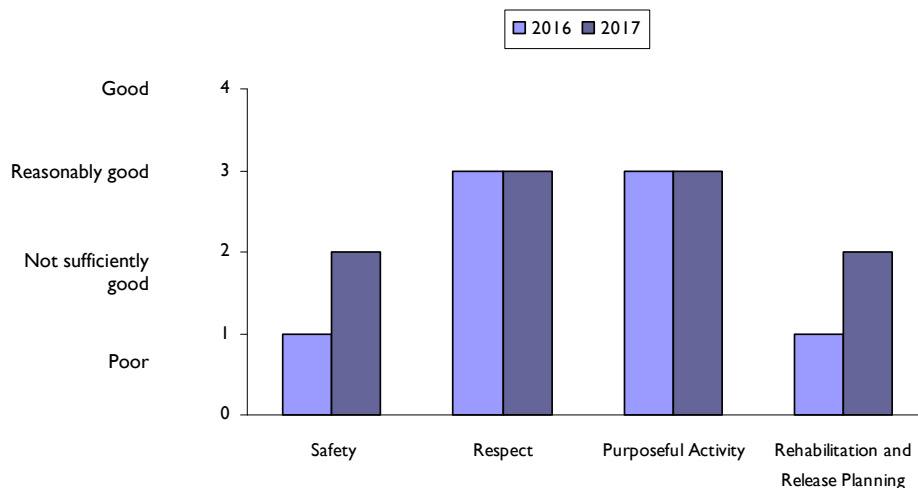
- S1 We last inspected HMP Lindholme in 2016 and made 49 recommendations overall. The prison fully accepted 38 of the recommendations and partially (or subject to resources) accepted eight. It rejected three of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 14 of those recommendations, partially achieved four recommendations and not achieved 30 recommendations. One recommendation was no longer relevant.

Figure 1: HMP Lindholme progress on recommendations from last inspection (n=49)



- S3 Since our last inspection outcomes for prisoners stayed the same in Respect and Purposeful Activity, and progress had been made in Safety and Rehabilitation and Release Planning. Outcomes are generally reasonably good in Respect and Purposeful Activity, but are not sufficiently good in Safety and Rehabilitation and Release Planning.

Figure 2: HMP Lindholme healthy prison outcomes 2016 and 2017<sup>3</sup>



<sup>3</sup> Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

## Safety

- S4** Reception, first night and induction processes were good. Too many prisoners felt unsafe and the number of incidents of violence was relatively high, and often related to drugs and debt. The prison was committed to reducing violence and drug supply but actions had yet to make the prison safer. The support for prisoners who self-isolated was good practice. A failing adjudication system undermined efforts to deal with drug use and violence. Levels of use of force were high, and mostly well governed. Segregation processes had improved and were good. Security arrangements were effective. Drugs, particularly new psychoactive substances, were easily available. Levels of self-harm were high, and often linked to drug use, and care was too variable. **Outcomes for prisoners were not sufficiently good against this healthy prison test.**
- S5** At the last inspection in March 2016 we found that outcomes for prisoners in HMP Lindholme were poor against this healthy prison test. We made 15 recommendations in the area of safety. At this inspection we found that seven of the recommendations had been achieved, two had been partially achieved and six had not been achieved.
- S6** Reception staff were welcoming and prisoners were dealt with promptly and efficiently. Peer workers provided good support to new arrivals, with Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) in reception and an induction orderly who met all new arrivals and escorted them to the first night unit.
- S7** The new dedicated first night unit provided consistent levels of care. First night cells were clean, with in-cell showers. Prisoners started induction on the next working day after arrival; this included an excellent initial induction talk led by peer mentors.
- S8** Nearly half of the prisoners in our survey said that they had felt unsafe during their time at the prison, and around one in four felt unsafe at the time of the inspection. This was similar to the proportion at other category C prisons and at the time of the previous inspection.
- S9** The number of violent incidents was similar to that at the time of the previous inspection but remained higher than at other similar establishments. The number of serious incidents had reduced. Most incidents were as a result of drugs and debt.
- S10** The recording of violent incidents and analysis of data, to identify patterns and trends, had improved. The weekly safety intervention meeting reviewed all incidents of violence from the previous week and a strategic overview was taken at a monthly meeting. The safer custody team had effective leadership and was a valued resource, providing appropriate challenge of perpetrators of violence and formal support for victims and those who chose to isolate themselves.
- S11** The incentives and earned privileges scheme was used mainly to manage poor behaviour and required further development to encourage good behaviour.
- S12** The adjudication system was not functioning well and undermined efforts to deal with substance use and violence. Too many charges, particularly the most serious, which were heard by the independent adjudicator, were not proceeded with.
- S13** Levels of use of force had increased and were now higher than at comparable establishments. Managerial oversight was adequate, although some learning points were missed in relation to de-escalation. Special accommodation was used rarely, and use was justified.

- S14 There had been a modest reduction in the use of segregation, which was now in line with that at similar prisons. Living conditions on the segregation unit had improved and staff managed challenging behaviour well. There was a concerted effort to reintegrate prisoners safely.
- S15 Security was well managed. A good flow of intelligence was analysed swiftly by a regional intelligence team. Security priorities were broadly aligned to the current threats of violence, drugs and the management of a complex population, including those involved in organised crime.
- S16 Our survey results, finds and positive drug test results all indicated that drugs were easily available at the prison. Over two-thirds of prisoners in our survey said that it was easy to get illegal drugs, and over a quarter said that they had developed a drug problem at the prison. New psychoactive substances (drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects) remained particularly problematic, and linked to debt and violence. The sheer size of the prison and its perimeter, and the nature and sophistication of its population presented huge challenges to preventing the ingress of drugs. The management team was committed to tackling the drug problem, and a wide range of initiatives and actions had been introduced, but the prison lacked a coordinated response to supply and demand reduction and did not monitor the effectiveness of actions taken.
- S17 At the time of our visit there had been three self-inflicted deaths since the previous inspection, and a further suspected self-inflicted death occurred shortly after our visit. A consolidated Prisons and Probation Ombudsman action plan was in place, and monitored at the monthly safer custody meeting. Levels of self-harm were higher than we usually see, and than at the time of the previous inspection. Many incidents of self-harm and two of the self-inflicted deaths were linked to drug use. Some prisoners at risk of self-harm received good care, and the most complex cases were considered at a weekly multidisciplinary safety meeting. For other prisoners, the quality of care was too mixed, and this was reflected in the variable quality of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm.
- S18 The senior management team had a very clear focus on all areas of safety. In the relatively short time since the previous inspection, safety outcomes for prisoners had improved across many areas. In particular, there was a commitment (including an increase in resources), led by the governor, to reducing violence and the availability of drugs, which were both critical risk areas.

## Respect

**S19** *Prisoners' perceptions of their treatment by staff had deteriorated and were worse than at similar prisons. The prison was clean and well ordered. Living conditions, access to services and the quality of the food provided were reasonably good. Complaints were well managed but applications required improvement. Equality and diversity arrangements had improved, consultation was embedded and the needs of most prisoners with protected characteristics were met. Faith provision was adequate. Support for prisoners with substance misuse issues had improved and was reasonably good. Health services were the subject of considerable prisoner complaint and required improvement in many areas. **Outcomes for prisoners were reasonably good against this healthy prison test.***

**S20** *At the last inspection in March 2016 we found that outcomes for prisoners in HMP Lindholme were reasonably good against this healthy prison test. We made 22 recommendations in the area of respect.<sup>4</sup> At this inspection we found that four of the recommendations had been achieved, one had been partially achieved, 16 had not been achieved and one was no longer relevant.*

**S21** In our survey, just over half of prisoners said that staff treated them respectfully, showing a dramatic fall since the previous inspection. We observed generally constructive and friendly relationships but some staff were dismissive of prisoner need. Since the previous inspection, there had been an influx of new staff, and some prisoners were frustrated with their lack of experience and knowledge in dealing with their issues. Prisoners also told us that they felt disrespected by the poor response to their applications by some departments.

**S22** Outside areas, wings and most cells were clean. Prisoners preferred the older spur accommodation; the physical condition of these living areas was poor but soon to be refurbished. Access to showers was good and there had been some improvement in the quality of cell furnishings, but toilets in shared cells were sometimes inadequately screened. There were adequate supplies of prison clothing, and laundry facilities on the newer wings were good. Prisoners' access to their stored property was delayed.

**S23** In our survey, only 18% of prisoners said that the food provided was quite or very good, and only 25% that they received enough to eat most of the time. We found the food to be reasonable, if repetitive, and portion sizes were adequate. There were well developed plans to introduce cooking facilities on some wings but there were no facilities for communal dining. Prisoners could access a wide range of goods on the prison shop list but new prisoners waited too long to receive their first order, which contributed to the likelihood of debt.

**S24** There was a good structure of wing and establishment consultation groups. The new applications system noted at the previous inspection had bedded in but prisoners still had little confidence in the process and we found that a large proportion had not received a timely response, or any response at all. The number of complaints submitted was high and nearly all received a timely and adequate response.

**S25** The leadership and management of equality and diversity were good. Each protected characteristic had a lead who was also a member of the senior management team, and this had driven improvements. Consultation arrangements were well developed, and a team of experienced and enthusiastic prisoner representatives assisted the equalities officer and protected characteristic leads in planning provision. Discrimination incident report forms

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

(DIRFs) were well managed, and the DIRF scrutiny panel was good practice. However, reliance on the delayed reports provided by the national equalities monitoring tool prevented managers from effectively monitoring, investigating or addressing disproportionate access to the regime.

- S26 In our survey, the perceptions of black and minority ethnic, Muslim and younger prisoners, and those with disabilities were similar to those of their counterparts. Support for most groups was reasonably good, although there was no provision for the small number of foreign national prisoners. The management of personal emergency evacuation plans for prisoners with disabilities required significant improvement.
- S27 Provision for most faith groups was adequate.
- S28 In our survey, only 14% of prisoners rated the overall quality of health services as good, and we received a large number of complaints during the inspection. Chronic staffing shortages and a lack of consistent clinical leadership had had an impact on health service delivery. The new provider was implementing an improvement plan but it was too early to judge the impact of this. There had been a lack of regular GP clinics since April 2017, which, although improving, was still causing excessive waits for appointments. The large number of medical emergencies related to drug intoxication was putting a significant strain on health resources. Support for lifelong conditions, sexual health conditions and hepatitis C was good. Too many external hospital escorts were cancelled owing to a lack of escorts, although this was beginning to improve. Social care provision was appropriate.
- S29 The integrated mental health team offered a wide range of one-to-one support but prisoners experienced excessive delays in accessing interventions, and overall provision was not meeting the high level of need.
- S30 Substance misuse services had improved and were reasonably good. Clinical treatment was recovery focused, psychosocial assessments were prompt and the recovery wing was a developing initiative, but there were insufficient high-intensity interventions.
- S31 Pharmacy services were reasonable but officer supervision of medicine administration queues was mixed.
- S32 Dental services were good.

## Purposeful activity

**S33** *The amount of time out of cell was reasonable for most prisoners, but too many were locked up during the working day. The regime was predictable and prisoners had good access to impressive library and excellent PE facilities. Ofsted judged that the leadership of education, skills and work was inadequate as health and safety arrangements were weak. A good and expanded range of provision was available but too many prisoners did not attend. The quality of teaching and learning was mostly good. Prisoners were mostly well behaved, made good progress and achieved well. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S34 *At the last inspection in March 2016 we found that outcomes for prisoners in HMP Lindholme were reasonably good against this healthy prison test. We made five recommendations in the area of purposeful activity. At this inspection we found that one had been partially achieved and four had not been achieved.*

- S35 The amount of time unlocked, which included evening association, was around nine hours a day for full-time employed prisoners but could be less than two hours for the unemployed.
- S36 During our roll checks we found around 25% of prisoners locked up during the core day, which was higher than at the previous inspection, and too high for a working prison. The regime was delivered reliably, with the exception of some limited curtailment at weekends, which was shared equitably between the wings.
- S37 The library provided a wide range of reading material and activities to promote literacy, and was accessible outside working hours. It also ran Storybook Dads (in which prisoners record stories for their children). There were good links with education and training, to ensure that the material stocked supported learning.
- S38 The gym was an impressive facility, providing a wide range of recreational and vocational activities to a good standard.
- S39 Ofsted judged that the leadership and management of education, skills and work activity was inadequate because leaders and managers were not proactive in implementing effective systems for checking and monitoring health and safety in the workshops. We found a serious failure to identify unsafe equipment and practice in a vocational training workshop. However, the governor had a clear strategy to improve outcomes for prisoners and encourage the commercial activity of the site, and managers had made good progress in expanding the range and improving the quality of the work provided, which was now good. There was enough work for almost all of the population, and allocation to activities was efficient. Few prisoners were unemployed but during the inspection we found only two-thirds of prisoners engaged in activities at any one time. Punctuality was poor and the management of movement to all activities required improvement. There was good careers guidance, and those due for release had reasonably good support in finding employment, training or education.
- S40 Most teaching was good and learners generally progressed well. The facilities for industries and vocational training, and the standards of work delivered, were mostly very good. Staff in workshops were well qualified, with good industrial experience, which they used to inspire learners. There was a strong commercial focus in general, and on the hospitality training course in particular.
- S41 Prisoners were mainly respectful and well behaved in activity sessions. Most prisoners showed a positive attitude to developing their skills. Learners developed good employability skills but there were insufficient opportunities for them to achieve accreditation for these and the work skills they developed. There were good opportunities for prisoners to take on mentor roles.
- S42 Learners who completed their courses generally achieved well. The pass rate for learners completing entry-level English and mathematics courses was good, but required improvement at higher levels. For vocational and employability qualifications, the overall pass rate of completers was mostly very good, particularly at level 1.
- S43 Increased staffing had enabled a more stable regime which was rarely curtailed. Managers were focused on the establishment's working prison ethos and had made good progress in increasing the number of activity places, particularly those with a commercial focus. Health and safety concerns required urgent attention. Efforts had been made to ensure that prisoners attended sessions regularly and on time but managers needed to explore why some prisoners still failed to attend and often remained locked up during the working day.



## Rehabilitation and release planning

- S44** *Work with children and families was adequate and further development was imminent. The strategic management of reducing reoffending was weak. The offender assessment system (OASys) assessment backlog had reduced considerably. Offender supervisor contact was poor and there was too little evidence of prisoners being supported to progress, even in high-risk cases. Risk management planning for prisoners due for release required improvement. The demand for offending behaviour programmes outstripped provision. Release planning had improved with the introduction of resettlement support, which was available to all prisoners. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S45** *At the last inspection in March 2016 we found that outcomes for prisoners in HMP Lindholme were poor against this healthy prison test. We made seven recommendations in the area of resettlement. At this inspection we found that two of the recommendations had been achieved and five had not been achieved.*
- S46** In our survey, only 20% of prisoners said that staff had assisted them in maintaining family ties. There was no family support service or relationship programmes, although there were well advanced plans to address this. Family visits were of good quality and regular. Visits provision was adequate, and visitors said that staff treated them respectfully.
- S47** Almost all prisoners were serving a long custodial sentence, and a third were assessed as presenting a high risk of harm in the community. The strategic management of reducing reoffending was underdeveloped and not supported by a needs analysis or action plan to measure progress.
- S48** The prison had worked hard to reduce the offender assessment system (OASys) assessment backlog. Despite efforts to improve communications, many prisoners complained about the lack of contact from their offender supervisor. In most of the cases we examined, the level of contact was poor, with little focus on progression, even in some high-risk cases.
- S49** Some public protection assessments were undertaken late, which had an impact on some prisoners' access to their children. Routine mail and telephone monitoring was sound. Risk management planning for release was poor in too many cases, and often carried out too near release, even in high risk of harm cases. The interdepartmental risk management team meeting was limited in scope, and poorly attended.
- S50** Categorisation reviews were up to date, but were not always of a sufficient quality and provided little opportunity to engage the prisoner.
- S51** There were far too few accredited offending behaviour programme places to meet the needs of prisoners. As a result, prisoners were released without completing this important risk reduction work, and others were not awarded category D status.
- S52** There was some support aimed at tackling finance and debt problems but no opportunity to set up benefit claims or open a high street bank account before release. Despite efforts to help with prisoners with accommodation problems, too many were released homeless.
- S53** Too few prisoners were able to move to a resettlement prison for local release. The prison was still not designated as a resettlement prison, despite releasing about 20 men a month. To overcome this gap, the governor had purchased some resettlement provision. This provision was flexible and benefited from being outside the restrictions of a community rehabilitation company contract. All prisoners now had their resettlement plan reviewed before their

release, which was a significant improvement since the previous inspection. Resettlement staff worked hard to signpost prisoners to others for help or to support them in addressing their own problems.

- S54 Managers had worked hard to tackle some of the offender management deficiencies found at the previous inspection and, to their credit, had reduced a considerable OASys assessment backlog. However, more needed to be done to provide ongoing motivation and progression for a long-term and high-risk population. Our particular concerns about resettlement support had been addressed directly by the governor and, as a result, outcomes for prisoners had improved.

## Main concerns and recommendations

- S55 Concern: Drugs were easily available and had a severe and detrimental impact on prisoners' safety and self-harm.

**Recommendation: There should be a whole-prison approach to drug supply and demand reduction. A dedicated action plan should be in place and the effectiveness of measures should be monitored constantly.**

- S56 Concern: A chronic lack of consistent GP input created excessive waits for routine appointments and delayed referrals to other services, including secondary services, and meant that key clinical activities, such as GP segregation rounds and following up on test results, did not happen promptly.

**Recommendation: There should be sufficient regular and consistent GP provision to ensure that a full and safe service is provided, and all prisoners should be able to access routine appointments within two weeks.**

- S57 Concern: There were serious failures to identify unsafe equipment and practices in workshops.

**Recommendation: Managers should be proactive in implementing effective systems for checking and monitoring health and safety in the workshops.**

- S58 Concern: Despite the prison holding a long-term population, with a substantial number assessed as high risk of harm, offender management was poor. Too many prisoners had only infrequent and reactive contact with their offender supervisor. This limited any ability to manage risk, including managing risk before release, and enable progression.

**Recommendation: All prisoners should have regular and meaningful contact with their offender supervisor, to enable effective management of risk (particularly pre-release), promote progression and challenge offending behaviour.**

# Section 1. Safety

**Prisoners, particularly the most vulnerable, are held safely.**

## Early days in custody

### Expected outcomes:

**Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.**

- I.1 Prisoners were disembarked from the escort vans promptly and the vans we checked were clean.
- I.2 Reception staff were welcoming and prisoners were dealt with swiftly and efficiently. Prisoners were routinely (without the support of a risk assessment) strip-searched on arrival, which was unnecessary. However, in our survey, 87% of prisoners said that they had been treated well on arrival. Waiting areas were clean, displayed relevant information and had hot drink facilities. On arrival, prisoners had the opportunity to speak to reception orderlies, who were also Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), and also to members of the safer custody team.
- I.3 Induction orderlies introduced themselves to new prisoners in reception and escorted them, with induction staff, to the dedicated first night unit, where they showed them to their cells. This helped to settle new prisoners in.
- I.4 The new dedicated first night unit provided consistent levels of care for all new receptions. Induction orderlies lived on the unit and were available to answer new arrivals' questions throughout their time there. One induction orderly also doubled up as the prisoner information desk (PID) worker, to assist new arrivals with filling out the forms they needed to access services. First night cells were clean and properly equipped and, unlike other wings in the prison, they had in-cell showers.
- I.5 On arrival on the unit, prisoners were given a free telephone call and a private safety interview with first night staff, to address any initial concerns. Night staff were aware of which prisoners were new, and additional first night checks were carried out.
- I.6 A new rolling induction programme had recently been introduced, to ensure that most new arrivals started it on the next working day after arrival. The induction process was peer led, with appropriate oversight from staff, and the new initial induction talk we observed was excellent. It covered all key areas, and prisoners received an information booklet to take away and read in their own time. However, the timetable for the rest of the induction programme was not well publicised on the first night unit, and in our survey just under half of respondents said that the programme covered all they needed to know.

### Recommendation

- I.7 **The timetable for the full induction programme should be clearly displayed.**

## Managing behaviour

### Expected outcomes:

**Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.**

### Encouraging positive behaviour

- I.8** In our survey, nearly half of respondents said that they had felt unsafe at some point during their time at the prison, and around one in four that they currently felt unsafe. While this was similar to the proportion elsewhere and at the time of the previous inspection, it remained too high.
- I.9** Levels of victimisation between prisoners had increased, with only 49% of respondents to our survey saying that they had not experienced any victimisation or bullying, which was far worse than at comparator prisons (72%) and at the time of the previous inspection (71%). Most victimisation was due to drug- and debt-related issues.
- I.10** The number of violent incidents was similar to that at the time of the previous inspection but remained higher than at similar establishments. In the previous six months, there had been 141 incidents of violence (29 assaults on staff, 77 on prisoners and 35 fights), although the number of serious incidents of violence had reduced.
- I.11** Since the previous inspection, there had been considerable investment and focus on reducing the levels of violence. The safer custody team had increased in size, and managerial oversight was effective. Each residential area had a safer custody and violence reduction lead, who ensured that all incidents were identified and recorded, and conducted follow-up investigations to establish a course of action. Workbooks had been introduced, to encourage prisoners to understand the impact of their actions, and these had been successful in a number of cases. Prisoner peer support workers were also in place.
- I.12** There was no longer a dedicated wing to house prisoners who required separation, and there was a more coordinated approach to managing those who needed such additional support. Individual management plans were drawn up, and for prisoners who were self-isolating, violence reduction staff identified the concerns and coordinated an appropriate response. The violence reduction team had developed a more integrated regime for self-isolators; this meant that they had adequate time out of cell and that the number of prisoners seeking protection had reduced. Despite the innovative approach, aspects of it were let down by some wing staff not taking sufficient responsibility for the oversight of prisoners requiring this support.
- I.13** A well-attended weekly safety intervention meeting reviewed all incidents of violence from the previous week, and the actions taken. The monitoring of violence and analysis of data, to identify patterns and trends, had improved and the monthly safer custody meeting took a more strategic approach to managing safety.
- I.14** Despite the range of initiatives and work being undertaken to reduce violence, there was no coordinated violence reduction action plan. Violence linked to drugs and debt continued to be the primary concerns, and more work was required to ensure a whole-prison approach to reducing this (see also paragraph I.42 and main recommendation S55). The incentives and earned privileges scheme was comprehensive but did not encourage good behaviour sufficiently, and was mainly used to manage poor behaviour. In our survey, only 23% of respondents said that the scheme encouraged them to behave well, although there had

recently been some consultation with prisoners to identify improved incentives for the future.

- I.15** The regime for prisoners on the basic level of the scheme was reasonable. They were expected to attend activities during the day and were unlocked during association to access outdoor exercise and showers. They stayed on the basic level for 28 days, and a review after seven days was used to set renewed targets rather than consider whether the use of the basic level was still needed. Reviews were not always held on time.

## Recommendations

- I.16** **A comprehensive action plan, based on evidence from the monitoring and analysis of violent incidents, should be established, to address the underlying causes and further reduce the high levels of violence.**
- I.17** **The incentives and earned privileges scheme should be applied consistently, with timely reviews and a clear focus on incentivising good behaviour, through effective and consultative target setting.** (Repeated recommendation I.35)

## Good practice

- I.18** *Self-isolating prisoners were managed on their own wing, with individual management plans drawn up for them, while allowing them a more integrated regime.*

## Adjudications

- I.19** The number of adjudications had risen and was higher than at comparable establishments. The system was struggling to cope with the volume, and management oversight was inadequate.
- I.20** At the time of the inspection, around 200 adjudications had been deferred (often for the attendance of witnesses or the reporting officer) and some of these were unlikely to be heard. More serious charges were referred to the independent adjudicator, but over recent weeks too many of these had not been proceeded with, and some had not been heard at all, including charges relating to violence against prisoners and staff, and use of illicit substances. These weaknesses undermined efforts by staff to address the serious problem of substance use and violence.
- I.21** The deputy governor carried out some quality assurance of adjudications, raising issues with adjudicating governors. Despite this, some of the records we saw did not demonstrate sufficient enquiry before a finding of guilt.

## Recommendation

- I.22** **All adjudications should be heard and adjudicators should demonstrate sufficient enquiry before a finding of guilt.**

## Use of force

- I.23** There had been 238 incidents of force in the previous six months, which was higher than elsewhere and at the time of the previous inspection. Most incidents took place in cellular accommodation, were unplanned and involved full restraint.
- I.24** Planned interventions accounted for 15% of all force used, and were recorded routinely. The video recordings we reviewed corresponded accurately with staff statements, but de-escalation techniques were not utilised well enough, and there were cases where staff might have avoided the use of full restraint if additional dialogue had been used.
- I.25** The deputy governor chaired the monthly use of force committee, which provided adequate quality assurance. Recordings of incidents were reviewed before the meeting, and feedback was given. However, there had been no analysis in relation to the increase in the use of force, or our concerns about de-escalation and avoidance of the use of full restraint. When issues had been identified, there was no evidence of action to address lessons learned.
- I.26** Special accommodation had been used rarely, for short periods, and been justified.

## Recommendation

- I.27** **The increase in the number of use of force incidents should be explored, and action taken to reduce it.**

## Segregation

- I.28** The use of segregation had reduced slightly and was now in line with that at similar prisons. Lengths of stay averaged around 14 days; when stays exceeded six weeks, appropriate authority was obtained. Much of this was achieved by planned mutual support between the Yorkshire prisons, to ensure that prisoners who could not be reintegrated at the establishment were given opportunities to have a fresh start elsewhere on normal location. Despite these efforts, some prisoners, particularly those with mental health problems, still stayed too long in segregation and we were concerned about the impact on their well-being (see also paragraph 2.75 and recommendation 2.79)
- I.29** Staff on the unit managed challenging behaviour well and there had been some improvements to the regime; prisoners had daily access to telephones, showers and an improved exercise area. There were 'distraction and activity' packs available and all prisoners had a radio, with televisions provided on a risk and incentive basis. All prisoners had a formal reintegration plan, and efforts were made to reintegrate prisoners safely onto normal location.
- I.30** The unit was clean, with all cells subject to a painting programme, although there were no privacy screens around the in-cell toilets.
- I.31** A range of data was collated and there was some discussion about segregation at several meetings, but there was no formal segregation management and review group to monitor, analyse and review local data.

## Recommendation

- I.32** **Data relating to segregated prisoners should be monitored and analysed locally, to identify trends and provide better quality assurance.**

## Security

### Expected outcomes:

**Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse and effective drug supply reduction measures are in place.**

- I.33** Around a fifth of prisoners were part of an organised crime group (OCG). Managers were well sighted on the risks that the population posed and were aware of their primary security threats of violence, gang issues and drugs, much of which linked back to OCG networks. Advanced work was in place with external partners to disrupt OCG networks.
- I.34** The number of intelligence reports submitted had increased and they were now analysed by a regional intelligence unit (RIU) that covered all prisons in the Yorkshire area. This new approach had several advantages, such as the daily availability of security analysts, additional support to understand and share complex intelligence products, and a reduced backlog of intelligence to process. The RIU produced a comprehensive intelligence report each month which local security managers further analysed, in order to identify monthly security priorities. These priorities were discussed at a monthly security meeting. The meeting had reasonable membership but some key stakeholders, such as substance misuse leads, did not attend, which was a missed opportunity, given the significant concerns around drug supply (see main recommendation S55).
- I.35** Procedural security was mostly proportionate, and movement around the establishment was good. However, some aspects were excessive; for example, chaplaincy staff were not allowed to have cell keys, strip-searching in reception was not always based on intelligence and prisoners were placed on closed visits for non-visits-related issues.
- I.36** Over two-thirds of prisoners in our survey said that it was very easy or quite easy to get illicit drugs, and almost half to get alcohol, in the prison, while over a quarter said that they had developed a drug problem while at the prison, which was far worse than at similar establishments. The availability and use of new psychoactive drugs (NPS; drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects) remained a serious problem, and linked to debt and violence.
- I.37** The random mandatory drug testing rate had increased and was high, at 19.5%. When the number of positive tests for NPS was included, the positive rate was 41%. Some testing had been introduced at weekends but, overall, testing remained too predictable, with fewer tests conducted during the middle of the month, and suspicion testing used infrequently.
- I.38** The sheer size of the prison and its perimeter, and the nature and sophistication of its population presented huge challenges to preventing the ingress of drugs. There had been a large number of finds in the previous six months, including over 243 mobile phones and over 500 drug packages. The prison had invested in several projects in an attempt to reduce drug availability, including automatic number plate recognition and closed-circuit television. There were also advanced plans to enhance known hotspots further, including a pilot project to combat the threat of unmanned aerial vehicles (drones).
- I.39** Despite the considerable issues faced, the substance misuse meeting was held only once every two months and attendance was poor, with no representation from the security department. There was no detailed supply reduction action plan and a lack of a coordinated approach between all key stakeholders (see main recommendation S55).

## Recommendations

- I.40** Closed visits should be imposed only for visits-related activity. (Repeated recommendation I.30)
- I.41** Mandatory and suspicion drug testing should be adequately resourced to undertake the full range of testing. (Repeated recommendation I.31)

## Safeguarding

### Expected outcomes:

**The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.**

## Suicide and self-harm prevention

- I.42** At the time of our inspection there had been five deaths in custody, three of which had been self-inflicted, since our last visit. A further suspected self-inflicted death occurred shortly after our inspection. Levels of self-harm were higher than at comparator prisons, and than at the time of the previous inspection, with 207 such incidents in the previous six months. We identified that drug use, debt and violence were often linked to the causes of self-harm, and two of the self-inflicted deaths had been linked to drug use (see main recommendation S55).
- I.43** A consolidated action plan including Prisons and Probation Ombudsman recommendations was in place, and monitored at the monthly safer custody meeting. The safer custody team had comprehensive methods to record data, including triangulating information from different sources to ensure that all incidents were captured.
- I.44** We found some improvements in the care of prisoners at risk of self-harm and subject to assessment, care in custody and teamwork (ACCT) case management processes. Case management was more consistent, ACCTs were quality assured, and findings were discussed at the monthly safer custody meeting. We came across some examples of good care for prisoners, with the most complex cases considered at a weekly multidisciplinary safety meeting, and there were positive examples of family contact and distraction activities being used to support those in crisis. However, for other prisoners, the quality of ACCT care was mixed, and this was reflected in the variable quality of the documents. For example, some care maps were not robust enough to address all identified issues and some reviews were not sufficiently multidisciplinary. In all cases where prisoners on an ACCT had been placed on the segregation unit, an 'exceptional circumstances' assessment had been completed appropriately.
- I.45** There was a team of 16 Listeners, trained and supported by the local Samaritans, and they attended the monthly safer custody meeting. The Listener scheme was well known around the prison. As well as answering calls, being available to answer questions in reception and being part of induction process, the duty Listener completed weekly drop-in sessions on all units to offer support to prisoners. Listeners reported to us they heard calls in cell. A Listener suite had been identified, though it was not available throughout the night state.



## Recommendations

- I.46** Assessment, care in custody and teamwork (ACCT) reviews should be multidisciplinary and care maps should identify objectives to address all issues related to the risk of self-harm.
- I.47** The Listener suite should be available 24 hours a day.

## Protection of adults at risk<sup>5</sup>

- I.48** There was an adult safeguarding policy, which outlined how staff should refer adult safeguarding concerns. The prison was represented at the local safeguarding adults board by a cluster lead.
- I.49** In the previous six months, there had been no adult safeguarding referrals, so no adult safeguarding support plans had been opened. There was no local bespoke adult safeguarding training, and wing staff had limited awareness of their responsibilities.
- I.50** Although in their infancy, there were some positive plans to work with the Care Leavers Association in order to provide more support to those who had been in care.

## Recommendation

- I.51** Staff should be trained in adult safeguarding, to improve their understanding of their responsibilities and increase their confidence in identifying safeguarding concerns.

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<sup>5</sup> Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).



## Section 2. Respect

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

### Staff-prisoner relationships

#### **Expected outcomes:**

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

- 2.1 In our survey, 57% of prisoners said that most staff treated them respectfully, which was far worse than the percentage at the time of the previous inspection (85%). We observed generally constructive and friendly interactions but also saw some staff being dismissive of prisoner need. Prisoners commented that the large number of new, less experienced officers had not yet developed the capacity to be as helpful as some others. Prisoners also told us that they felt disrespected by the lack of response to applications by some key departments.
- 2.2 There was a wide range of roles for prisoners which allowed them to contribute to prison life and support others, such as classroom mentors, wing representatives, prisoner information desk (PID) orderlies and Listeners. On some wings, prisoners in these roles had a link member of staff to support and oversee their work.
- 2.3 Most prisoners in our survey said that they had a personal officer but many told us that they did not see them often. In our survey, 67% of respondents said that there was a member of staff they could turn to if they had a problem, which reflected what prisoners told us in person, although some said that helpful officers were often overwhelmed. Personal officer entries in prisoner case notes were often not frequent or meaningful enough.

### Recommendations

- 2.4 **The reasons for prisoners' much more negative perceptions of respectful treatment by staff should be explored and action taken to improve this.**
- 2.5 **Electronic case note entries by staff, including personal officers, should be regular and meaningful. (Repeated recommendation 2.13).**

### Daily life

#### **Expected outcomes:**

**Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.**

### Living conditions

- 2.6 Outside areas, wings and most cells were clean, well cared for and litter free. There were six older units with accommodation on spurs. These offered communal living for up to 64 prisoners, who had keys to their rooms, and shared shower and toilet facilities and

communal areas, to which they had access at all times during the day. Prisoners preferred this accommodation, even though the fabric was in poor condition; funds had been obtained to refurbish these units in the immediate future.

- 2.7** The smallest cellular wing, accommodating 60 in double cells, was used for new prisoners and offered good accommodation, with in-cell showers and toilets. Larger cellular wings accommodated up to 211 prisoners each, in a mixture of single and double cells. On J wing, some cells that had been designed for single occupation were used for two people and were therefore cramped.
- 2.8** Since the previous inspection, there had been some improvements to the quality of in-cell furniture, and curtains had been provided, but more needed to be done. For example, few cells had lockable storage and most toilets did not have lids, and those in shared cells were inadequately screened. In our survey, most prisoners said that they could get cell cleaning materials each week. Access to showers had improved considerably, with 94% of respondents to our survey saying that they could shower every day. Showers were mostly clean, with adequate screening. We found that supplies of prison kit were adequate, and laundry facilities on the newer wings were good.
- 2.9** Only 22% of prisoners in our survey said their cell call bell was answered within five minutes, which was far lower than at comparator establishments. There was a new electronic monitoring system for the new-built wings, G, J, K and L; this prioritised responses after five minutes and allowed residential managers to explore delays in replies, although it had not yet made a significant impact on response times.
- 2.10** Access to stored property was poor, with only 16% in our survey saying that they could get access to this if they needed to. Some applications dating back over a month were still waiting to be dealt with.

## Recommendations

- 2.11** **Cells should have lockable storage and all toilets should have a lid and adequate screening.**
- 2.12** **Cell call bells should be answered within five minutes.**
- 2.13** **Prisoners should be able to access their stored property within 14 days of their application.** (Repeated recommendation 2.9)

## Residential services

- 2.14** In our survey, only 18% of respondents said that the food provided was quite or very good, and only 25% that they received enough to eat most of the time. We found the quality of the food to be reasonable, although possibly repetitive for those spending long sentences at the establishment. Portion sizes at lunch and dinner were adequate, but breakfast packs were inadequate, and distributed at lunchtime on the day before consumption.
- 2.15** The main kitchen was clean and well ordered, and catered for a range of medical, religious and ethical diets, in addition to supporting the promotion of equality and diversity through regular themed days.
- 2.16** Serveries were clean and staff supervision during mealtimes was adequate. However, there were no facilities for communal dining and many prisoners lacked plates or bowls, and used

other receptacles during mealtimes. There were well advanced plans to improve the limited self-cooking facilities on A–F wings.

- 2.17** Prisoners could buy a wide range of goods from the prison shop but new arrivals sometimes had to wait up to 10 days to receive their first order, making them more vulnerable to borrowing, and therefore getting into debt.
- 2.18** Prisoners were consulted regularly about the food and shop, and we saw evidence of changes made as a result.

## Recommendations

- 2.19 Breakfast packs should be enhanced and should be distributed on the morning they are to be eaten.** (Repeated recommendation 2.74)
- 2.20 Prisoners should be able to receive their first full shop order within a few days of arrival.** (Repeated recommendation 2.78)

## Prisoner consultation, applications and redress

- 2.21** Structures for consultation with prisoners had been established, including the appointment of wing representatives and PID workers, and the development of a prisoner council.
- 2.22** Wing consultation meetings were held intermittently but there were regular prison-wide meetings of the wing representatives, attended by residential governors. This provided a forum for discussing concerns but there was a lack of evidence of action taken as a result.
- 2.23** In our survey, prisoners' responses to questions about the application system were considerably more negative than at comparator establishments. A full range of application forms were available and prisoners were provided with a copy of their general application. However, only 9% of respondents to our survey said that applications were answered within seven days, and several had copies of applications made more than a month ago which had not received a reply. The new system noted at the previous inspection had bedded in and allowed for the monitoring of all general applications. Records showed that, of 86 applications made in the last month, only 43 had received a reply on time, and there were several replies outstanding from previous months.
- 2.24** In the previous six months, there had been an average of 272 complaints a month, which was high. Forms were freely available and complaints were collected daily but prisoners did not have confidence in the system, with only 16% of those who had made a complaint saying that they had been dealt with fairly. However, the sample of responses we examined were respectful, addressed the issue and provided a detailed explanation for the response.
- 2.25** There was good analysis of complaints data, and, of 1,304 received between April and September 2017, only 10 responses had been late. Complaints about staff had been dealt with fairly.

## Recommendation

- 2.26 Prisoners should be provided with a timely and helpful response to all applications.**

## Equality, diversity and faith

### Expected outcomes:

**There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics<sup>6</sup> and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.**

### Strategic management

- 2.27** The leadership and management of equality were good and had driven improvements over the previous year. There was an up-to-date equality policy, covering all protected characteristics. Members of the senior management team took responsibility for individual protected characteristics and worked with the equalities officer and a prisoner representative to develop provision. Prisoner representatives were experienced and, despite receiving little training, were confident in carrying out their role. In our survey, the perceptions of black and minority ethnic and Muslim prisoners, younger prisoners and those with disabilities were similar to those of their counterparts. Support for most minority groups was reasonably good, although there was no provision for the small number of foreign national prisoners.
- 2.28** Protected characteristic leads organised regular forums covering age, disability, sexuality, ethnicity and religion. These forums fed into the monthly prisoner equality action team (PEAT) meeting, which was chaired by the deputy governor. This was well attended by prisoner representatives and had reasonable attendance by staff. It was a useful forum for the senior team to engage with equality issues; however, the prison's reliance on delayed reports provided by the national equalities monitoring tool prevented managers from effectively monitoring, investigating or addressing disproportionate access to the regime.
- 2.29** The prison had received 31 discrimination incident report forms (DIRFs) during the previous six months. All DIRFs were investigated by a manager and most were responded to promptly. Responses were quality assured by the head of function before being sent to the monthly DIRF scrutiny panel. This forum included prison, education and health services staff, as well as prisoners. Poor investigations were challenged routinely and sent back to be investigated properly. The investigations into completed DIRFs were thorough and addressed the issues well.

### Recommendation

- 2.30** **Equality monitoring should generate regular reports and cover all protected characteristics, to enable a thorough investigation of issues and address disproportionate access to the regime.**

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

## Good practice

- 2.31** *The discrimination incident report form (DIRF) scrutiny panel was multidisciplinary and included prisoners. It provided good oversight of the investigations into DIRFs and ensured that poor practice was challenged and addressed.*

## Protected characteristics

- 2.32** The proportion of black and minority ethnic prisoners had risen to around a third of the prison population. In our survey, only 44% of these prisoners said that staff treated them respectfully, which, although low, was comparable with the value for their white counterparts, and reflected a perceived deterioration in relationships overall (see also paragraph 2.1). Prisoners from Gypsy, Roma and Traveller communities met regularly with a member of the chaplaincy team, although our survey suggested some under-identification of this group.
- 2.33** There were 24 foreign national prisoners at the time of the inspection but there was no specific support for them. Home Office staff came into the prison when required but there was no independent legal advice available. Professional telephone interpreting and translation services were available when required.
- 2.34** In our survey, 36% of prisoners (equating to around 365 individuals) said that they had a disability. However, the prison had identified only 240 men as having a disability, so we were concerned that not all prisoners had been identified or supported. Many prisoners with disabilities had appropriate care plans and received good support but there remained some unmet need. Prisoners with the most serious need were referred for formal social care (see also paragraph 2.67) but others could make use of ‘buddies’ (prisoners who provide informal support across a range of issues). However, staff oversight of the scheme needed improvement, to ensure that buddies and prisoners knew the boundaries of the role, and that buddies did not carry out inappropriate personal tasks for these prisoners. The management of personal emergency evacuation plans for prisoners with disabilities required significant improvement. Many of the plans were out of date, others missed key information and some were completely blank.
- 2.35** At the time of the inspection, there were around 80 prisoners over the age of 50, with the oldest being 77. Most older prisoners worked but those who did not were unlocked during the core day and had access to ‘the haven’ (a room in the library with activities and reading materials). These prisoners could also access specific gym sessions.
- 2.36** Support for gay, bisexual and transgender prisoners was reasonable, including access to a regular support meeting. While there were no transgender prisoners at the establishment at the time of the inspection, the prison had good procedures to support prisoners who were transitioning.

## Recommendations

- 2.37 All prisoners with disabilities should have their needs fully addressed, including the provision of care and evacuation plans for those who need them.** (Repeated recommendation 2.24)
- 2.38 Foreign national prisoners should have access to independent legal advice.**
- 2.39 Prisoner buddies and peer representatives should receive adequate supervision, training and support in their role.** (Repeated recommendation 2.25)

## Faith and religion

- 2.40** At the time of the inspection, the largest faith groups were the Christian denominations (43%) and Muslim prisoners (22%), with 30% saying that they had no religion. Provision for most faith groups was adequate, with access to weekly corporate worship and religious education groups. However, recruitment problems had led to gaps in provision for some of the smaller faith groups.
- 2.41** The chaplaincy carried out their statutory duties reasonably well, including meeting all new arrivals and visiting those on the segregation unit while they were located there, but chaplains were not allowed to have cell keys, which significantly hindered their access to prisoners.
- 2.42** Faith facilities were in a reasonable condition, although the multi-faith room was too small. Chaplaincy staff attended key meetings but their input into processes, including care planning for prisoners on an open assessment, care in custody and teamwork (ACCT) document, required improvement. The chaplaincy team was responsible for coordinating a volunteer visitors scheme for prisoners who did not receive visits but there were no volunteer visitors providing support at the time of the inspection.

## Recommendation

- 2.43 Chaplains should be issued with cell keys.**

## Health, well-being and social care

### Expected outcomes:

**Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.**

- 2.44** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)<sup>7</sup> and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas were identified that require improvement, for

<sup>7</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>.



which the CQC has requested further information from the provider and is monitoring progress.

## Strategy, clinical governance and partnerships

- 2.45** NHS England (Yorkshire and Humberside) had commissioned Care UK Health and Rehabilitation Services Ltd (Care UK) to provide all health services since 1 September 2017. A 2016 health needs assessment had informed the new contract.
- 2.46** Care UK had inherited significant staffing, ineffective governance systems and GP shortages, which affected patient care. A comprehensive action plan and enhanced monitoring had been agreed with the commissioners, to address and monitor the deficits. Partnership arrangements between Care UK and key stakeholders were developing well. Care UK was implementing their governance structures, including audits, incident recording, complaints and regular meetings, although it was too early to judge their impact. Service user engagement was underdeveloped but patient feedback questionnaires had been introduced and regular forums were planned.
- 2.47** A newly appointed experienced nurse manager was providing strong clinical leadership, following a long period when this had been absent. Active recruitment was addressing vacancies, and gaps were currently being filled with regular locum staff.
- 2.48** Care UK appraisals, training and policies were being implemented over a three-month period. Health services staff engagement in supervision was excellent. Clinical records were mostly good. We observed good interactions between health services staff and patients. Staff understood and correctly recorded consent to treatment and mental capacity. Twice-daily team briefings, attended by mental health and substance misuse team representatives, supported effective joint working.
- 2.49** Since the previous GP had left in April 2017, access to a doctor had been poor. This was improving but the ongoing lack of consistent GPs was still adversely affecting patient care (see below and main recommendation S56). Prisoners in our survey were negative about their access to many health services, particularly the GP and dentist. Only 14% said that the overall quality of health services was good, and we received a large number of complaints during the inspection. New arrivals did not receive any written information about services, although this was being addressed.
- 2.50** Most services were provided from the large health care department, plus the substance misuse hub and four wing-based medication administration rooms. Facilities were generally good but cleaning standards did not meet the required levels. The main health care waiting room, although small, provided a decent environment but the waiting room and group room in the substance misuse hub were poor.
- 2.51** Appropriate emergency equipment was located at strategic locations across the prison but, despite regular recorded checks, we found some expired and incorrectly stored items. Sixty-one per cent of custodial officers were first-aid trained; however, although access to defibrillators was good, not all staff we spoke to knew where they were. Health services staff responded to large numbers of medical emergencies related to drug intoxication, which was putting a significant strain on health resources. Ambulances were called promptly in emergencies.
- 2.52** Prisoners could complain about health services through a confidential discrete complaints system, but it was poorly advertised and forms were not always easily accessible. Care UK

had received eight health care complaints in the previous month; the responses had been courteous but not all had been timely or addressed all the issues raised.

## Recommendations

- 2.53** **Effective and robust governance structures should be implemented, to ensure that all aspects of health delivery meet the needs of prisoners and are safe, and that lessons learned, including from service user feedback, drive improvement.**
- 2.54** **All clinical areas, waiting rooms and facilities should comply with current infection prevention and control standards, and provide a decent environment.**
- 2.55** **Prisoners should be able to raise complaints and concerns through a clear and well-understood system, and receive prompt replies that address all issues raised.**

## Promoting health and well-being

- 2.56** A whole-prison approach to health promotion was developing. Literature linked to current national campaigns was available in health areas. An identified nurse was developing services for the small number aged over 65 years. Prisoners had good access to national screening programmes, NHS health checks, immunisations and sexual health services. Condoms were available but not advertised. Prisoners with hepatitis C had excellent access to treatment and support from a visiting nurse specialist.
- 2.57** There were excessive waits of up to 10 months for smoking cessation services. The prison was going smoke free in January 2018, and during the inspection provision was being increased to address this backlog and the anticipated high demand.

## Primary care and inpatient services

- 2.58** Nurses promptly completed a comprehensive health screen with all new arrivals and made appropriate referrals.
- 2.59** The health care application system had improved but prisoners did not always receive a reply, which resulted in repeat applications, and we found some applications that had taken over a week to process, which was poor (see also paragraph 2.1).
- 2.60** The range of primary care services was appropriate. Nurses assessed patients promptly before placing them on the GP waiting list. Care UK was providing more regular GP sessions than the previous provider but a large backlog had resulted in excessive waiting times for routine appointments, of around five weeks. Additionally, some long gaps between GP clinics meant that segregation rounds and administrative tasks, including managing test results, were not always completed promptly, which created clinical risks (see main recommendation S56). We raised a concern with the commissioners and provider that urgent action was required to ensure that there were no patients with significant outstanding health needs.
- 2.61** A GP from a neighbouring prison provided ad hoc input for urgent care, and a nurse practitioner was on site two days a week. Out-of-hours GP access was satisfactory. Waiting times for routine physiotherapist and podiatrist appointments were excessive, but for the optician were reasonable.

- 2.62** A dedicated lifelong condition nurse, supported by colleagues with specialist interests, ensured that all patients were seen promptly after arrival, and reviewed regularly. Care planning was well embedded. The identification and management of prisoners with complex health needs were generally good.
- 2.63** The monitoring and management of external hospital appointments had improved but remained problematic. Delayed GP access affected the timeliness of referrals. The four escorts available daily did not meet the high demand, and too many appointments were cancelled owing to insufficient escorts or to accommodate emergency appointments. Joint working between the prison and health services staff concerning escorts was not effective, although we were told that this was improving. Patients who attended hospital as an emergency were not consistently reviewed on return, but we were told that this was being addressed.
- 2.64** Prisoners were not seen systematically in the weeks before release, to identify and address their health needs, but they were seen in reception on release and received at least seven days' supply of required medicines.

## Recommendation

- 2.65** **Patients should have timely access to all primary care and secondary health services.**

## Good practice

- 2.66** *The allocation of a dedicated nurse to lifelong condition clinics meant that all patients were identified and reviewed promptly.*

## Social care

- 2.67** Joint working between Doncaster Metropolitan Borough Council, the prison and health services staff was effective. Prisoners with social care needs were identified promptly and referred for assessment. In the year to 30 September 2017, 35 prisoners had been referred and 17 received care and support plans. Care UK were recruiting two band 2 social care support workers to provide agreed care packages. No prisoners were receiving social care at the time of the inspection. Buddies supported some men but their roles needed further clarification (see also paragraph 2.34). Access to health and mobility aids was appropriate.

## Mental health care

- 2.68** In our survey, 40% of prisoners said that they had a mental health problem, but only 33% that they had been helped with this problem at the prison.
- 2.69** The new safer custody mental health awareness training package was being rolled out and 20% of custody staff had completed it.
- 2.70** The integrated primary and secondary mental health team included a rich skill mix, including intellectual disability, psychological practitioners and social work. Psychiatrist provision had increased to three days a week since September 2017, and access was good.

- 2.71** Mental health provision was not meeting the high levels of need. Chronic staffing shortages, particularly in primary mental health, and a lack of consistent clinical leadership had adversely affected provision, including waiting times for support. Caseloads were relatively high, at around 30 for most practitioners, and the small team also provided daily input into the segregation unit. Workers only attended 'priority' ACCT reviews, as they lacked staffing to attend them all. A new clinical lead was implementing the new provider's mental health service model, including planned weekend provision, integration with the substance misuse team and improved joint working with the prison.
- 2.72** There was an open referral system to primary mental health, but most patients were then placed on a waiting list for assessment, without first identifying their clinical needs. There was no written communication with the prisoner or referrer, to update them about the referral. Assessments were reasonably prompt, at around three weeks, but it was generally another two months before they received any interventions, which was too long.
- 2.73** There was a wide range of one-to-one psychological interventions, including high-intensity support, but waiting times were relatively long, at around six to 14 weeks. No group interventions or professional counselling were available.
- 2.74** The team was supporting 166 patients at the time of the inspection, with another 24 prisoners awaiting assessment. Support for those with medium to severe mental health problems was generally good, including appropriate interventions under the care programme approach and family involvement in reviews.
- 2.75** We were concerned that one patient with significant mental health problems had been held on the segregation unit for over three months, although regular input from the mental health team and the positive relationship he had developed with segregation staff gave him stability while he awaited transfer to a mental health facility.
- 2.76** Arrangements to ensure the continuity of care on transfer and release were appropriate.
- 2.77** The five patients who had been transferred under the Mental Health Act since April 2016 had waited around two months to transfer, which exceeded the current two-week guidelines.

## Recommendations

- 2.78 Prisoners with mental health problems should have prompt access to a comprehensive range of one-to-one and group interventions that meet their individual needs and risks.**
- 2.79 Patients with significant mental health needs should only be cared for on the segregation unit in exceptional circumstances and for the shortest time possible, with regular recorded consideration of alternatives.**
- 2.80 Patients requiring transfer to hospital under the Mental Health Act should be assessed promptly and transferred within the current transfer guideline.**

## Substance misuse treatment<sup>8</sup>

- 2.81** The 2016 health needs assessment included substance misuse and there was a current drug and alcohol strategy, but there was no action plan. Too few custody staff had received awareness training in substance misuse and new psychoactive drugs (drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects), although further training was planned.
- 2.82** In our survey, only 37% of prisoners said that they had been helped with a drug problem, which was substantially less than 63% comparator, and only 48% that they had received help for an alcohol problem.
- 2.83** Newly arrived prisoners requiring substance misuse treatment were identified at reception and received appropriate continuation of prescribing. Prescribing was flexible and recovery focused. Appropriately, 58% of the patients on opiate substitution treatment (OST) were reducing, compared with 8% at the time of the previous inspection.
- 2.84** Clinical and psychosocial reviews were generally completed monthly. A lack of prescriber involvement had undermined some recent reviews, although this had been resolved. Officer supervision of OST administration was good.
- 2.85** As a result of improved staffing, prisoners now started psychosocial treatment within 15 working days of referral, compared with 35 days at the time of the previous inspection, and more patients were in treatment (267 versus 190 in 2016). Prisoner recovery mentors gave new inductees helpful harm reduction information.
- 2.86** Patients had individual, audited recovery plans, and the newly opened recovery wing was a promising initiative. The range of lower-intensity one-to-one and group therapy options was appropriate, but there had been no high-intensity groups since the Building Skills for Recovery programme had ended. Patients commented favourably on the well-being training provided. Prisoner recovery mentors were active across the prison, and Narcotics Anonymous provided peer support meetings for drugs and alcohol.
- 2.87** Joint working with the OMU and transfer planning were appropriate. There was satisfactory liaison with community services for the small numbers of prisoners released from the prison.

## Recommendation

- 2.88** **Prisoners should have easy access to a range of high-intensity group interventions that meets their needs.**

## Medicines optimisation and pharmacy services

- 2.89** A lack of GPs had adversely affected the timeliness of prescriptions, although this was improving. An external pharmacy generally supplied medicines promptly, although we came across two recent instances where the delayed arrival of psychiatric medicines had adversely affected care. A team of pharmacy technicians and a cluster pharmacist generally ensured appropriate medicines management. The Care UK pharmacy policies, procedures and prescribing guidance were gradually being implemented. Prisoners had good access to pharmacy staff for advice.

<sup>8</sup> In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

- 2.90** Medicines were transported and stored securely, with effective stock and date management. The range of stock medicines to maintain continuity of supply was appropriate. Pharmacy technicians sometimes dispensed stock packs for routine prescriptions; this was not best practice as a pharmacist did not screen the prescriptions first, which increased the risk of errors. We found a few medicines that were not correctly labelled. Refrigerator temperatures were monitored appropriately. A reasonably well-attended bimonthly local medicines committee meeting discussed an appropriate agenda, including prescribing data.
- 2.91** In-possession risk assessments were appropriate and reviewed regularly; 75% of medicines were supplied in-possession, although not all prisoners had secure in-cell storage (see paragraph 2.8 and recommendation 2.11). In our survey, 17% of prisoners said that they had developed a problem with taking medicines not prescribed to them in the prison. Some medicines that were known to be at high risk of being traded were given in-possession without sufficiently frequent compliance checks.
- 2.92** Medicines were administered twice daily. Some patients were given too few doses, and one patient received sleeping tablets between 4pm and 5pm daily because clinically appropriate times could not be facilitated. Medication administration was safe and respectful. Almost all administration records were complete and patients who did not attend were appropriately followed up. Nurses could administer an appropriate range of medicines without a prescription, including some prescription medicines.
- 2.93** Officer supervision of medicines administration queues was mixed, and did not consistently ensure patient privacy or prevent diversion.

## Recommendations

- 2.94** **All medicines should be supplied in a timely manner and be administered at clinically appropriate times, in line with current professional standards and guidance.**
- 2.95** **Systems to prevent the diversion of prescribed medicines should be robust, including appropriate prescribing, effective officer supervision of medicines administration queues, and regular compliance checks.**

## Dental services and oral health

- 2.96** In our survey, only 8% of prisoners said that it was easy to see the dentist, and only 27% of those who had accessed the service said that the quality was good. Care UK contracted Time for Teeth to provide a full range of NHS-equivalent treatment, and there were four dental and five dental therapist clinics weekly. Waiting times for routine appointments had been long, but had reduced to around six weeks. Access to emergency dental services was timely. Dental care and oral health promotion were appropriate.
- 2.97** The dental suite was small and work surfaces were cluttered, which could have increased the risk of cross-infection. A business case for additional storage space had been submitted. Governance systems, including waste disposal and equipment maintenance, were appropriate. Wet-film radiography was still used, which, although safe, increased radiation exposure and was not best practice.

## Recommendation

- 2.98 Surfaces in the dental suite should be clear of clutter and there should be an uninterrupted flow from dirty to clean.**





## Section 3. Purposeful activity

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

### Time out of cell

#### **Expected outcomes:**

**All prisoners have sufficient time out of cell and are encouraged to engage in activities which support their rehabilitation.**

- 3.1 In our survey, only 7% of prisoners said that they spent 10 hours or more out of their cell on a typical weekday, and the published core day offered approximately nine hours for those employed full time. Those who were unemployed, did not attend work and some of the self-isolators spent less than two hours out of their cell on weekdays, which was the experience of 24% of respondents to our survey, and far worse than in comparator prisons.
- 3.2 In checks carried out during the inspection, we found around 25% of prisoners locked up during the working day. which was too high for a working prison. However, those on the older spur accommodation were always unlocked, so the proportion of prisoners locked up during the working day on the cellular accommodation wings was much higher, at around 38%.
- 3.3 The published core day was adhered to during the working week. Weekend curtailments of unlock time were limited, and shared equitably between the wings. Evening association during the week was provided reliably.
- 3.4 There was good provision of outdoor exercise. During the evening association period, prisoners on the older wings had access to the large area in front of the wings, which had exercise equipment installed. The large yards serving the cellular wings were mostly bare but exercise equipment was due to be installed shortly after the inspection.
- 3.5 The library was open each weekday evening and on Sundays, and each wing had access to it once a week. Librarians recorded access from each wing, and records showed that 65% of prisoners were active users and that attendance by different groups of prisoners was equitable.
- 3.6 The library stock was appropriate for the population, with a good mix of fiction, reference, easy reading and foreign language material. Librarians liaised with the education provider and tutors on training courses, to ensure that texts to support learning were available, and prisoners were consulted about general provision.
- 3.7 Literacy was promoted through Shannon Trust mentors (who provide peer-mentored reading plan resources and training to prisons) based in the library and the Reading Ahead project (formerly the Six-Book Challenge). Prisoners could link with their families and improve their literacy through Storybook Dads (in which prisoners record stories for their children).
- 3.8 PE facilities were excellent, with an indoor sports hall, weights room, cardiovascular exercise room and outdoor sports pitch. Recreational gym was available during evening association times and at weekends. Prisoners were allocated a minimum of seven hours of PE every two weeks, and in our survey 66% of prisoners said that they went to the gym twice a week or more.

- 3.9** The range of activities was appropriate, with specialised sessions for older prisoners, those in drug treatment and for overweight men. Gym staff visited segregated prisoners, to provide in-cell exercise activities.
- 3.10** Vocational training was provided to level 4, which gave prisoners employment-related qualifications.

### Good practice

- 3.11** *The gym was very equipped, well used by prisoners and provided a wide range of recreational and vocational activities.*

## Education, skills and work activities (Ofsted)<sup>9</sup>

### 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.<sup>10</sup>**

- 3.12** *Ofsted made the following assessments about the learning and skills and work provision:*

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

### Management of education, skills and work

- 3.13** The management of learning and skills was inadequate. Leaders and managers had failed to provide effective systems for monitoring health and safety in the workshops. We found a serious failure to identify unsafe equipment and working practices in the Novus welding vocational training workshop. Other deficiencies included inadequate storage of gas containers, use of equipment beyond its replacement date and lack of maintenance for heavy machinery, all of which put learners at risk of harm. Managers took immediate action to address this when we reported it to them. The education and vocational training provision provided by Novus required improvement because of these deficiencies. Attention to the

<sup>9</sup> This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

<sup>10</sup> In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

rigour of health and safety measures had been a recommendation at the previous inspection (see main recommendation S57).

- 3.14** The governor had a clear strategy to improve outcomes for prisoners by increasing commercial activity. This had expanded the range and improved the quality of the work provided, which was now good. Managers had made good progress in winning work contracts from both government and businesses; some of these had the potential to provide job opportunities for prisoners on release. At the time of the inspection, 16% of prisoners were employed in high-quality work obtained through commercial contracts. The overall number of activity places had increased to 923, which was almost enough for the population.
- 3.15** The induction to learning and skills provided a good overview of the activity options available. Allocation to activities was efficient, and few prisoners were unemployed. Waiting lists for popular activities were monitored actively, but communication with prisoners was poor. They were not told that they were on a waiting list, or how long they might have to wait.
- 3.16** Prisoners' attendance at activities required improvement. During the inspection, only about two-thirds of those expected attended their education classes. Attendance at vocational training courses was better, but in some work areas it was poor. The management of movement to all activities required improvement. Most prisoners arrived late for their work or classes, which set a poor example of work practice and slowed learners' progress.
- 3.17** Pay rates were fair, providing incentives for prisoners to address their English and mathematics skills where necessary.
- 3.18** The range of vocational training opportunities was very good. Practical facilities, such as the construction workshops, bakery and bistro, were very good. However, in a few cases, learners' progress was hampered by shortages of materials for training, and by machinery which was out of service – for example, in carpentry.
- 3.19** Prison industries provided much high-quality work, but there were few opportunities for prisoners to achieve accreditation for the employability and work skills developed. A programme of staff development was being delivered to help to address this.
- 3.20** The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not sufficiently well used to promote learning and resettlement. Learners studying for Open University and distance learning courses could apply to use the virtual campus, but take-up was low. There was insufficient support for prisoners on higher-level courses to improve their academic writing and thinking skills.
- 3.21** Quality assurance processes were mostly effective. Observation of teaching was thorough, supportive, and had led to improvement. The quality improvement group met regularly and carefully monitored progress with learning and skills action plans. The self-assessment was broadly accurate, although it failed to identify some weaknesses in vocational training, including the safety concerns mentioned above (see main recommendation S57).
- 3.22** The quality of the National Careers Service (NCS) provided by Careers Yorkshire and Humber, through their agent Prospects, was good. They provided up-to-date information on the local labour market opportunities, and all prisoners were interviewed at induction, to discuss and agree a skills action plan. Interviews were well recorded and the action plans were good. Careers advisers provided a further interview about 12 weeks before prisoners' release date.
- 3.23** The quality of resettlement preparation for employment, training and education was good. In addition to the NCS provision, prisoners approaching release could attend interviews with

Nacro, and with the resettlement workers. These provided help with employment and education options, including some training in job-seeking skills and disclosure requirements. A few prisoners benefited from a new 'Across the Gate' service provided by Novus, targeting specific job vacancies. However, the prison received insufficient data on the outcomes achieved by prisoners after release to enable managers to evaluate their education, training and employment provision properly.

## Recommendations

- 3.24 All prisoners should arrive promptly and be ready to start work or training activities at the start of sessions.** (Repeated recommendation 3.27)
- 3.25 Managers should ensure that consumable materials required for training are supplied in a timely manner, so that learners' progress is not impeded.**
- 3.26 Prisoners should achieve accreditation for the employability and work skills developed.**
- 3.27 Prisoners taking distance learning or Open University courses should have the opportunity to improve their academic writing and thinking skills.** (Repeated recommendation 3.16)

## Good practice

- 3.28** *Business development managers had been successful in increasing commercial activity at the prison, improving the quality of work available to prisoners. Some contracts had the potential to provide job opportunities for prisoners on release.*

## Quality of provision

- 3.29** Most teaching was good, particularly in practical courses. Teachers were suitably qualified, often with good industrial experience which they used to inspire learners. They planned training effectively, making good use of initial assessment to identify gaps in learners' knowledge. Teachers' verbal feedback to learners was good, often helping them to improve their skills. Vocational training in catering provided a commercial focus, as learners provided a high-quality food service to staff and visitors. However, in other areas teachers placed insufficient emphasis on the achievement of commercial working standards.
- 3.30** Most learners benefited from exciting and engaging activities that maintained interest. For example, a course on self-employment used computer simulation to examine the impact of profit margin on business viability. However, in a small minority of classroom-based courses, teachers used a narrow range of resources and assessment methods. Some English and mathematics classes relied too much on worksheets; learners became bored with repeating similar activities and lost interest, and their progress was slow. Written feedback from assessors often failed to make clear what learners needed to do in order to improve.
- 3.31** The prison induction included an assessment of learning needs and disabilities which effectively identified those requiring additional support. The support provided consisted mostly of extra coaching by the teacher or peer mentor, which was successful in enabling these learners to succeed on their courses.

- 3.32** Most prison industry workshops were busy. Prisoners achieved good standards of work in areas including refurbishment of heavy cargo platforms for the Ministry of Defence, textile manufacture, fence panel manufacture and bicycle repair. The best workshops developed prisoners' employability skills by emphasising factors such as the correct use of tools, keeping workspaces tidy and team working. There was good promotion of equality and diversity in almost all workshops. Prisoners were able to recognise the importance of treating all people with respect and being sensitive to their differences.

## Recommendation

- 3.33** **Teachers of classroom-based courses should develop a greater range of learning resources and methods.**

## Personal development and behaviour

- 3.34** Learners' behaviour in education classes was good. They understood the skills that they were developing in training and work, and many had realistic plans to use these newly acquired skills in the future. The recently introduced 'Passport to Employment', designed to record and review learners' skills, was a good initiative. However, it was too early to assess its impact fully.
- 3.35** Prisoners had good opportunities to develop their personal skills through employment as peer mentors. Teachers and instructors deployed peer mentors effectively – for example, to help with the induction of new starters and to support learners needing additional help. There were good arrangements for recruiting and training mentors.
- 3.36** In most workshops, prisoners worked enthusiastically. However, in a small number of workshops, a few did not show positive attitudes towards work. Prison staff did not do enough to challenge and influence these attitudes.

## Recommendation

- 3.37** **Prison instructors should effectively challenge prisoners' poor attitudes to work.**

## Outcomes and achievements

- 3.38** Most learners made good progress from their starting points. In practical subjects, work was of a high standard. Some prisoners' work exceeded the requirements of their qualifications. For example, in the carpentry workshop, prisoners made complicated items such as sash windows. Many were able to work independently, with minimal supervision.
- 3.39** Qualification outcomes for most prisoners were very good. Most learners achieved level 1 vocational qualifications, and achievement rates for English and mathematics at entry level were good. At level 2, most vocational outcomes were good, but pass rates on a few courses required improvement. Achievements in English and mathematics required improvement at level 1. There were no significant gaps between the achievements of different groups of learners.

## Recommendation

**3.40 Outcomes for learners on English and mathematics courses at level 1 and vocational courses at level 2 should be improved.**

## Section 4. Rehabilitation and release planning

**Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.**

### Children and families and contact with the outside world

#### **Expected outcomes:**

**The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.**

- 4.1 In our survey, only 20% of prisoners said that they had been supported in maintaining contact with their family and friends while at the prison. With the exception of the Storybook Dads project (see paragraph 3.7), formal support with relationships was limited; there was no family support worker and no parenting/relationship course. However, a family support service was due to start in November 2017.
- 4.2 In our survey, 90% of prisoners said that they were able to access a telephone every day, and they were able to contact family and friends during evening association periods.
- 4.3 Staff in the visitors centre were polite and welcoming, and took time to explain the process to first-time visitors. The visits hall was large but did not have a supervised play area. The prison had recently established a prisoner-run coffee shop serving a wide range of high-quality, reasonably priced items, which visitors appreciated. Visitors and prisoners said that staff in visits treated them with respect but were frustrated that visits did not start at the advertised time. This, combined with the practice of letting visitors into the prison in groups of 15, created anxiety among visitors, some of whom arrived very early to ensure that they were in the first group.
- 4.4 Family visits were held more regularly than at the time of the previous inspection, with a plan for monthly sessions over the next 12 months. These visits were well planned and staff made them enjoyable for all.
- 4.5 Visits could be booked by telephone or by email, and there was no backlog in the processing of emails. However, there continued to be a lack of visits capacity at weekends, which meant that these sessions were always booked up for several weeks in advance.

#### **Recommendation**

- 4.6 **Additional weekend visits should be provided.** (Repeated recommendation 4.38)

## Reducing risk, rehabilitation and progression

### Expected outcomes:

**Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.**

- 4.7** The establishment managed a long-term and high-risk population. Almost all prisoners (912 out of 1,014) were serving a custodial sentence of four years or more, and a quarter were serving either over 10 years or an indeterminate sentence. A third of them were assessed as presenting a high risk of harm in the community and 96 had been recalled to prison. The most common offence types involved drugs or violence.
- 4.8** The strategic management of reducing reoffending was weak. A survey of prisoners' views of their resettlement needs had been undertaken recently but there was not yet a more comprehensive analysis of needs using data from offender assessment system (OASys) assessments, P-Nomis (electronic case notes) or other sources.
- 4.9** The reducing reoffending strategy was about to be reviewed, and needed to be more specific to the needs of prisoners held at the establishment, rather than just being an overview of the resettlement pathways. Given the long-term and high-risk population, the strategy also needed to place offender management at the centre of the reducing reoffending work. An action plan had not been developed in order to monitor progress made against the strategy or set new priorities.
- 4.10** Allocation of offender management resources was being affected by the number of prisoners arriving from other prisons without an initial OASys assessment or sentence plan; in the previous six months, 230 prisoners had been sent to the establishment without these in place. Managers at the prison had dedicated local resources to the completion of this work, and the number of prisoners without an OASys assessment had reduced considerably over recent months. However, there were still about 85 men without one at the time of the inspection.
- 4.11** OASys assessments were rarely reviewed following a significant change or to inform the next steps in the prisoner's progression – for example, before awarding category D status.
- 4.12** In our survey, only 61% of prisoners said that they had a sentence plan. The quality of the OASys assessments and plans we saw was reasonably good, and most of those who had a plan said that they knew what they needed to do to achieve their targets.
- 4.13** The head of the offender management unit (OMU) had taken steps to improve communication with prisoners and raise the profile of offender management across the prison. This included the appointment of OMU prisoner representatives and the involvement of OMU staff in the prisoner induction process. However, these improvements were new, and during the inspection many prisoners complained to us about the lack of communication with their offender supervisor (see main recommendation S58).
- 4.14** We reviewed the cases of several prisoners due for release, and also of some who had been at the establishment for over a year. In most of the cases, there was too little recorded evidence of meaningful contact with offender supervisors aimed at promoting progression, even in some high risk of harm cases. In one case, there had been no contact for almost a year. Many prisoners we spoke to felt that contact had been too limited and some said that they did not always receive a response to their requests for contact. Only 30% of prisoners in our survey said that staff were helping them to achieve their sentence plan targets (see main recommendation S58). Cases managed by one of the three on-site probation officers



tended to receive a more focused and meaningful level of management, particularly concerning those facing parole board hearings.

- 4.15** We were particularly concerned about the lack of focus on risk management planning by community-based offender managers in preparation for release. In too many cases, the offender manager had not engaged with the prison to establish a robust risk management plan. For example, multi-agency public protection arrangements (MAPPA) management levels were unconfirmed in too many cases due for release and, despite some efforts by OMU staff, release plans were unclear even in the final days leading up to release. For example, in one high-risk case, the prisoner found out which approved premises he would be going to only on the day before his release; this limited his engagement in his own risk management planning (see main recommendation S58).
- 4.16** Offender supervisors did too little to engage the offender manager and the prisoner in risk management work during the last few months in custody. Their reports to MAPPA meetings were of a variable quality, with some not being detailed or analytical enough.
- 4.17** Screening for the need for public protection restrictions was undertaken promptly on arrival. However, several full assessments for contact with children had not been done on time. In one case, this meant that the prisoner had been unnecessarily denied access to his son for about three months.
- 4.18** The application of mail and telephone monitoring was sound, reviewed regularly and removed when evidence suggested that it was safe to do so. However, the role of the interdepartmental risk management team meeting was limited as it did not provide oversight of high risk of harm cases due for release, and attendance was poor.
- 4.19** The OMU worked hard to ensure that categorisation reviews were completed on time. However, the quality of these was variable, and poor in too many cases. The prisoner's own offender supervisor did not always carry out the review, which potentially limited the level of knowledge about the prisoner. Many of the reviews lacked a meaningful analysis of changes in the risks posed. The prisoner was not fully engaged in the process, other than having the opportunity to submit a written report. Neither the offender supervisor nor the prisoner was routinely invited to attend the board hearing, which further limited engagement and understanding.
- 4.20** Some prisoners were not granted category D status because they had not been able to get a place on an accredited offending behaviour programme (the thinking skills programme (TSP) or Resolve) as a result of the very small number of places provided (see section on interventions), which led to huge frustration for many.

## Recommendations

- 4.21 All prisoners arriving at the establishment should have an up-to-date offender assessment system (OASys) assessment and sentence plan.**
- 4.22 The interdepartmental risk management team should provide oversight of high-risk cases due for release, to promote high-quality multi-agency risk management planning.**
- 4.23 The quality of recategorisation reviews should be improved, including more comprehensive risk assessments.**

## Interventions

### Expected outcomes:

**Prisoners are able to access interventions designed to promote successful rehabilitation.**

- 4.24** Two accredited offending behaviour programmes (TSP and Resolve) were delivered by a small team of staff. 'Building Skills for Recovery' was no longer available, having ended with the change in health care provider (see also paragraph 2.86).
- 4.25** The small programmes team had only been set up in the current year, and was still developing. There were far fewer programme places than at the time of the previous inspection, with only 36 places commissioned in the current financial year and only 45 estimated for the following year. With such a large population of eligible prisoners, the number of programme places was far too small to meet need. As a result, waiting lists were far longer than at the time of the previous inspection. Many prisoners did not get a place before their release and many others found it hard to demonstrate progression towards category D status or parole.
- 4.26** There was no domestic violence perpetrator programme and little victim awareness work. There was too little evidence of one-to-one work with offender supervisors, although psychologists completed some structured work when requested by the parole board.
- 4.27** There was some support with finance and debt problems, such as setting up repayment plans or attending a money management course delivered by Novus. However, prisoners were unable to set up benefit claims before release, which was a significant gap, and, despite efforts, bank accounts beyond a basic credit union account were not yet available.
- 4.28** Prisoners could access help with rent arrears on arrival at the establishment. However, the lack of accommodation for prisoners on release was a serious concern, and at least a quarter of men had been released homeless in the previous six months, with some of the others going to temporary provision. The resettlement workers tried to signpost prisoners to help on release or register them with housing providers but this often proved difficult, resulting in them having to report to the local authority as homeless on release.

## Recommendations

- 4.29 The number of accredited offending behaviour programme places provided should be increased, to address the substantial shortfall in need.**
- 4.30 Prisoners should be able to set up benefit claims before release, and prisoners should be able to open a conventional bank account.**

## Release planning

### Expected outcomes:

**The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.**

- 4.31** As at the time of the previous inspection, Lindholme was not a dedicated resettlement prison and did not have the services of a dedicated community rehabilitation company (CRC) to support prisoners' resettlement. Most prisoners being released locally were transferred to HMP Moorland to access resettlement help. However, there were difficulties in transferring those from further afield to the resettlement prison in their own release area. This was due to the lack of places in those prisons, difficulty in securing escort transport for individual prisoners, and prisoners being under threat from others at that prison. As a result, the establishment was still releasing about 20 men a month, and about a third of these presented a high risk of harm. In the previous six months, all of the prisoners released had gone to areas beyond the local area.
- 4.32** To overcome this gap, in July 2017 the governor had bought in resettlement provision. This provision was flexible and benefited from being outside the restrictions of the standard CRC resettlement contract. This meant that the two resettlement workers could work with all prisoners being released, and were not limited in the amount of contact they could have with each prisoner. This enabled all prisoners to receive individualised support, irrespective of the area to which they were being released or who would manage them on release.
- 4.33** The two resettlement workers had a good process for identifying prisoners three months from release, and the level of engagement by prisoners was high. All prisoners now had their resettlement plan reviewed before release, which was a considerable improvement since the previous inspection.
- 4.34** The resettlement workers worked hard to signpost prisoners to others for help or to support them in addressing their own problems. However, insufficient attention was given to following up on outcomes.

### Recommendations

- 4.35** Prisoners from outside the local area should be able to move to the resettlement prison in their own release area, to access support in preparation for their release.
- 4.36** Resettlement staff should follow up on action taken, to ensure that positive outcomes are achieved; promote good risk management planning; and ensure that, alongside the offender supervisor, the offender manager has a clear risk management plan well ahead of the prisoner's release.

### Good practice

- 4.37** *Two resettlement workers had been bought in by the governor to bridge the gap in provision under the national model. The contract was flexible and enabled all prisoners to receive individualised support, irrespective of the area to which they were being released or who would manage them on release.*



# 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 There should be a whole-prison approach to drug supply and demand reduction. A dedicated action plan should be in place and the effectiveness of measures should be monitored constantly. (S55)
- 5.2 There should be sufficient regular and consistent GP provision to ensure that a full and safe service is provided, and all prisoners should be able to access routine appointments within two weeks. (S56)
- 5.3 Managers should be proactive in implementing effective systems for checking and monitoring health and safety in the workshops. (S57)
- 5.4 All prisoners should have regular and meaningful contact with their offender supervisor, to enable effective management of risk (particularly pre-release), promote progression and challenge offending behaviour. (S58)

## Recommendations

To HMPPS

### Reducing risk, rehabilitation and progression

- 5.5 All prisoners arriving at the establishment should have an up-to-date offender assessment system (OASys) assessment and sentence plan. (4.21)

### Release planning

- 5.6 Prisoners from outside the local area should be able to move to the resettlement prison in their own release area, to access support in preparation for their release. (4.35)

## Recommendations

To the governor

### Early days in custody

- 5.7 The timetable for the full induction programme should be clearly displayed. (1.7)

### Managing behaviour

- 5.8 A comprehensive action plan, based on evidence from the monitoring and analysis of violent incidents, should be established, to address the underlying causes and further reduce the high levels of violence. (1.16)

- 5.9** The incentives and earned privileges scheme should be applied consistently, with timely reviews and a clear focus on incentivising good behaviour, through effective and consultative target setting. (1.17, repeated recommendation 1.35)
- 5.10** All adjudications should be heard and adjudicators should demonstrate sufficient enquiry before a finding of guilt. (1.22)
- 5.11** The increase in the number of use of force incidents should be explored, and action taken to reduce it. (1.27)
- 5.12** Data relating to segregated prisoners should be monitored and analysed locally, to identify trends and provide better quality assurance. (1.32)

### Security

- 5.13** Closed visits should be imposed only for visits-related activity. (1.40, repeated recommendation 1.30)
- 5.14** Mandatory and suspicion drug testing should be adequately resourced to undertake the full range of testing. (1.41, repeated recommendation 1.31)

### Safeguarding

- 5.15** Assessment, care in custody and teamwork (ACCT) reviews should be multidisciplinary and care maps should identify objectives to address all issues related to the risk of self-harm. (1.46)
- 5.16** The Listener suite should be available 24 hours a day. (1.47)
- 5.17** Staff should be trained in adult safeguarding, to improve their understanding of their responsibilities and increase their confidence in identifying safeguarding concerns. (1.51)

### Staff-prisoner relationships

- 5.18** The reasons for prisoners' much more negative perceptions of respectful treatment by staff should be explored and action taken to improve this. (2.4)
- 5.19** Electronic case note entries by staff, including personal officers, should be regular and meaningful. (2.5, repeated recommendation 2.13).

### Daily life

- 5.20** Cells should have lockable storage and all toilets should have a lid and adequate screening. (2.11)
- 5.21** Cell call bells should be answered within five minutes. (2.12)
- 5.22** Prisoners should be able to access their stored property within 14 days of their application. (2.13, repeated recommendation 2.9)
- 5.23** Breakfast packs should be enhanced and should be distributed on the morning they are to be eaten. (2.19, repeated recommendation 2.74)

- 5.24** Prisoners should be able to receive their first full shop order within a few days of arrival. (2.20, repeated recommendation 2.78)
- 5.25** Prisoners should be provided with a timely and helpful response to all applications. (2.26)

### Equality, diversity and faith

- 5.26** Equality monitoring should generate regular reports and cover all protected characteristics, to enable a thorough investigation of issues and address disproportionate access to the regime. (2.30)
- 5.27** All prisoners with disabilities should have their needs fully addressed, including the provision of care and evacuation plans for those who need them. (2.37, repeated recommendation 2.24)
- 5.28** Foreign national prisoners should have access to independent legal advice. (2.38)
- 5.29** Prisoner buddies and peer representatives should receive adequate supervision, training and support in their role. (2.39, repeated recommendation 2.25)

### Faith and religion

- 5.30** Chaplains should be issued with cell keys. (2.43)

### Health, well-being and social care

- 5.31** Effective and robust governance structures should be implemented, to ensure that all aspects of health delivery meet the needs of prisoners and are safe, and that lessons learned, including from service user feedback, drive improvement. (2.53)
- 5.32** All clinical areas, waiting rooms and facilities should comply with current infection prevention and control standards, and provide a decent environment. (2.54)
- 5.33** Prisoners should be able to raise complaints and concerns through a clear and well-understood system, and receive prompt replies that address all issues raised. (2.55)
- 5.34** Patients should have timely access to all primary care and secondary health services. (2.65)
- 5.35** Prisoners with mental health problems should have prompt access to a comprehensive range of one-to-one and group interventions that meet their individual needs and risks. (2.78)
- 5.36** Patients with significant mental health needs should only be cared for on the segregation unit in exceptional circumstances and for the shortest time possible, with regular recorded consideration of alternatives. (2.79)
- 5.37** Patients requiring transfer to hospital under the Mental Health Act should be assessed promptly and transferred within the current transfer guideline. (2.80)
- 5.38** Prisoners should have easy access to a range of high-intensity group interventions that meets their needs. (2.88)
- 5.39** All medicines should be supplied in a timely manner and be administered at clinically appropriate times, in line with current professional standards and guidance. (2.94)

- 5.40** Systems to prevent the diversion of prescribed medicines should be robust, including appropriate prescribing, effective officer supervision of medicines administration queues, and regular compliance checks. (2.95)
- 5.41** Surfaces in the dental suite should be clear of clutter and there should be an uninterrupted flow from dirty to clean. (2.98)

#### Education, skills and work activities

- 5.42** All prisoners should arrive promptly and be ready to start work or training activities at the start of sessions. (3.24, repeated recommendation 3.27)
- 5.43** Managers should ensure that consumable materials required for training are supplied in a timely manner, so that learners' progress is not impeded. (3.25)
- 5.44** Prisoners should achieve accreditation for the employability and work skills developed. (3.26)
- 5.45** Prisoners taking distance learning or Open University courses should have the opportunity to improve their academic writing and thinking skills. (3.27, repeated recommendation 3.16)
- 5.46** Teachers of classroom-based courses should develop a greater range of learning resources and methods. (3.33)
- 5.47** Prison instructors should effectively challenge prisoners' poor attitudes to work. (3.37)
- 5.48** Outcomes for learners on English and mathematics courses at level 1 and vocational courses at level 2 should be improved. (3.40)

#### Children and families and contact with the outside world

- 5.49** Additional weekend visits should be provided. (4.6, repeated recommendation 4.38)

#### Reducing risk, rehabilitation and progression

- 5.50** The interdepartmental risk management team should provide oversight of high-risk cases due for release, to promote high-quality multi-agency risk management planning. (4.22)
- 5.51** The quality of recategorisation reviews should be improved, including more comprehensive risk assessments. (4.23)

#### Interventions

- 5.52** The number of accredited offending behaviour programme places provided should be increased, to address the substantial shortfall in need. (4.29)
- 5.53** Prisoners should be able to set up benefit claims before release, and prisoners should be able to open a conventional bank account. (4.30)

#### Release planning

- 5.54** Resettlement staff should follow up on action taken, to ensure that positive outcomes are achieved; promote good risk management planning; and ensure that, alongside the offender



supervisor, the offender manager has a clear risk management plan well ahead of the prisoner's release. (4.36)

## Examples of good practice

### Managing behaviour

- 5.55** Self-isolating prisoners were managed on their own wing, with individual management plans drawn up for them, while allowing them a more integrated regime. (1.18)

### Equality, diversity and faith

- 5.56** The discrimination incident report form (DIRF) scrutiny panel was multidisciplinary and included prisoners. It provided good oversight of the investigations into DIRFs and ensured that poor practice was challenged and addressed. (2.31)

### Health, well-being and social care

- 5.57** The allocation of a dedicated nurse to lifelong condition clinics meant that all patients were identified and reviewed promptly. (2.66)

### Time out of cell

- 5.58** The gym was very equipped, well used by prisoners and provided a wide range of recreational and vocational activities. (3.11)

### Education, skills and work activities

- 5.59** Business development managers had been successful in increasing commercial activity at the prison, improving the quality of work available to prisoners. Some contracts had the potential to provide job opportunities for prisoners on release. (3.28)

### Release planning

- 5.60** Two resettlement workers had been bought in by the governor to bridge the gap in provision under the national model. The contract was flexible and enabled all prisoners to receive individualised support, irrespective of the area to which they were being released or who would manage them on release. (4.37)



## Section 6. Appendices

### Appendix I: Inspection team

Peter Clarke	Chief Inspector
Alison Perry	Team leader
Sandra Fieldhouse	Inspector
Andrew Rooke	Inspector
Angus Mulready-Jones	Inspector
Caroline Wright	Inspector
Ian Dickens	Inspector
Patricia Taflan	Researcher
Joe Simmonds	Researcher
Beth Wilson	Researcher
Tamara Al-Janabi	Senior Research Officer
Majella Pearce	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Nicola Carlisle	Pharmacist
Jo MacDonald	Care Quality Commission inspector
Lynda Day	Care Quality Commission inspector
Sean Bradley	Care Quality Commission inspector
Stephen Oliver-Watts	Ofsted inspector
Dan Grant	Ofsted inspector
Ken Murray	Ofsted inspector
Martyn Griffiths	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. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

### Safety

#### **Prisoners, particularly the most vulnerable, are held safely.**

*At the last inspection, in 2016, reception was welcoming but support for new arrivals was inconsistent. Levels of violence had increased sharply and were high. Too many prisoners felt unsafe. Arrangements to identify and address violence were adequate but not enough was done to identify and support prisoners on normal location who felt unsafe. Suicide and self-harm processes were too variable. Security staff responded well to the significant threats presented by organised crime groups and drugs. Drugs were easily available; the use of new psychoactive substances was particularly problematic and put the safety of prisoners at risk. Managerial oversight of the use of force was good. The use of segregation had increased and reintegration planning was weak. Clinical care for those requiring substance misuse treatment were sound but there was too little focus on recovery. Outcomes for prisoners were poor against this healthy prison test.*

#### **Main recommendations**

Violence reduction management systems should establish and address the underlying causes of violence, particularly if they relate to drugs. Identified causes should be addressed with a prison-wide strategy to reduce violence. Perpetrators should be identified and managed, and victims should be supported. (S57)

##### **Partially achieved**

Vulnerable prisoners and victims of bullying should not be routinely segregated and isolated on normal location. They should have a support plan and access to association and activities, and their underlying safety issues should be addressed. (S57)

##### **Achieved**

#### **Recommendations**

First night procedures should ensure that accommodation is adequately prepared and include a private interview with a member of staff which addresses feelings of safety, and night staff should make themselves known to all new arrivals. (1.6)

##### **Achieved**

Prisoners who have to wait for induction should have access to essential information as they require it. (1.7)

##### **Achieved**

The quality of assessment, care in custody and teamwork (ACCT) assessment, planning and care should be improved and this should be reflected in the quality of case records. (1.18)

**Not achieved**

All staff should have up-to-date training in self-harm and suicide prevention. (1.19)

**Not achieved**

Action plans arising from death-in-custody investigations should be overseen by the safer custody meeting and their implementation kept under review to ensure that they are embedded in practice. (1.20)

**Achieved**

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

**Not achieved**

Closed visits should be imposed only for visits-related activity. (1.30)

**Not achieved** (recommendation repeated, 1.40)

Mandatory and suspicion drug testing should be adequately resourced to undertake the full range of testing. (1.31)

**Not achieved** (recommendation repeated, 1.41)

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

**Not achieved** (recommendation repeated, 1.17)

Use of force dossiers should always include officer reports and a completed F213 (injury to prisoner) form. (1.42)

**Achieved**

A formal reintegration and care planning process for segregated prisoners should be introduced. (1.47)

**Achieved**

An in-depth substance use needs analysis should be conducted to update the drug and alcohol strategy and develop substance use interventions of sufficient intensity and ease of access to meet the needs of the prison's population. (1.54)

**Partially achieved**

Treatment regimes for substance misuse should be more recovery focused, and prisoners should be offered increased support and coordinated care to enhance motivation and improve treatment outcomes. (1.55)

**Achieved**

## Respect

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

*At the last inspection, in 2016, external and communal areas were clean and the prison was well ordered. The older wings were in a poor state of repair and too many cells across the prison were grubby and had insufficient furniture. Access to showers and most basic essentials was reasonable. Staff–prisoner relationships were mostly good, particularly on the older wings. Diversity arrangements had improved and the needs of most prisoners with protected characteristics were met. Faith provision was reasonably good. The management of complaints had improved and was adequate. Health provision required improvement. The food provided was reasonable. Outcomes for prisoners were reasonably good against this healthy prison test.*

#### Main recommendation

Prisoners should have timely access to a GP, in line with community provision, and be able to attend all clinically necessary external hospital appointments; these should not be cancelled repeatedly owing to shortages of prison staff. (S59)

**Not achieved**

#### Recommendations

All cells should be clean and adequately furnished. (2.8)

**Not achieved**

Prisoners should be able to access their stored property within 14 days of their application. (2.9)

**Not achieved** (recommendation repeated, 2.13)

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

**Not achieved** (recommendation repeated, 2.5)

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

**Not achieved**

All prisoners with disabilities should have their needs fully addressed, including the provision of care and evacuation plans for those who need them. (2.24)

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

Prisoner buddies and peer representatives should receive adequate supervision, training and support in their role. (2.25)

**Not achieved** (recommendation repeated, 2.39)

Prisoners from L wing visiting the health centre should have access to a secure, comfortable waiting area. (2.42)

**No longer relevant**

Sufficient custodial staff should be trained in basic life support and know the location of automated external defibrillators, to ensure a prompt response to out-of-hours emergencies. (2.43)

**Partially achieved**

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

**Not achieved**

Waiting times for podiatry and physiotherapy services should be equivalent to those found in the community. (2.50)

**Not achieved**

Prisoners with chronic and complex diseases should have formal, good quality care plans. (2.51)

**Achieved**

Medication administration should be fully supervised by prison staff. (2.56)

**Not achieved**

In-possession risk assessments should be completed for every prisoner, with the reasons for any decision made being clearly documented. (2.57)

**Not achieved**

The introduction of patient group directions should be considered, to enable the legal supply of more potent medication by the pharmacist and/or nurse. (2.58)

**Achieved**

Appropriate arrangements to enable prisoners with mobility issues to access the dental suite should be introduced. (2.61)

**Achieved**

All dental equipment should be safe for use, with assurance provided by clear maintenance schedules and accessibility of contemporary safety certification. (2.62)

**Achieved**

The capacity of the primary mental health team should be expanded, to ensure that it meets the needs identified in the draft health needs assessment. (2.68)

**Not achieved**

The transfer of prisoners to external health care beds should be expedited and occur within Department of Health transfer target timescales. (2.69)

**Not achieved**

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

**Not achieved** (recommendation repeated, 2.19)

Prisoners should be able to receive their first full shop order within a few days of arrival. (2.78)

**Not achieved** (recommendation repeated, 2.20)

Prisoners should not be charged an administrative fee on catalogue orders. (2.79)

**Not achieved**



## Purposeful activity

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

*At the last inspection, in 2016, the amount of time unlocked was good for most, although association was cancelled regularly. The leadership of learning and skills and work was good, with a suitable focus on developing a working prison ethic. There were too few activity places for the population. Attendance was usually good but punctuality poor. The quality of teaching and learning was good. Prisoners behaved well, made good progress and achieved well. Library provision was good. An extensive range of vocational and recreational PE was provided. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Recommendations

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

**Not achieved**

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

**Partially achieved**

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

**Not achieved** (recommendation repeated, 3.27)

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

**Not achieved**

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

**Not achieved** (recommendation repeated, 3.24)

## 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 2016, the strategic management of resettlement was weak and the provision of resettlement services was inadequate. Effective offender management was undermined by staff shortages and a backlog of offender assessment system (OASys) assessments. Offender supervisor contact was often infrequent and the quality of assessments was inadequate, even in high risk of harm cases. Public protection measures were mostly sound. Prisoners often experienced considerable delays in transfers. In the absence of a local community resettlement company, resettlement provision was mixed but particularly poor for prisoners needing help with accommodation, and finance benefit and debt. Prisoners received good support in gaining work and training on release but work with children and families was underdeveloped. Outcomes for prisoners were poor against this healthy prison test.*

### Main recommendations

All prisoners should have a high-quality, up-to-date offender assessment system (OASys) assessment and regular and meaningful contact with their offender supervisor, to enable effective management of risk, promote progression and challenge offending behaviour. (S60)

**Not achieved**

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

**Achieved**

### Recommendations

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

**Not achieved**

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

**Achieved**

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

**Not achieved**

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

**Not achieved**

Additional weekend visits should be provided. (4.38)

**Not achieved** (recommendation repeated, 4.6)

## Appendix III: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	0	822	81.1
Recall	0	96	9.5
Convicted unsentenced	0	0	0.0
Remand	0	0	0.0
Civil prisoners	0	0	0.0
Detainees	0	0	0.0
Indeterminate sentence	0	96	9.5
<b>Total</b>	<b>0</b>	<b>1,014</b>	<b>1,014</b>

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	0	0.0
Less than six months	0	0	0.0
six months to less than 12 months	0	1	0.1
12 months to less than 2 years	0	7	0.7
2 years to less than 4 years	0	94	9.3
4 years to less than 10 years	0	660	65.1
10 years and over (not life)	0	131	12.9
ISPP (indeterminate sentence for public protection)	0	67	6.6
Life	0	54	5.3
<b>Total</b>		<b>1,014</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years	0	0.0
21 years to 29 years	387	38.2
30 years to 39 years	370	36.5
40 years to 49 years	175	17.3
50 years to 59 years	60	5.9
60 years to 69 years	19	1.9
70 plus years	3	0.3
Please state maximum age here:	77	
<b>Total</b>	<b>1,014</b>	<b>100</b>

Nationality	18–20-year-olds	21 and over	%
British	0	990	97.6
Foreign nationals	0	24	2.4
<b>Total</b>		<b>1,014</b>	<b>100</b>

<b>Security category</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Uncategorised unsentenced	0	0	0.0
Uncategorised sentenced	0	0	0.0
Category A	0	0	0.0
Category B	0	0	0.0
Category C	0	976	96.3
Category D	0	38	3.7
Other	0	0	0.0
<b>Total</b>		<b>1,014</b>	

<b>Ethnicity</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
<b>White</b>			
British	0	680	67.1
Irish	0	10	1.0
Gypsy/Irish Traveller	0	14	1.4
Other white	0	12	1.2
<b>Mixed</b>			
White and black Caribbean	0	42	4.1
White and black African	0	3	0.3
White and Asian	0	7	0.7
Other mixed	0	5	0.5
<b>Asian or Asian British</b>			
Indian	0	25	2.5
Pakistani	0	114	11.2
Bangladeshi	0	8	0.8
Chinese	0	0	0.0
Other Asian	0	17	1.7
<b>Black or black British</b>			
Caribbean	0	47	4.6
African	0	8	0.8
Other black	0	16	1.6
<b>Other ethnic group</b>			
Arab	0	0	0.0
Other ethnic group	0	5	0.5
Not stated	0	1	0.1
<b>Total</b>		<b>1,014</b>	<b>100</b>

Religion	18–20-year-olds	21 and over	%
Baptist	0	0	0.0
Church of England	0	180	17.8
Roman Catholic	0	182	17.9
Other Christian denominations	0	76	7.5
Muslim	0	225	22.2
Sikh	0	8	0.8
Hindu	0	1	0.1
Buddhist	0	19	1.9
Jewish	0	9	0.9
Other	0	13	1.3
No religion	0	301	29.7
<b>Total</b>		<b>1,014</b>	<b>100</b>

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

### Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0.0	103	10.2
1 month to 3 months	0	0.0	153	15.1
3 months to six months	0	0.0	193	19.0
six months to 1 year	0	0.0	261	25.7
1 year to 2 years	0	0.0	187	18.4
2 years to 4 years	0	0.0	96	9.5
4 years or more	0	0.0	21	2.1
<b>Total</b>			<b>1,014</b>	<b>100</b>

### Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0.0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	0	0.0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0.0	0	0.0
1 month to 3 months	0	0.0	0	0.0
3 months to six months	0	0.0	0	0.0
six months to 1 year	0	0.0	0	0.0
1 year to 2 years	0	0.0	0	0.0
2 years to 4 years	0	0.0	0	0.0
4 years or more	0	0.0	0	0.0
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>

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

# Appendix IV: Prisoner survey methodology and results

## Prisoner survey methodology

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HMIP researchers have developed a self-completion questionnaire to support HMIP Expectations. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express in their own words what they find most positive and negative about the prison.<sup>11</sup>

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016-17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

### Sampling

On the day of the survey, a stratified random sample is drawn by HMIP researchers from a P-Nomis prisoner population printout ordered by cell location. Using a power calculation, HMIP researchers calculate the minimum sample size required to ensure that the survey findings are representative of the entire population of the establishment.<sup>12</sup>

### Distributing and collecting questionnaires

HMIP researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent<sup>13</sup> to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity. Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

### Survey response

At the time of the survey on 18 September 2017, the prisoner population at HMP Lindholme was 1,014. Using the sampling method described above, questionnaires were distributed to 217 prisoners. We received a total of 181 completed questionnaires, a response rate of 83%. This included one questionnaire completed via face-to-face interview. Fourteen prisoners declined to participate in the survey and 22 questionnaires were either not returned at all, or returned blank.

<sup>11</sup> Qualitative analysis of these written comments is undertaken by HMIP researchers and used by inspectors.

<sup>12</sup> 95% confidence interval with a 7% margin of error. The formula assumes a 75% response rate (65% in open establishments).

<sup>13</sup> For further information about the ethical principles which underpin our survey methodology, please see 'Ethical principles for research activities' which can be downloaded from HMIP's website <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

## Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Lindholme. For the comparator analyses, each question was reformulated into a binary ‘yes/no’ format and affirmative responses compared.<sup>14</sup> Missing responses have been excluded from all analyses and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

### Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

#### **Responses from HMP Lindholme 2017 compared with those from other HMIP surveys<sup>15</sup>**

- Survey responses from HMP Lindholme in 2017 compared with survey responses from the most recent inspection at all other category C training prisons.
- Survey responses from HMP Lindholme in 2017 compared with survey responses from HMP Lindholme in 2016.

#### **Comparisons between different residential locations within HMP Lindholme 2017**

- Responses of prisoners on the older wings (A, B, C, D, E and F) compared with those from the rest of the establishment (G, J, K and L).

#### **Comparisons between sub-populations of prisoners within HMP Lindholme 2017**

- White prisoners’ responses compared with those of prisoners from black or minority ethnic groups.
- Muslim prisoners’ responses compared with those of non-Muslim prisoners.
- Disabled prisoners’ responses compared with those who do not have a disability.
- Responses of prisoners with mental health problems compared with those who do not have mental health problems.
- Responses of prisoners aged 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.<sup>16</sup>

In the comparator analyses, statistically significant<sup>17</sup> differences are indicated by shading. Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

<sup>14</sup> Using the Chi-square test (or Fisher’s exact test if there are fewer than five responses in a group).

<sup>15</sup> These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

<sup>16</sup> A minimum of 10 responses which must also represent at least 10% of the total response.

<sup>17</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing,  $p < 0.01$  is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.



## Survey summary

### Background information

<b>I.1</b>	<b>What wing or houseblock are you currently living on?</b>	
	A Wing	13 (7%)
	B Wing	11 (6%)
	C Wing	14 (8%)
	D Wing	12 (7%)
	E Wing	13 (7%)
	F Wing	11 (6%)
	G Wing	25 (14%)
	J Wing	36 (20%)
	K Wing	35 (19%)
	L Wing	8 (4%)
	Segregation	3 (2%)
<b>I.2</b>	<b>How old are you?</b>	
	Under 21	0 (0%)
	21 - 25	35 (20%)
	26 - 29	40 (22%)
	30 - 39	58 (32%)
	40 - 49	37 (21%)
	50 - 59	7 (4%)
	60 - 69	2 (1%)
	70 or over	0 (0%)
<b>I.3</b>	<b>What is your ethnic group?</b>	
	White - English/ Welsh/ Scottish/ Northern Irish/ British	114 (64%)
	White - Irish	0 (0%)
	White - Gypsy or Irish Traveller	3 (2%)
	White - any other White background	0 (0%)
	Mixed - White and Black Caribbean	4 (2%)
	Mixed - White and Black African	0 (0%)
	Mixed - White and Asian	4 (2%)
	Mixed - any other Mixed ethnic background	1 (1%)
	Asian/ Asian British - Indian	2 (1%)
	Asian/ Asian British - Pakistani	30 (17%)
	Asian/ Asian British - Bangladeshi	2 (1%)
	Asian/ Asian British - Chinese	0 (0%)
	Asian - any other Asian Background	0 (0%)
	Black/ Black British - Caribbean	8 (4%)
	Black/ Black British - African	3 (2%)
	Black - any other Black/ African/ Caribbean background	3 (2%)
	Arab	3 (2%)
	Any other ethnic group	1 (1%)
<b>I.4</b>	<b>How long have you been in this prison?</b>	
	Less than 6 months	39 (22%)
	6 months or more	138 (78%)

<b>1.5</b>	<b>Are you currently serving a sentence?</b>	
	Yes	154 (87%)
	Yes - on recall	23 (13%)
	No - on remand or awaiting sentence	0 (0%)
	No - immigration detainee	1 (1%)
<b>1.6</b>	<b>How long is your sentence?</b>	
	Less than 6 months	0 (0%)
	6 months to less than 1 year	3 (2%)
	1 year to less than 4 years	27 (15%)
	4 years to less than 10 years	102 (58%)
	10 years or more	24 (14%)
	IPP (indeterminate sentence for public protection)	13 (7%)
	Life	7 (4%)
	Not currently serving a sentence	1 (1%)

### Arrival and reception

<b>2.1</b>	<b>Were you given up-to-date information about this prison before you came here?</b>	
	Yes	23 (13%)
	No	144 (81%)
	Don't remember	11 (6%)
<b>2.2</b>	<b>When you arrived at this prison, how long did you spend in reception?</b>	
	Less than 2 hours	87 (49%)
	2 hours or more	85 (48%)
	Don't remember	5 (3%)
<b>2.3</b>	<b>When you were searched in reception, was this done in a respectful way?</b>	
	Yes	147 (84%)
	No	19 (11%)
	Don't remember	10 (6%)
<b>2.4</b>	<b>Overall, how were you treated in reception?</b>	
	Very well	46 (26%)
	Quite well	109 (61%)
	Quite badly	15 (8%)
	Very badly	5 (3%)
	Don't remember	3 (2%)

<b>2.5</b>	<b>When you first arrived here, did you have any of the following problems?</b>	
	Problems getting phone numbers	65 (37%)
	Contacting family	50 (28%)
	Arranging care for children or other dependants	1 (1%)
	Contacting employers	2 (1%)
	Money worries	26 (15%)
	Housing worries	12 (7%)
	Feeling depressed	45 (25%)
	Feeling suicidal	11 (6%)
	Other mental health problems	36 (20%)
	Physical health problems	31 (18%)
	Drug or alcohol problems (e.g. withdrawal)	26 (15%)
	Problems getting medication	55 (31%)
	Needing protection from other prisoners	10 (6%)
	Lost or delayed property	48 (27%)
	Other problems	18 (10%)
	Did not have any problems	36 (20%)
<b>2.6</b>	<b>Did staff help you to deal with these problems when you first arrived?</b>	
	Yes	38 (22%)
	No	98 (57%)
	Did not have any problems when I first arrived	36 (21%)

### First night and induction

<b>3.1</b>	<b>Before you were locked up on your first night here, were you offered any of the following things?</b>			
	Tobacco or nicotine replacement	146 (83%)		
	Toiletries / other basic items	62 (35%)		
	A shower	74 (42%)		
	A free phone call	54 (31%)		
	Something to eat	122 (69%)		
	The chance to see someone from health care	95 (54%)		
	The chance to talk to a Listener or Samaritans	38 (22%)		
	Support from another prisoner (e.g. Insider or buddy)	29 (16%)		
	Wasn't offered any of these things	9 (5%)		
<b>3.2</b>	<b>On your first night in this prison, how clean or dirty was your cell?</b>			
	Very clean	5 (3%)		
	Quite clean	38 (21%)		
	Quite dirty	42 (24%)		
	Very dirty	90 (51%)		
	Don't remember	2 (1%)		
<b>3.3</b>	<b>Did you feel safe on your first night here?</b>			
	Yes	133 (75%)		
	No	37 (21%)		
	Don't remember	7 (4%)		
<b>3.4</b>	<b>In your first few days here, did you get:</b>			
		Yes	No	Don't remember
	Access to the prison shop / canteen?	53 (31%)	114 (67%)	4 (2%)
	Free PIN phone credit?	82 (49%)	82 (49%)	5 (3%)
	Numbers put on your PIN phone?	61 (37%)	103 (62%)	3 (2%)

<b>3.5</b>	<b>Did your induction cover everything you needed to know about this prison?</b>	
	Yes	74 (42%)
	No	86 (49%)
	Have not had an induction	16 (9%)

### On the wing

<b>4.1</b>	<b>Are you in a cell on your own?</b>	
	Yes	106 (60%)
	No, I'm in a shared cell or dormitory	72 (40%)
<b>4.2</b>	<b>Is your cell call bell normally answered within 5 minutes?</b>	
	Yes	39 (22%)
	No	116 (66%)
	Don't know	8 (5%)
	Don't have a cell call bell	14 (8%)
<b>4.3</b>	<b>Please answer the following questions about the wing or houseblock you are currently living on:</b>	
		Yes      No      Don't know
	Do you normally have enough clean, suitable clothes for the week?	96 (55%)    75 (43%)    3 (2%)
	Can you shower every day?	169 (94%)    8 (4%)    2 (1%)
	Do you have clean sheets every week?	100 (57%)    71 (41%)    3 (2%)
	Do you get cell cleaning materials every week?	112 (65%)    58 (34%)    2 (1%)
	Is it normally quiet enough for you to relax or sleep at night?	114 (66%)    58 (33%)    2 (1%)
	Can you get your stored property if you need it?	27 (16%)    109 (63%)    38 (22%)
<b>4.4</b>	<b>Normally, how clean or dirty are the communal / shared areas of your wing or houseblock (landings, stairs, wing showers etc.)?</b>	
	Very clean	13 (7%)
	Quite clean	83 (46%)
	Quite dirty	51 (28%)
	Very dirty	32 (18%)

### Food and canteen

<b>5.1</b>	<b>What is the quality of food like in this prison?</b>	
	Very good	3 (2%)
	Quite good	29 (16%)
	Quite bad	67 (38%)
	Very bad	79 (44%)
<b>5.2</b>	<b>Do you get enough to eat at mealtimes?</b>	
	Always	8 (4%)
	Most of the time	36 (20%)
	Some of the time	79 (44%)
	Never	56 (31%)
<b>5.3</b>	<b>Does the shop / canteen sell the things that you need?</b>	
	Yes	68 (39%)
	No	102 (58%)
	Don't know	5 (3%)

## Relationships with staff

<b>6.1</b>	<b>Do most staff here treat you with respect?</b>	
	Yes	101 (57%)
	No	75 (43%)
<b>6.2</b>	<b>Are there any staff here you could turn to if you had a problem?</b>	
	Yes	115 (67%)
	No	57 (33%)
<b>6.3</b>	<b>In the last week, has any member of staff talked to you about how you are getting on?</b>	
	Yes	37 (21%)
	No	141 (79%)
<b>6.4</b>	<b>How helpful is your personal or named officer?</b>	
	Very helpful	25 (14%)
	Quite helpful	35 (20%)
	Not very helpful	23 (13%)
	Not at all helpful	29 (16%)
	Don't know	47 (27%)
	Don't have a personal / named officer	17 (10%)
<b>6.5</b>	<b>How often do you see prison governors, directors or senior managers talking to prisoners?</b>	
	Regularly	10 (6%)
	Sometimes	40 (23%)
	Hardly ever	115 (65%)
	Don't know	11 (6%)
<b>6.6</b>	<b>Do you feel that you are treated as an individual in this prison?</b>	
	Yes	56 (32%)
	No	117 (68%)
<b>6.7</b>	<b>Are prisoners here consulted about things like food, canteen, health care or wing issues?</b>	
	Yes, and things sometimes change	20 (11%)
	Yes, but things don't change	57 (32%)
	No	84 (48%)
	Don't know	15 (9%)

## Faith

<b>7.1</b>	<b>What is your religion?</b>	
	No religion	57 (33%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	56 (32%)
	Buddhist	4 (2%)
	Hindu	0 (0%)
	Jewish	2 (1%)
	Muslim	47 (27%)
	Sikh	1 (1%)
	Other	8 (5%)

<b>7.2</b>	<b>Are your religious beliefs respected here?</b>	
	Yes	72 (42%)
	No	26 (15%)
	Don't know	18 (10%)
	Not applicable (no religion)	57 (33%)
<b>7.3</b>	<b>Are you able to speak to a Chaplain of your faith in private, if you want to?</b>	
	Yes	72 (41%)
	No	15 (9%)
	Don't know	31 (18%)
	Not applicable (no religion)	57 (33%)
<b>7.4</b>	<b>Are you able to attend religious services, if you want to?</b>	
	Yes	107 (61%)
	No	8 (5%)
	Don't know	2 (1%)
	Not applicable (no religion)	57 (33%)

### Contact with family and friends

<b>8.1</b>	<b>Have staff here encouraged you to keep in touch with your family / friends?</b>	
	Yes	35 (20%)
	No	141 (80%)
<b>8.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes	111 (64%)
	No	63 (36%)
<b>8.3</b>	<b>Are you able to use a phone every day (if you have credit)?</b>	
	Yes	157 (90%)
	No	17 (10%)
<b>8.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	Very easy	11 (6%)
	Quite easy	45 (26%)
	Quite difficult	72 (41%)
	Very difficult	43 (24%)
	Don't know	5 (3%)
<b>8.5</b>	<b>How often do you have visits from family or friends?</b>	
	More than once a week	4 (2%)
	About once a week	18 (10%)
	Less than once a week	92 (53%)
	Not applicable (don't get visits)	58 (34%)
<b>8.6</b>	<b>Do visits usually start and finish on time?</b>	
	Yes	30 (27%)
	No	83 (73%)
<b>8.7</b>	<b>Are your visitors usually treated respectfully by staff?</b>	
	Yes	73 (66%)
	No	37 (34%)

**Time out of cell**

<b>9.1</b>	<b>Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?</b>	
	Yes, and these times are usually kept to	67 (38%)
	Yes, but these times are not usually kept to	99 (56%)
	No	12 (7%)
<b>9.2</b>	<b>How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?</b>	
	Less than 2 hours	42 (24%)
	2 to 6 hours	49 (28%)
	6 to 10 hours	58 (34%)
	10 hours or more	12 (7%)
	Don't know	11 (6%)
<b>9.3</b>	<b>How long do you usually spend out of your cell on a typical Saturday or Sunday?</b>	
	Less than 2 hours	28 (16%)
	2 to 6 hours	120 (68%)
	6 to 10 hours	15 (9%)
	10 hours or more	7 (4%)
	Don't know	6 (3%)
<b>9.4</b>	<b>How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?</b>	
	None	10 (6%)
	1 or 2	20 (11%)
	3 to 5	40 (23%)
	More than 5	100 (57%)
	Don't know	6 (3%)
<b>9.5</b>	<b>How many days in a typical week do you get association, if you want it?</b>	
	None	0 (0%)
	1 or 2	3 (2%)
	3 to 5	33 (19%)
	More than 5	137 (77%)
	Don't know	5 (3%)
<b>9.6</b>	<b>How many days in a typical week could you go outside for exercise, if you wanted to?</b>	
	None	4 (2%)
	1 or 2	7 (4%)
	3 to 5	31 (18%)
	More than 5	131 (74%)
	Don't know	4 (2%)
<b>9.7</b>	<b>Typically, how often do you go to the gym?</b>	
	Twice a week or more	114 (66%)
	About once a week	17 (10%)
	Less than once a week	11 (6%)
	Never	32 (18%)
<b>9.8</b>	<b>Typically, how often do you go to the library?</b>	
	Twice a week or more	19 (11%)
	About once a week	100 (57%)
	Less than once a week	31 (18%)
	Never	26 (15%)

<b>9.9</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>	
	Yes	76 (46%)
	No	64 (39%)
	Don't use the library	26 (16%)

### Applications, complaints and legal rights

<b>10.1</b>	<b>Is it easy for you to make an application?</b>			
	Yes			117 (66%)
	No			56 (32%)
	Don't know			3 (2%)
<b>10.2</b>	<b>If you have made any applications here, please answer the questions below:</b>			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	39 (24%)	111 (68%)	13 (8%)
	Are applications usually dealt with within 7 days?	14 (8%)	142 (84%)	13 (8%)
<b>10.3</b>	<b>Is it easy for you to make a complaint?</b>			
	Yes			113 (65%)
	No			41 (24%)
	Don't know			20 (11%)
<b>10.4</b>	<b>If you have made any complaints here, please answer the questions below:</b>			
		Yes	No	Not made any complaints
	Are complaints usually dealt with fairly?	21 (13%)	111 (69%)	29 (18%)
	Are complaints usually dealt with within 7 days?	11 (7%)	119 (75%)	29 (18%)
<b>10.5</b>	<b>Have you ever been prevented from making a complaint here when you wanted to?</b>			
	Yes			43 (25%)
	No			107 (63%)
	Not wanted to make a complaint			19 (11%)
<b>10.6</b>	<b>In this prison, is it easy or difficult for you to...</b>			
		Easy	Difficult	Don't know Don't need this
	Communicate with your solicitor or legal representative?	54 (32%)	71 (42%)	25 (15%) 18 (11%)
	Attend legal visits?	67 (40%)	31 (18%)	49 (29%) 21 (13%)
	Get bail information?	18 (11%)	32 (20%)	67 (42%) 44 (27%)
<b>10.7</b>	<b>Have staff here ever opened letters from your solicitor or legal representative when you were not present?</b>			
	Yes			98 (59%)
	No			42 (25%)
	Not had any legal letters			26 (16%)



**Health care**

<b>11.1</b>	<b>How easy or difficult is it to see the following people?</b>					
		Very easy	Quite easy	Quite difficult	Very difficult	Don't know
	Doctor	3 (2%)	14 (8%)	28 (16%)	119 (69%)	8 (5%)
	Nurse	4 (2%)	43 (25%)	60 (35%)	55 (32%)	8 (5%)
	Dentist	0 (0%)	13 (8%)	37 (22%)	107 (63%)	12 (7%)
	Mental health workers	3 (2%)	20 (12%)	28 (16%)	70 (41%)	49 (29%)
<b>11.2</b>	<b>What do you think of the quality of the health service from the following people?</b>					
		Very good	Quite good	Quite bad	Very bad	Don't know
	Doctor	8 (5%)	25 (15%)	24 (15%)	78 (48%)	28 (17%)
	Nurse	10 (6%)	45 (27%)	40 (24%)	55 (33%)	15 (9%)
	Dentist	9 (6%)	35 (22%)	26 (16%)	57 (35%)	35 (22%)
	Mental health workers	10 (6%)	16 (10%)	22 (13%)	42 (25%)	75 (45%)
<b>11.3</b>	<b>Do you have any mental health problems?</b>					
	Yes					69 (40%)
	No					104 (60%)
<b>11.4</b>	<b>Have you been helped with your mental health problems in this prison?</b>					
	Yes					22 (13%)
	No					45 (26%)
	Don't have any mental health problems					104 (61%)
<b>11.5</b>	<b>What do you think of the overall quality of the health services here?</b>					
	Very good					4 (2%)
	Quite good					19 (11%)
	Quite bad					42 (25%)
	Very bad					91 (54%)
	Don't know					13 (8%)

**Other support needs**

<b>12.1</b>	<b>Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?</b>		
	Yes		62 (36%)
	No		110 (64%)
<b>12.2</b>	<b>If you have a disability, are you getting the support you need?</b>		
	Yes		9 (5%)
	No		50 (30%)
	Don't have a disability		110 (65%)
<b>12.3</b>	<b>Have you been on an ACCT in this prison?</b>		
	Yes		25 (15%)
	No		144 (85%)
<b>12.4</b>	<b>If you have been on an ACCT in this prison, did you feel cared for by staff?</b>		
	Yes		6 (4%)
	No		17 (10%)
	Have not been on an ACCT in this prison		144 (86%)

<b>12.5</b>	<b>How easy or difficult is it for you to speak to a Listener, if you need to?</b>	
	Very easy	26 (15%)
	Quite easy	53 (31%)
	Quite difficult	11 (6%)
	Very difficult	8 (5%)
	Don't know	69 (41%)
	No Listeners at this prison	3 (2%)

### Alcohol and drugs

<b>13.1</b>	<b>Did you have an alcohol problem when you came into this prison?</b>	
	Yes	24 (14%)
	No	148 (86%)
<b>13.2</b>	<b>Have you been helped with your alcohol problem in this prison?</b>	
	Yes	11 (6%)
	No	12 (7%)
	Did not / do not have an alcohol problem	148 (87%)
<b>13.3</b>	<b>Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes	52 (30%)
	No	119 (70%)
<b>13.4</b>	<b>Have you developed a problem with illicit drugs since you have been in this prison?</b>	
	Yes	46 (27%)
	No	125 (73%)
<b>13.5</b>	<b>Have you developed a problem with taking medication not prescribed to you since you have been in this prison?</b>	
	Yes	29 (17%)
	No	141 (83%)
<b>13.6</b>	<b>Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes	23 (14%)
	No	40 (25%)
	Did not / do not have a drug problem	99 (61%)
<b>13.7</b>	<b>Is it easy or difficult to get illicit drugs in this prison?</b>	
	Very easy	90 (54%)
	Quite easy	24 (14%)
	Quite difficult	0 (0%)
	Very difficult	3 (2%)
	Don't know	50 (30%)
<b>13.8</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy	47 (28%)
	Quite easy	35 (21%)
	Quite difficult	12 (7%)
	Very difficult	3 (2%)
	Don't know	71 (42%)

**Safety**

<b>14.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes	83 (48%)
	No	90 (52%)
<b>14.2</b>	<b>Do you feel unsafe now?</b>	
	Yes	43 (26%)
	No	125 (74%)
<b>14.3</b>	<b>Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply.)</b>	
	Verbal abuse	66 (41%)
	Threats or intimidation	60 (37%)
	Physical assault	27 (17%)
	Sexual assault	1 (1%)
	Theft of canteen or property	43 (27%)
	Other bullying / victimisation	35 (22%)
	Not experienced any of these from prisoners here	79 (49%)
<b>14.4</b>	<b>If you were being bullied / victimised by other prisoners here, would you report it?</b>	
	Yes	47 (29%)
	No	114 (71%)
<b>14.5</b>	<b>Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply.)</b>	
	Verbal abuse	57 (35%)
	Threats or intimidation	43 (26%)
	Physical assault	13 (8%)
	Sexual assault	1 (1%)
	Theft of canteen or property	10 (6%)
	Other bullying / victimisation	35 (21%)
	Not experienced any of these from staff here	88 (54%)
<b>14.6</b>	<b>If you were being bullied / victimised by staff here, would you report it?</b>	
	Yes	80 (48%)
	No	85 (52%)

**Behaviour management**

<b>15.1</b>	<b>Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?</b>	
	Yes	39 (23%)
	No	100 (60%)
	Don't know what the incentives / rewards are	29 (17%)
<b>15.2</b>	<b>Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?</b>	
	Yes	50 (29%)
	No	95 (56%)
	Don't know	23 (14%)
	Don't know what this is	2 (1%)

<b>15.3</b>	<b>Have you been physically restrained by staff in this prison in the last 6 months?</b>		
	Yes		15 (9%)
	No		157 (91%)
<b>15.4</b>	<b>If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?</b>		
	Yes		1 (1%)
	No		14 (8%)
	Don't remember		0 (0%)
	Not been restrained here in last 6 months		157 (91%)
<b>15.5</b>	<b>Have you spent one or more nights in the segregation unit in this prison in the last 6 months?</b>		
	Yes		11 (7%)
	No		156 (93%)
<b>15.6</b>	<b>If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:</b>		
		Yes	No
	Were you treated well by segregation staff?	6 (67%)	3 (33%)
	Could you shower every day?	7 (78%)	2 (22%)
	Could you go outside for exercise every day?	9 (100%)	0 (0%)
	Could you use the phone every day (if you had credit)?	9 (100%)	0 (0%)

### Education, skills and work

<b>16.1</b>	<b>Is it easy or difficult to get into the following activities in this prison?</b>				
		Easy	Difficult	Don't know	Not available here
	Education	86 (53%)	32 (20%)	44 (27%)	0 (0%)
	Vocational or skills training	54 (34%)	62 (39%)	41 (26%)	0 (0%)
	Prison job	67 (41%)	75 (45%)	23 (14%)	0 (0%)
	Voluntary work outside of the prison	3 (2%)	37 (24%)	49 (32%)	65 (42%)
	Paid work outside of the prison	2 (1%)	37 (24%)	48 (31%)	69 (44%)
<b>16.2</b>	<b>If you have done any of these activities while in this prison, do you think they will help you on release?</b>				
		Yes, will help	No, won't help	Not done this	
	Education	69 (45%)	46 (30%)	39 (25%)	
	Vocational or skills training	83 (55%)	23 (15%)	46 (30%)	
	Prison job	55 (36%)	71 (46%)	28 (18%)	
	Voluntary work outside of the prison	29 (20%)	20 (14%)	94 (66%)	
	Paid work outside of the prison	31 (22%)	18 (13%)	94 (66%)	
<b>16.3</b>	<b>Do staff encourage you to attend education, training or work?</b>				
	Yes				92 (55%)
	No				70 (42%)
	Not applicable (e.g. if you are retired, sick or on remand)				6 (4%)

## Planning and progression

<b>17.1</b>	<b>Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)</b>			
	Yes			103 (61%)
	No			67 (39%)
<b>17.2</b>	<b>Do you understand what you need to do to achieve the objectives or targets in your custody plan?</b>			
	Yes			83 (81%)
	No			13 (13%)
	Don't know what my objectives or targets are			6 (6%)
<b>17.3</b>	<b>Are staff here supporting you to achieve your objectives or targets?</b>			
	Yes			31 (30%)
	No			65 (64%)
	Don't know what my objectives or targets are			6 (6%)
<b>17.4</b>	<b>If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?</b>			
		Yes, this helped	No, this didn't help	Not done / don't know
	Offending behaviour programmes	25 (26%)	16 (16%)	57 (58%)
	Other programmes	16 (17%)	17 (18%)	62 (65%)
	One to one work	17 (18%)	13 (14%)	66 (69%)
	Being on a specialist unit	5 (5%)	6 (6%)	82 (88%)
	ROTL - day or overnight release	2 (2%)	4 (4%)	87 (94%)

## Preparation for release

<b>18.1</b>	<b>Do you expect to be released in the next 3 months?</b>		
	Yes		12 (7%)
	No		148 (87%)
	Don't know		10 (6%)
<b>18.2</b>	<b>How close is this prison to your home area or intended release address?</b>		
	Very near		1 (8%)
	Quite near		3 (25%)
	Quite far		6 (50%)
	Very far		2 (17%)
<b>18.3</b>	<b>Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?</b>		
	Yes		5 (42%)
	No		7 (58%)

**18.4 Are you getting help to sort out the following things for when you are released?**

	Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
Finding accommodation	3 (25%)	8 (67%)	1 (8%)
Getting employment	2 (17%)	8 (67%)	2 (17%)
Setting up education or training	3 (27%)	6 (55%)	2 (18%)
Arranging benefits	2 (17%)	9 (75%)	1 (8%)
Sorting out finances	2 (18%)	8 (73%)	1 (9%)
Support for drug or alcohol problems	4 (36%)	5 (45%)	2 (18%)
Health / mental health support	4 (33%)	6 (50%)	2 (17%)
Social care support	3 (25%)	6 (50%)	3 (25%)
Getting back in touch with family or friends	3 (25%)	6 (50%)	3 (25%)

**More about you****19.1 Do you have children under the age of 18?**

Yes	92 (55%)
No	75 (45%)

**19.2 Are you a UK / British citizen?**

Yes	166 (98%)
No	3 (2%)

**19.3 Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?**

Yes	5 (3%)
No	163 (97%)

**19.4 Have you ever been in the armed services (e.g. army, navy, air force)?**

Yes	5 (3%)
No	163 (97%)

**19.5 What is your gender?**

Male	169 (100%)
Female	0 (0%)
Non-binary	0 (0%)
Other	0 (0%)

**19.6 How would you describe your sexual orientation?**

Straight / heterosexual	168 (99%)
Gay / lesbian / homosexual	1 (1%)
Bisexual	0 (0%)
Other	0 (0%)

**19.7 Do you identify as transgender or transsexual?**

Yes	4 (2%)
No	161 (98%)

**Final questions about this prison****20.1 Do you think your experiences in this prison have made you more or less likely to offend in the future?**

More likely to offend	19 (12%)
Less likely to offend	73 (44%)
Made no difference	73 (44%)

## HMP Lindholme 2017

### Survey responses compared with those from other HMIP surveys of Category C Training prisons and with those from the previous survey

In this table summary statistics from HMP Lindholme 2017 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other category C training prisons (38 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.
- Summary statistics from HMP Lindholme in 2017 are compared with those from HMP Lindholme in 2016. Please note that we do not have comparable data for the new questions introduced in September 2017.

Shading is used to indicate statistical significance\*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

#### Number of completed questionnaires returned

HMP Lindholme 2017	All other category C training prisons	HMP Lindholme 2017	HMP Lindholme 2016
<b>181</b>	<b>6,511</b>	<b>181</b>	<b>171</b>

The number of valid responses to each question is provided e.g. n=167

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	n=179	0%	3%	0%	1%
	Are you 25 years of age or younger?	n=179	20%		20%	
	Are you 50 years of age or older?	n=179	5%	18%	5%	6%
	Are you 70 years of age or older?	n=179	0%	2%	0%	0%
1.3	Are you from a minority ethnic group?	n=178	34%	26%	34%	22%
1.4	Have you been in this prison for less than 6 months?	n=177	22%		22%	
1.5	Are you currently serving a sentence?	n=178	99%	100%	99%	100%
	Are you on recall?	n=178	13%	8%	13%	11%
1.6	Is your sentence less than 12 months?	n=177	2%	6%	2%	2%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	n=177	7%	8%	7%	11%
7.1	Are you Muslim?	n=175	27%	13%	27%	17%
11.3	Do you have any mental health problems?	n=173	40%		40%	
12.1	Do you consider yourself to have a disability?	n=172	36%	23%	36%	24%
19.1	Do you have any children under the age of 18?	n=167	55%	49%	55%	56%
19.2	Are you a foreign national?	n=169	2%	12%	2%	2%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	n=168	3%	4%	3%	3%
19.4	Have you ever been in the armed services?	n=168	3%	7%	3%	2%
19.5	Is your gender female or non-binary?	n=169	0%		0%	
19.6	Are you homosexual, bisexual or other sexual orientation?	n=169	1%	4%	1%	2%
19.7	Do you identify as transgender or transsexual?	n=165	2%		2%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	n=178	13%		13%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	n=177	49%	55%	49%	49%
2.3	When you were searched in reception, was this done in a respectful way?	n=176	84%	86%	84%	87%
2.4	Overall, were you treated very / quite well in reception?	n=178	87%		87%	



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	HMP Lindholme 2017	All other category C training prisons	HMP Lindholme 2017	HMP Lindholme 2016
<b>Number of completed questionnaires returned</b>	181	6,511	181	171

The number of valid responses to each question is provided e.g. n=167

2.5	When you first arrived, did you have any problems?	n=177	80%	62%	80%	68%
2.5	Did you have problems with:					
	- Getting phone numbers?	n=177	37%	15%	37%	27%
	- Contacting family?	n=177	28%	18%	28%	22%
	- Arranging care for children or other dependents?	n=177	1%		1%	
	- Contacting employers?	n=177	1%	2%	1%	1%
	- Money worries?	n=177	15%	13%	15%	13%
	- Housing worries?	n=177	7%	13%	7%	10%
	- Feeling depressed?	n=177	25%		25%	
	- Feeling suicidal?	n=177	6%		6%	
	- Other mental health problems?	n=177	20%		20%	
	- Physical health problems	n=177	18%	14%	18%	13%
	- Drugs or alcohol (e.g. withdrawal)?	n=177	15%		15%	
	- Getting medication?	n=177	31%		31%	
	- Needing protection from other prisoners?	n=177	6%	5%	6%	4%
	- Lost or delayed property?	n=177	27%	20%	27%	22%
	<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	n=136	28%	36%	28%	35%
<b>FIRST NIGHT AND INDUCTION</b>						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	n=176	83%	68%	83%	89%
	- Toiletries / other basic items?	n=176	35%	51%	35%	37%
	- A shower?	n=176	42%	28%	42%	20%
	- A free phone call?	n=176	31%	40%	31%	29%
	- Something to eat?	n=176	69%	56%	69%	41%
	- The chance to see someone from health care?	n=176	54%	70%	54%	55%
	- The chance to talk to a Listener or Samaritans?	n=176	22%	35%	22%	24%
	- Support from another prisoner (e.g. Insider or buddy)?	n=176	17%		17%	
	- None of these?	n=176	5%		5%	
3.2	On your first night in this prison, was your cell very / quite clean?	n=177	24%		24%	
3.3	Did you feel safe on your first night here?	n=177	75%	79%	75%	78%
3.4	In your first few days here, did you get?					
	- Access to the prison shop / canteen?	n=171	31%	26%	31%	22%
	- Free PIN phone credit?	n=169	49%		49%	
	- Numbers put on your PIN phone?	n=167	37%		37%	
3.5	Have you had an induction at this prison?	n=176	91%	90%	91%	81%
	<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	n=160	46%		46%	

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<b>ON THE WING</b>						
4.1	Are you in a cell on your own?	n=178	60%		60%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=177	22%	34%	22%	26%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	n=174	55%	67%	55%	64%
	- Can you shower every day?	n=179	94%	87%	94%	86%
	- Do you have clean sheets every week?	n=174	58%	66%	58%	60%
	- Do you get cell cleaning materials every week?	n=172	65%	63%	65%	65%
	- Is it normally quiet enough for you to relax or sleep at night?	n=174	66%	69%	66%	71%
	- Can you get your stored property if you need it?	n=174	16%	24%	16%	15%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=179	54%		54%	
<b>FOOD AND CANTEEN</b>						
5.1	Is the quality of the food in this prison very / quite good?	n=178	18%		18%	
5.2	Do you get enough to eat at meal-times always / most of the time?	n=179	25%		25%	
5.3	Does the shop / canteen sell the things that you need?	n=175	39%	50%	39%	43%
<b>RELATIONSHIPS WITH STAFF</b>						
6.1	Do most staff here treat you with respect?	n=176	57%	79%	57%	85%
6.2	Are there any staff here you could turn to if you had a problem?	n=172	67%	73%	67%	75%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=178	21%	30%	21%	23%
6.4	Do you have a personal officer?	n=176	90%		90%	
	<i>For those who have a personal officer:</i>					
6.4	Is your personal or named officer very / quite helpful?	n=159	38%		38%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=176	6%		6%	
6.6	Do you feel that you are treated as an individual in this prison?	n=173	32%		32%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=176	44%		44%	
	If so, do things sometimes change?	n=77	26%		26%	
<b>FAITH</b>						
7.1	Do you have a religion?	n=175	67%	70%	67%	74%
	<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	n=116	62%		62%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=118	61%		61%	
7.4	Are you able to attend religious services, if you want to?	n=117	92%		92%	

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CONTACT WITH FAMILY AND FRIENDS						
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=176	20%		20%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=174	64%	42%	64%	55%
8.3	Are you able to use a phone every day (if you have credit)?	n=174	90%		90%	
8.4	Is it very / quite easy for your family and friends to get here?	n=176	32%		32%	
8.5	Do you get visits from family/friends once a week or more?	n=172	13%		13%	
<i>For those who get visits:</i>						
8.6	Do visits usually start and finish on time?	n=113	27%		27%	
8.7	Are your visitors usually treated respectfully by staff?	n=110	66%		66%	
TIME OUT OF CELL						
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=178	93%		93%	
<i>For those who know what the unlock and lock-up times are supposed to be:</i>						
9.1	Are these times usually kept to?	n=166	40%		40%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=172	24%	11%	24%	22%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=172	7%	17%	7%	17%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=176	16%		16%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=176	4%		4%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=176	57%		57%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=178	77%		77%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=177	74%		74%	
9.7	Do you typically go to the gym twice a week or more?	n=174	66%		66%	
9.8	Do you typically go to the library twice a week or more?	n=176	11%	11%	11%	4%
<i>For those who use the library:</i>						
9.9	Does the library have a wide enough range of materials to meet your needs?	n=140	54%	61%	54%	66%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS						
10.1	Is it easy for you to make an application?	n=176	67%	81%	67%	71%
<i>For those who have made an application:</i>						
10.2	Are applications usually dealt with fairly?	n=150	26%	57%	26%	38%
	Are applications usually dealt with within 7 days?	n=156	9%	40%	9%	14%
10.3	Is it easy for you to make a complaint?	n=174	65%	58%	65%	68%
<i>For those who have made a complaint:</i>						
10.4	Are complaints usually dealt with fairly?	n=132	16%	33%	16%	31%
	Are complaints usually dealt with within 7 days?	n=130	9%	28%	9%	14%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=150	29%		29%	

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\* less than 1% probability that the difference is due to chance

**Number of completed questionnaires returned**

HMP Lindholme 2017	All other category C training prisons	HMP Lindholme 2017	HMP Lindholme 2016
181	6,511	181	171

The number of valid responses to each question is provided e.g. n=167

<i>For those who need it, is it easy to:</i>					
10.6	Communicate with your solicitor or legal representative?	n=150	36%		36%
	Attend legal visits?	n=147	46%		46%
	Get bail information?	n=117	15%		15%
<i>For those who have had legal letters:</i>					
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=140	70%	49%	70% 64%
<b>HEALTH CARE</b>					
11.1	Is it very / quite easy to see:				
	- Doctor?	n=172	10%		10%
	- Nurse?	n=170	28%		28%
	- Dentist?	n=169	8%		8%
	- Mental health workers?	n=170	14%		14%
11.2	Do you think the quality of the health service is very / quite good from:				
	- Doctor?	n=163	20%		20%
	- Nurse?	n=165	33%		33%
	- Dentist?	n=162	27%		27%
	- Mental health workers?	n=165	16%		16%
11.3	Do you have any mental health problems?	n=173	40%		40%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	n=67	33%		33%
11.5	Do you think the overall quality of the health services here is very / quite good?	n=169	14%		14%
<b>OTHER SUPPORT NEEDS</b>					
12.1	Do you consider yourself to have a disability?	n=172	36%	23%	36% 24%
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	n=59	15%		15%
12.3	Have you been on an ACCT in this prison?	n=169	15%		15%
<i>For those who have been on an ACCT:</i>					
12.4	Did you feel cared for by staff?	n=23	26%		26%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=170	47%		47%
<b>ALCOHOL AND DRUGS</b>					
13.1	Did you have an alcohol problem when you came into this prison?	n=172	14%	16%	14% 19%
<i>For those who had / have an alcohol problem:</i>					
13.2	Have you been helped with your alcohol problem in this prison?	n=23	48%	63%	48% 50%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=171	30%	25%	30% 35%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=171	27%	11%	27% 20%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=170	17%		17%
<i>For those who had / have a drug problem:</i>					
13.6	Have you been helped with your drug problem in this prison?	n=63	37%	63%	37% 46%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=167	68%		68%
13.8	Is it very / quite easy to get alcohol in this prison?	n=168	49%		49%

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	HMP Lindholme 2017	All other category C training prisons	HMP Lindholme 2017	HMP Lindholme 2016
<b>Number of completed questionnaires returned</b>	<b>181</b>	<b>6,511</b>	<b>181</b>	<b>171</b>

The number of valid responses to each question is provided e.g. n=167

SAFETY						
14.1	Have you ever felt unsafe here?	n=173	48%	40%	48%	54%
14.2	Do you feel unsafe now?	n=168	26%	18%	26%	19%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	n=162	41%		41%	
	- Threats or intimidation?	n=162	37%		37%	
	- Physical assault?	n=162	17%		17%	
	- Sexual assault?	n=162	1%		1%	
	- Theft of canteen or property?	n=162	27%		27%	
	- Other bullying / victimisation?	n=162	22%		22%	
	- Not experienced any of these from prisoners here	n=162	49%	72%	49%	71%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=161	29%		29%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	n=163	35%		35%	
	- Threats or intimidation?	n=163	26%		26%	
	- Physical assault?	n=163	8%		8%	
	- Sexual assault?	n=163	1%		1%	
	- Theft of canteen or property?	n=163	6%		6%	
	- Other bullying / victimisation?	n=163	22%		22%	
	- Not experienced any of these from staff here	n=163	54%	73%	54%	71%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=165	49%		49%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=168	23%		23%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=170	29%		29%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=172	9%	9%	9%	11%
	<i>For those who have been restrained in the last 6 months:</i>					
15.4	Did anyone come and talk to you about it afterwards?	n=15	7%		7%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=167	7%	17%	7%	22%
	<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>					
15.6	Were you treated well by segregation staff?	n=9	67%		67%	
	Could you shower every day?	n=9	78%		78%	
	Could you go outside for exercise every day?	n=9	100%		100%	
	Could you use the phone every day (if you had credit)?	n=9	100%		100%	

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Number of completed questionnaires returned

HMP Lindholme 2017	All other category C training prisons	HMP Lindholme 2017	HMP Lindholme 2016
181	6,511	181	171

The number of valid responses to each question is provided e.g. n=167

EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education?	n=162	53%		53%
	- Vocational or skills training?	n=157	34%		34%
	- Prison job?	n=165	41%		41%
	- Voluntary work outside of the prison?	n=154	2%		2%
	- Paid work outside of the prison?	n=156	1%		1%
16.2	In this prison, have you done the following activities:				
	- Education?	n=154	75%	81%	75% 80%
	- Vocational or skills training?	n=152	70%	76%	70% 79%
	- Prison job?	n=154	82%	85%	82% 85%
	- Voluntary work outside of the prison?	n=143	34%		34%
	- Paid work outside of the prison?	n=143	34%		34%
<i>For those who have done the following activities, do you think they will help you on release:</i>					
	- Education?	n=115	60%	57%	60% 67%
	- Vocational or skills training?	n=106	78%	56%	78% 71%
	- Prison job?	n=126	44%	44%	44% 50%
	- Voluntary work outside of the prison?	n=49	59%		59%
	- Paid work outside of the prison?	n=49	63%		63%
16.3	Do staff encourage you to attend education, training or work?	n=162	57%		57%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	n=170	61%		61%
<i>For those who have a custody plan:</i>					
17.2	Do you understand what you need to do to achieve your objectives or targets?	n=102	81%		81%
17.3	Are staff helping you to achieve your objectives or targets?	n=102	30%		30%
17.4	In this prison, have you done:				
	- Offending behaviour programmes?	n=98	42%		42%
	- Other programmes?	n=95	35%		35%
	- One to one work?	n=96	31%		31%
	- Been on a specialist unit?	n=93	12%		12%
	- ROTL - day or overnight release?	n=93	7%		7%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>					
	- Offending behaviour programmes?	n=41	61%		61%
	- Other programmes?	n=33	49%		49%
	- One to one work?	n=30	57%		57%
	- Being on a specialist unit?	n=11	46%		46%
	- ROTL - day or overnight release?	n=6	33%		33%

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	HMP Lindholme 2017	All other category C training prisons	HMP Lindholme 2017	HMP Lindholme 2016
<b>Number of completed questionnaires returned</b>	181	6,511	181	171

The number of valid responses to each question is provided e.g. n=167

PREPARATION FOR RELEASE				
18.1	Do you expect to be released in the next 3 months?	n=170	7%	
<i>For those who expect to be released in the next 3 months:</i>				
18.2	Is this prison very / quite near to your home area or intended release address?	n=12	33%	
18.3	Is anybody helping you to prepare for your release?	n=12	42%	
18.4	Do you need help to sort out the following for when you are released:			
	- Finding accommodation?	n=12	92%	
	- Getting employment?	n=12	83%	
	- Setting up education or training?	n=11	82%	
	- Arranging benefits?	n=12	92%	
	- Sorting out finances?	n=11	91%	
	- Support for drug or alcohol problems?	n=11	82%	
	- Health / mental Health support?	n=12	83%	
	- Social care support?	n=12	75%	
	- Getting back in touch with family or friends?	n=12	75%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:			
	- Finding accommodation?	n=11	27%	
	- Getting employment?	n=10	20%	
	- Setting up education or training?	n=9	33%	
	- Arranging benefits?	n=11	18%	
	- Sorting out finances?	n=10	20%	
	- Support for drug or alcohol problems?	n=9	44%	
	- Health / mental Health support?	n=10	40%	
	- Social care support?	n=9	33%	
	- Getting back in touch with family or friends?	n=9	33%	
FINAL QUESTION ABOUT THIS PRISON				
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=165	44%	

## HMP Lindholme 2017

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:  
 - White prisoners' responses are compared with those of prisoners from black or minority ethnic groups  
 - Muslim prisoners' responses are compared with those of non-Muslim prisoners  
 Please note that these analyses are based on summary data from selected survey questions only.

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**Number of completed questionnaires returned**

The number of valid responses to each question is provided e.g. n=167

		BME	White			Muslim	Non-Muslim
		61	117			47	128

		BME	White			Muslim	Non-Muslim
<b>DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION</b>							
1.2	Are you under 21 years of age?	n=177	0%	0%	n=173	0%	0%
	Are you 50 years of age or older?	n=177	5%	5%	n=173	4%	6%
1.3	Are you from a minority ethnic group?	n=172			n=172	96%	11%
7.1	Are you Muslim?	n=172	76%	2%	n=172		
11.3	Do you have any mental health problems?	n=170	21%	50%	n=170	22%	48%
12.1	Do you consider yourself to have a disability?	n=169	28%	41%	n=169	31%	39%
19.2	Are you a foreign national?	n=166	4%	1%	n=168	4%	1%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	n=166	2%	4%	n=167	2%	3%
<b>ARRIVAL AND RECEPTION</b>							
2.3	When you were searched in reception, was this done in a respectful way?	n=173	73%	89%	n=171	75%	87%
2.4	Overall, were you treated very / quite well in reception?	n=175	77%	92%	n=173	77%	91%
2.5	When you first arrived, did you have any problems?	n=174	80%	80%	n=171	83%	79%
<i>For those who had any problems when they first arrived:</i>							
2.6	Did staff help you to deal with these problems?	n=134	21%	32%	n=134	26%	27%
<b>FIRST NIGHT AND INDUCTION</b>							
3.3	Did you feel safe on your first night here?	n=174	70%	78%	n=171	64%	78%
3.5	Have you had an induction at this prison?	n=173	92%	90%	n=170	96%	90%
<i>For those who have had an induction:</i>							
3.5	Did your induction cover everything you needed to know about this prison?	n=157	41%	50%	n=155	40%	48%
<b>ON THE WING</b>							
4.2	Is your cell call bell normally answered within 5 minutes?	n=174	23%	22%	n=171	22%	22%
4.3	On the wing or houseblock you currently live on:						
	- Do you normally have enough clean, suitable clothes for the week?	n=171	55%	54%	n=172	60%	54%
	- Can you shower every day?	n=176	97%	93%	n=174	96%	94%
	- Do you have clean sheets every week?	n=172	54%	59%	n=170	54%	57%
	- Do you get cell cleaning materials every week?	n=170	59%	69%	n=168	55%	68%
	- Is it normally quiet enough for you to relax or sleep at night?	n=172	70%	63%	n=169	63%	68%
	- Can you get your stored property if you need it?	n=171	10%	19%	n=170	11%	18%



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Number of completed questionnaires returned

The number of valid responses to each question is provided e.g. n=167

BME	White	Muslim	Non-Muslim
61	117	47	128

FOOD AND CANTEEN							
5.2	Do you get enough to eat at meal-times always / most of the time?	n=176	20%	27%	n=174	17%	25%
5.3	Does the shop / canteen sell the things that you need?	n=172	28%	45%	n=170	34%	40%
RELATIONSHIPS WITH STAFF							
6.1	Do most staff here treat you with respect?	n=173	44%	64%	n=172	41%	62%
6.2	Are there any staff here you could turn to if you had a problem?	n=169	55%	73%	n=170	53%	72%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=175	13%	24%	n=174	13%	24%
6.6	Do you feel that you are treated as an individual in this prison?	n=170	33%	32%	n=169	36%	31%
FAITH							
<i>For those who have a religion:</i>							
7.2	Are your religious beliefs respected here?	n=114	64%	59%	n=116	63%	61%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=116	55%	65%	n=116	57%	63%
CONTACT WITH FAMILY AND FRIENDS							
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=173	14%	23%	n=174	15%	22%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=171	64%	63%	n=173	60%	65%
8.3	Are you able to use a phone every day (if you have credit)?	n=171	85%	94%	n=171	81%	94%
<i>For those who get visits:</i>							
8.7	Are your visitors usually treated respectfully by staff?	n=109	57%	73%	n=108	58%	69%
TIME OUT OF CELL							
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=169	26%	24%	n=169	32%	21%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=169	3%	9%	n=169	2%	9%
<i>For those who use the library:</i>							
9.9	Does the library have a wide enough range of materials to meet your needs?	n=137	43%	60%	n=139	54%	54%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS							
10.1	Is it easy for you to make an application?	n=173	50%	74%	n=173	49%	75%
<i>For those who have made an application:</i>							
10.2	Are applications usually dealt with fairly?	n=148	15%	31%	n=149	19%	29%
10.3	Is it easy for you to make a complaint?	n=171	58%	68%	n=172	57%	68%
<i>For those who have made a complaint:</i>							
10.4	Are complaints usually dealt with fairly?	n=130	10%	20%	n=132	11%	18%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=147	39%	24%	n=148	37%	26%

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**Number of completed questionnaires returned**

BME	White	Muslim	Non-Muslim
61	117	47	128

The number of valid responses to each question is provided e.g. n=167

HEALTH CARE							
11.1	Is it very / quite easy to see:						
	- Doctor?	n=169	5%	13%	n=169	4%	11%
	- Nurse?	n=167	17%	33%	n=168	22%	30%
	- Dentist?	n=166	5%	9%	n=167	7%	8%
	- Mental health workers?	n=167	7%	17%	n=168	7%	16%
<i>For those who have mental health problems:</i>							
11.4	Have you been helped with your mental health problems in this prison?	n=66	25%	33%	n=67	20%	35%
11.5	Do you think the overall quality of the health services here is very / quite good?	n=166	10%	16%	n=166	11%	15%
OTHER SUPPORT NEEDS							
<i>For those who have a disability:</i>							
12.2	Are you getting the support you need?	n=59	7%	18%	n=59	8%	17%
SAFETY							
14.1	Have you ever felt unsafe here?	n=170	49%	49%	n=170	56%	46%
14.2	Do you feel unsafe now?	n=165	30%	24%	n=165	34%	22%
14.3	Not experienced bullying / victimisation by other prisoners	n=159	47%	49%	n=159	42%	51%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=158	28%	30%	n=160	35%	27%
14.5	Not experienced bullying / victimisation by members of staff	n=161	48%	57%	n=163	46%	57%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=162	42%	51%	n=164	43%	50%
BEHAVIOUR MANAGEMENT							
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=165	35%	18%	n=167	34%	20%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=167	24%	32%	n=169	25%	31%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=169	7%	10%	n=170	7%	10%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=164	6%	7%	n=165	0%	9%
EDUCATION, SKILLS AND WORK							
16.3	Do staff encourage you to attend education, training or work?	n=159	59%	55%	n=160	56%	57%
PLANNING AND PROGRESSION							
17.1	Do you have a custody plan?	n=167	56%	62%	n=168	59%	62%
<i>For those who have a custody plan:</i>							
17.3	Are staff helping you to achieve your objectives or targets?	n=99	17%	36%	n=102	16%	35%
PREPARATION FOR RELEASE							
<i>For those who expect to be released in the next 3 months:</i>							
18.3	Is anybody helping you to prepare for your release?	n=12	0%	46%	n=12	0%	46%
FINAL QUESTION ABOUT THIS PRISON							
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=162	46%	44%	n=163	41%	46%

## HMP Lindholme 2017

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Disabled prisoners' responses are compared with those of prisoners who do not have a disability
- Responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems

Please note that these analyses are based on summary data from selected survey questions only.

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The number of valid responses to each question is provided e.g. n=167

		Have a disability	Do not have a disability			Mental health problems	No mental health problems
		62	110			69	104

<b>DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION</b>							
1.2	Are you under 21 years of age?	n=170	0%	0%	n=171	0%	0%
	Are you 50 years of age or older?	n=170	3%	7%	n=171	3%	7%
1.3	Are you from a minority ethnic group?	n=169	26%	38%	n=170	18%	45%
7.1	Are you Muslim?	n=169	23%	29%	n=170	15%	36%
11.3	Do you have any mental health problems?	n=172	77%	18%			
12.1	Do you consider yourself to have a disability?				n=172	71%	14%
19.2	Are you a foreign national?	n=167	3%	1%	n=168	2%	2%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	n=166	2%	4%	n=167	3%	3%
<b>ARRIVAL AND RECEPTION</b>							
2.3	When you were searched in reception, was this done in a respectful way?	n=167	80%	89%	n=168	85%	85%
2.4	Overall, were you treated very / quite well in reception?	n=169	86%	89%	n=170	87%	87%
2.5	When you first arrived, did you have any problems?	n=168	93%	73%	n=169	87%	76%
<i>For those who had any problems when they first arrived:</i>							
2.6	Did staff help you to deal with these problems?	n=130	29%	27%	n=130	24%	31%
<b>FIRST NIGHT AND INDUCTION</b>							
3.3	Did you feel safe on your first night here?	n=168	68%	78%	n=169	67%	80%
3.5	Have you had an induction at this prison?	n=167	90%	91%	n=168	91%	90%
<i>For those who have had an induction:</i>							
3.5	Did your induction cover everything you needed to know about this prison?	n=151	43%	48%	n=152	39%	51%
<b>ON THE WING</b>							
4.2	Is your cell call bell normally answered within 5 minutes?	n=168	17%	25%	n=169	13%	28%
4.3	On the wing or houseblock you currently live on:						
	- Do you normally have enough clean, suitable clothes for the week?	n=167	48%	60%	n=168	46%	61%
	- Can you shower every day?	n=171	90%	96%	n=172	91%	96%
	- Do you have clean sheets every week?	n=166	53%	59%	n=167	48%	63%
	- Do you get cell cleaning materials every week?	n=164	52%	73%	n=165	52%	73%
	- Is it normally quiet enough for you to relax or sleep at night?	n=166	58%	70%	n=167	51%	75%
	- Can you get your stored property if you need it?	n=166	15%	16%	n=167	15%	16%

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	Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

**Number of completed questionnaires returned**

The number of valid responses to each question is provided e.g. n=167

	Have a disability	Do not have a disability		Mental health problems	No mental health problems
	62	110		69	104

FOOD AND CANTEEN							
5.2	Do you get enough to eat at meal-times always / most of the time?	n=171	30%	22%	n=172	29%	21%
5.3	Does the shop / canteen sell the things that you need?	n=167	39%	39%	n=168	45%	35%
RELATIONSHIPS WITH STAFF							
6.1	Do most staff here treat you with respect?	n=169	57%	60%	n=170	54%	61%
6.2	Are there any staff here you could turn to if you had a problem?	n=165	63%	70%	n=166	59%	72%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=171	21%	22%	n=172	28%	17%
6.6	Do you feel that you are treated as an individual in this prison?	n=166	29%	34%	n=167	34%	31%
FAITH							
<i>For those who have a religion:</i>							
7.2	Are your religious beliefs respected here?	n=113	62%	63%	n=114	62%	63%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=115	60%	63%	n=116	66%	58%
CONTACT WITH FAMILY AND FRIENDS							
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=170	20%	21%	n=171	22%	20%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=168	69%	62%	n=169	69%	62%
8.3	Are you able to use a phone every day (if you have credit)?	n=168	90%	93%	n=169	90%	92%
<i>For those who get visits:</i>							
8.7	Are your visitors usually treated respectfully by staff?	n=106	53%	72%	n=106	69%	66%
TIME OUT OF CELL							
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=166	23%	25%	n=167	30%	21%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=166	8%	7%	n=167	5%	9%
<i>For those who use the library:</i>							
9.9	Does the library have a wide enough range of materials to meet your needs?	n=135	53%	56%	n=136	59%	51%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS							
10.1	Is it easy for you to make an application?	n=171	64%	70%	n=172	65%	69%
<i>For those who have made an application:</i>							
10.2	Are applications usually dealt with fairly?	n=147	25%	28%	n=148	29%	25%
10.3	Is it easy for you to make a complaint?	n=169	64%	68%	n=170	66%	66%
<i>For those who have made a complaint:</i>							
10.4	Are complaints usually dealt with fairly?	n=129	18%	15%	n=130	19%	15%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=147	28%	28%	n=148	27%	29%

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\* less than 1% probability that the difference is due to chance

**Number of completed questionnaires returned**

The number of valid responses to each question is provided e.g. n=167

		Have a disability		Do not have a disability		Mental health problems		No mental health problems	
		62	110	69	104				
<b>HEALTH CARE</b>									
11.1	Is it very / quite easy to see:								
	- Doctor?	n=169	3%	14%	n=170	4%	14%		
	- Nurse?	n=167	22%	31%	n=168	33%	25%		
	- Dentist?	n=166	8%	8%	n=167	9%	7%		
	- Mental health workers?	n=167	13%	14%	n=168	16%	12%		
<i>For those who have mental health problems:</i>									
11.4	Have you been helped with your mental health problems in this prison?	n=66	30%	40%	n=67	33%			
11.5	Do you think the overall quality of the health services here is very / quite good?	n=168	9%	17%	n=169	8%	17%		
<b>OTHER SUPPORT NEEDS</b>									
<i>For those who have a disability:</i>									
12.2	Are you getting the support you need?	n=59	15%		n=59	16%	14%		
<b>SAFETY</b>									
14.1	Have you ever felt unsafe here?	n=171	50%	47%	n=171	59%	41%		
14.2	Do you feel unsafe now?	n=167	27%	25%	n=167	32%	22%		
14.3	Not experienced bullying / victimisation by other prisoners	n=161	45%	51%	n=161	38%	56%		
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=160	23%	33%	n=160	25%	32%		
14.5	Not experienced bullying / victimisation by members of staff	n=161	50%	57%	n=162	52%	56%		
14.6	If you were being bullied / victimised by staff here, would you report it?	n=163	55%	45%	n=164	56%	44%		
<b>BEHAVIOUR MANAGEMENT</b>									
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=166	21%	25%	n=167	19%	26%		
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=168	21%	35%	n=169	22%	35%		
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=170	15%	5%	n=171	19%	2%		
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=165	7%	7%	n=166	12%	3%		
<b>EDUCATION, SKILLS AND WORK</b>									
16.3	Do staff encourage you to attend education, training or work?	n=161	54%	58%	n=161	49%	62%		
<b>PLANNING AND PROGRESSION</b>									
17.1	Do you have a custody plan?	n=168	56%	64%	n=169	48%	69%		
<i>For those who have a custody plan:</i>									
17.3	Are staff helping you to achieve your objectives or targets?	n=101	24%	34%	n=101	18%	37%		
<b>PREPARATION FOR RELEASE</b>									
<i>For those who expect to be released in the next 3 months:</i>									
18.3	Is anybody helping you to prepare for your release?	n=12	29%	60%	n=12	14%	80%		
<b>FINAL QUESTION ABOUT THIS PRISON</b>									
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=163	50%	41%	n=164	42%	46%		

## HMP Lindholme 2017

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners aged 25 and under are compared with those of prisoners over 25

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance\*, as follows:

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\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	25 and under	Over 25
Number of completed questionnaires returned	35	144

The number of valid responses to each question is provided e.g. n=167

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.3	Are you from a minority ethnic group?	n=177	53% 30%
7.1	Are you Muslim?	n=173	47% 22%
11.3	Do you have any mental health problems?	n=171	42% 39%
12.1	Do you consider yourself to have a disability?	n=170	38% 36%
19.2	Are you a foreign national?	n=167	0% 2%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	n=166	3% 3%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	n=174	68% 87%
2.4	Overall, were you treated very / quite well in reception?	n=176	82% 88%
2.5	When you first arrived, did you have any problems?	n=175	66% 83%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	n=134	26% 28%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	n=175	82% 73%
3.5	Have you had an induction at this prison?	n=174	88% 91%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	n=158	53% 45%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	n=175	18% 23%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	n=172	47% 57%
	- Can you shower every day?	n=177	94% 94%
	- Do you have clean sheets every week?	n=172	53% 59%
	- Do you get cell cleaning materials every week?	n=170	73% 63%
	- Is it normally quiet enough for you to relax or sleep at night?	n=172	77% 62%
	- Can you get your stored property if you need it?	n=172	6% 17%

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\* less than 1% probability that the difference is due to chance

	25 and under	Over 25
<b>Number of completed questionnaires returned</b>	<b>35</b>	<b>144</b>

The number of valid responses to each question is provided e.g. n=167

<b>FOOD AND CANTEEN</b>				
5.2	Do you get enough to eat at meal-times always / most of the time?	n=177	<b>24%</b>	<b>24%</b>
5.3	Does the shop / canteen sell the things that you need?	n=173	<b>31%</b>	<b>40%</b>
<b>RELATIONSHIPS WITH STAFF</b>				
6.1	Do most staff here treat you with respect?	n=174	<b>44%</b>	<b>61%</b>
6.2	Are there any staff here you could turn to if you had a problem?	n=170	<b>62%</b>	<b>68%</b>
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=176	<b>18%</b>	<b>21%</b>
6.6	Do you feel that you are treated as an individual in this prison?	n=171	<b>36%</b>	<b>31%</b>
<b>FAITH</b>				
<i>For those who have a religion:</i>				
7.2	Are your religious beliefs respected here?	n=114	<b>65%</b>	<b>61%</b>
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=116	<b>45%</b>	<b>64%</b>
<b>CONTACT WITH FAMILY AND FRIENDS</b>				
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=174	<b>18%</b>	<b>20%</b>
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=172	<b>68%</b>	<b>63%</b>
8.3	Are you able to use a phone every day (if you have credit)?	n=172	<b>88%</b>	<b>91%</b>
<i>For those who get visits:</i>				
8.7	Are your visitors usually treated respectfully by staff?	n=109	<b>59%</b>	<b>68%</b>
<b>TIME OUT OF CELL</b>				
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=170	<b>41%</b>	<b>20%</b>
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=170	<b>9%</b>	<b>7%</b>
<i>For those who use the library:</i>				
9.9	Does the library have a wide enough range of materials to meet your needs?	n=138	<b>58%</b>	<b>53%</b>
<b>APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS</b>				
10.1	Is it easy for you to make an application?	n=174	<b>68%</b>	<b>66%</b>
<i>For those who have made an application:</i>				
10.2	Are applications usually dealt with fairly?	n=149	<b>31%</b>	<b>25%</b>
10.3	Is it easy for you to make a complaint?	n=173	<b>68%</b>	<b>64%</b>
<i>For those who have made a complaint:</i>				
10.4	Are complaints usually dealt with fairly?	n=131	<b>14%</b>	<b>17%</b>
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=149	<b>38%</b>	<b>27%</b>

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\* less than 1% probability that the difference is due to chance

	25 and under	Over 25
<b>Number of completed questionnaires returned</b>	<b>35</b>	<b>144</b>

The number of valid responses to each question is provided e.g. n=167

<b>HEALTH CARE</b>			
11.1	Is it very / quite easy to see:		
	- Doctor?	n=171	<b>9%</b> <b>10%</b>
	- Nurse?	n=168	<b>21%</b> <b>28%</b>
	- Dentist?	n=168	<b>0%</b> <b>10%</b>
	- Mental health workers?	n=169	<b>6%</b> <b>16%</b>
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	n=66	<b>21%</b> <b>35%</b>
11.5	Do you think the overall quality of the health services here is very / quite good?	n=167	<b>9%</b> <b>14%</b>
<b>OTHER SUPPORT NEEDS</b>			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	n=59	<b>0%</b> <b>19%</b>
<b>SAFETY</b>			
14.1	Have you ever felt unsafe here?	n=171	<b>31%</b> <b>53%</b>
14.2	Do you feel unsafe now?	n=166	<b>25%</b> <b>26%</b>
14.3	Not experienced bullying / victimisation by other prisoners	n=161	<b>64%</b> <b>45%</b>
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=159	<b>32%</b> <b>29%</b>
14.5	Not experienced bullying / victimisation by members of staff	n=163	<b>50%</b> <b>55%</b>
14.6	If you were being bullied / victimised by staff here, would you report it?	n=163	<b>55%</b> <b>47%</b>
<b>BEHAVIOUR MANAGEMENT</b>			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=166	<b>18%</b> <b>24%</b>
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=168	<b>27%</b> <b>30%</b>
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=170	<b>12%</b> <b>8%</b>
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=166	<b>0%</b> <b>8%</b>
<b>EDUCATION, SKILLS AND WORK</b>			
16.3	Do staff encourage you to attend education, training or work?	n=161	<b>59%</b> <b>56%</b>
<b>PLANNING AND PROGRESSION</b>			
17.1	Do you have a custody plan?	n=168	<b>58%</b> <b>61%</b>
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	n=100	<b>16%</b> <b>33%</b>
<b>PREPARATION FOR RELEASE</b>			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	n=12	<b>0%</b> <b>46%</b>
<b>FINAL QUESTION ABOUT THIS PRISON</b>			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=163	<b>47%</b> <b>44%</b>



## HMP Lindholme 2017

### Comparison of survey responses from different residential locations

In this table responses from prisoners on billats accommodation (A, B, C, D, E and F) are compared with those from the rest of the establishment (G, J, K and L).

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\* less than 1% probability that the difference is due to chance

	A, B, C, D, E and F wings		G, J, K and L wings
<b>Number of completed questionnaires returned</b>		<b>74</b>	<b>104</b>

The number of valid responses to each question is provided e.g. n=167

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2	Are you under 21 years of age?	n=176	0%	0%
	Are you 25 years of age or younger?	n=176	20%	20%
	Are you 50 years of age or older?	n=176	5%	5%
	Are you 70 years of age or older?	n=176	0%	0%
1.3	Are you from a minority ethnic group?	n=175	46%	26%
1.4	Have you been in this prison for less than 6 months?	n=175	14%	28%
1.5	Are you currently serving a sentence?	n=175	100%	100%
	Are you on recall?	n=175	9%	15%
1.6	Is your sentence less than 12 months?	n=174	0%	3%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	n=174	6%	9%
7.1	Are you Muslim?	n=173	33%	23%
11.3	Do you have any mental health problems?	n=170	18%	55%
12.1	Do you consider yourself to have a disability?	n=169	24%	45%
19.1	Do you have any children under the age of 18?	n=165	65%	49%
19.2	Are you a foreign national?	n=167	1%	2%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	n=166	4%	2%
19.4	Have you ever been in the armed services?	n=166	0%	5%
19.5	Is your gender female or non-binary?	n=167	0%	0%
19.6	Are you homosexual, bisexual or other sexual orientation?	n=167	1%	0%
19.7	Do you identify as transgender or transsexual?	n=163	0%	4%

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	Blue shading shows results that are significantly more negative than the comparator
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	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

A, B, C, D, E and F wings	G, J, K and L wings
<b>74</b>	<b>104</b>

Number of completed questionnaires returned

The number of valid responses to each question is provided e.g. n=167

<b>ARRIVAL AND RECEPTION</b>			
2.1	Were you given up-to-date information about this prison before you came here?	n=175	<b>11%</b> <b>15%</b>
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	n=175	<b>46%</b> <b>52%</b>
2.3	When you were searched in reception, was this done in a respectful way?	n=174	<b>85%</b> <b>82%</b>
2.4	Overall, were you treated very / quite well in reception?	n=176	<b>86%</b> <b>88%</b>
2.5	When you first arrived, did you have any problems?	n=174	<b>84%</b> <b>76%</b>
2.5	Did you have problems with:		
	- Getting phone numbers?	n=174	<b>40%</b> <b>36%</b>
	- Contacting family?	n=174	<b>34%</b> <b>24%</b>
	- Arranging care for children or other dependents?	n=174	<b>1%</b> <b>0%</b>
	- Contacting employers?	n=174	<b>1%</b> <b>1%</b>
	- Money worries?	n=174	<b>12%</b> <b>15%</b>
	- Housing worries?	n=174	<b>4%</b> <b>7%</b>
	- Feeling depressed?	n=174	<b>14%</b> <b>33%</b>
	- Feeling suicidal?	n=174	<b>1%</b> <b>10%</b>
	- Other mental health problems?	n=174	<b>12%</b> <b>25%</b>
	- Physical health problems?	n=174	<b>22%</b> <b>15%</b>
	- Drugs or alcohol (e.g. withdrawal)?	n=174	<b>10%</b> <b>17%</b>
	- Getting medication?	n=174	<b>32%</b> <b>31%</b>
	- Needing protection from other prisoners?	n=174	<b>1%</b> <b>8%</b>
	- Lost or delayed property?	n=174	<b>36%</b> <b>21%</b>
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	n=134	<b>26%</b> <b>29%</b>
<b>FIRST NIGHT AND INDUCTION</b>			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	n=174	<b>76%</b> <b>88%</b>
	- Toiletries / other basic items?	n=174	<b>35%</b> <b>35%</b>
	- A shower?	n=174	<b>42%</b> <b>42%</b>
	- A free phone call?	n=174	<b>34%</b> <b>29%</b>
	- Something to eat?	n=174	<b>68%</b> <b>70%</b>
	- The chance to see someone from health care?	n=174	<b>61%</b> <b>48%</b>
	- The chance to talk to a Listener or Samaritans?	n=174	<b>18%</b> <b>25%</b>
	- Support from another prisoner (e.g. Insider or buddy)?	n=174	<b>11%</b> <b>20%</b>
	- None of these?	n=174	<b>8%</b> <b>3%</b>
3.2	On your first night in this prison, was your cell very / quite clean?	n=174	<b>23%</b> <b>24%</b>

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\* less than 1% probability that the difference is due to chance

A, B, C, D, E and F wings	G, J, K and L wings
<b>74</b>	<b>104</b>

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3.3	Did you feel safe on your first night here?	n=174	75%	75%
3.4	In your first few days here, did you get?			
	- Access to the prison shop / canteen?	n=168	35%	28%
	- Free PIN phone credit?	n=167	47%	49%
	- Numbers put on your PIN phone?	n=165	32%	40%
3.5	Have you had an induction at this prison?	n=173	92%	92%
<i>For those who have had an induction:</i>				
3.5	Did your induction cover everything you needed to know about this prison?	n=159	46%	46%
<b>ON THE WING</b>				
4.1	Are you in a cell on your own?	n=175	60%	58%
4.2	Is your cell call bell normally answered within 5 minutes?	n=174	30%	15%
4.3	On the wing or houseblock you currently live on:			
	- Do you normally have enough clean, suitable clothes for the week?	n=172	55%	57%
	- Can you shower every day?	n=176	100%	90%
	- Do you have clean sheets every week?	n=172	62%	55%
	- Do you get cell cleaning materials every week?	n=170	81%	53%
	- Is it normally quiet enough for you to relax or sleep at night?	n=171	82%	56%
	- Can you get your stored property if you need it?	n=172	10%	19%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=176	75%	38%
<b>FOOD AND CANTEEN</b>				
5.1	Is the quality of the food in this prison very / quite good?	n=175	10%	23%
5.2	Do you get enough to eat at meal-times always / most of the time?	n=176	16%	31%
5.3	Does the shop / canteen sell the things that you need?	n=172	17%	54%
<b>RELATIONSHIPS WITH STAFF</b>				
6.1	Do most staff here treat you with respect?	n=173	63%	54%
6.2	Are there any staff here you could turn to if you had a problem?	n=170	66%	67%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=175	12%	26%
6.4	Do you have a personal officer?	n=174	93%	88%
<i>For those who have a personal officer:</i>				
6.4	Is your personal or named officer very / quite helpful?	n=157	43%	34%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=173	4%	5%
6.6	Do you feel that you are treated as an individual in this prison?	n=171	26%	36%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=173	43%	44%
	If so, do things sometimes change?	n=75	19%	27%

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<b>FAITH</b>			
7.1	Do you have a religion?	n=173	68% 66%
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	n=114	58% 65%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=115	48% 69%
7.4	Are you able to attend religious services, if you want to?	n=115	90% 92%
<b>CONTACT WITH FAMILY AND FRIENDS</b>			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=174	14% 23%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=172	64% 63%
8.3	Are you able to use a phone every day (if you have credit)?	n=171	88% 92%
8.4	Is it very / quite easy for your family and friends to get here?	n=173	38% 27%
8.5	Do you get visits from family/friends once a week or more?	n=169	21% 6%
<i>For those who get visits:</i>			
8.6	Do visits usually start and finish on time?	n=112	10% 43%
8.7	Are your visitors usually treated respectfully by staff?	n=109	60% 73%
<b>TIME OUT OF CELL</b>			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=175	97% 91%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>			
9.1	Are these times usually kept to?	n=164	51% 32%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=169	9% 35%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=169	13% 3%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=173	9% 19%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=173	7% 2%
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=173	66% 52%
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=175	77% 78%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=174	81% 69%
9.7	Do you typically go to the gym twice a week or more?	n=171	71% 64%
9.8	Do you typically go to the library twice a week or more?	n=173	21% 3%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	n=138	43% 62%
<b>APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS</b>			
10.1	Is it easy for you to make an application?	n=173	67% 66%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	n=149	25% 26%
	Are applications usually dealt with within 7 days?	n=154	12% 7%

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10.3	Is it easy for you to make a complaint?	n=172	74%	58%
<i>For those who have made a complaint:</i>				
10.4	Are complaints usually dealt with fairly?	n=132	20%	13%
	Are complaints usually dealt with within 7 days?	n=130	7%	10%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=149	24%	33%
<i>For those who need it, is it easy to:</i>				
10.6	Communicate with your solicitor or legal representative?	n=148	39%	34%
	Attend legal visits?	n=145	50%	43%
	Get bail information?	n=115	14%	17%
<i>For those who have had legal letters:</i>				
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=139	80%	62%
<b>HEALTH CARE</b>				
11.1	Is it very / quite easy to see:			
	- Doctor?	n=169	1%	15%
	- Nurse?	n=168	14%	37%
	- Dentist?	n=167	4%	10%
	- Mental health workers?	n=168	10%	17%
11.2	Do you think the quality of the health service is very / quite good from:			
	- Doctor?	n=161	12%	26%
	- Nurse?	n=163	27%	37%
	- Dentist?	n=160	24%	29%
	- Mental health workers?	n=162	10%	19%
11.3	Do you have any mental health problems?	n=170	18%	55%
<i>For those who have mental health problems:</i>				
11.4	Have you been helped with your mental health problems in this prison?	n=65	54%	29%
11.5	Do you think the overall quality of the health services here is very / quite good?	n=166	7%	18%
<b>OTHER SUPPORT NEEDS</b>				
12.1	Do you consider yourself to have a disability?	n=169	24%	45%
<i>For those who have a disability:</i>				
12.2	Are you getting the support you need?	n=58	19%	14%
12.3	Have you been on an ACCT in this prison?	n=166	6%	20%
<i>For those who have been on an ACCT:</i>				
12.4	Did you feel cared for by staff?	n=21	50%	12%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=167	47%	45%

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<b>ALCOHOL AND DRUGS</b>			
13.1	Did you have an alcohol problem when you came into this prison?	n=169	10% 17%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	n=23	57% 44%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=168	17% 40%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=168	11% 38%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=167	11% 22%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	n=62	46% 35%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=164	59% 74%
13.8	Is it very / quite easy to get alcohol in this prison?	n=165	39% 55%
<b>SAFETY</b>			
14.1	Have you ever felt unsafe here?	n=170	38% 55%
14.2	Do you feel unsafe now?	n=165	17% 32%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	n=159	32% 46%
	- Threats or intimidation?	n=159	29% 42%
	- Physical assault?	n=159	4% 25%
	- Sexual assault?	n=159	2% 0%
	- Theft of canteen or property?	n=159	18% 32%
	- Other bullying / victimisation?	n=159	16% 24%
	- Not experienced any of these from prisoners here	n=159	57% 43%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=159	26% 30%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	n=161	28% 40%
	- Threats or intimidation?	n=161	25% 27%
	- Physical assault?	n=161	1% 13%
	- Sexual assault?	n=161	0% 1%
	- Theft of canteen or property?	n=161	4% 8%
	- Other bullying / victimisation?	n=161	22% 22%
	- Not experienced any of these from staff here	n=161	57% 52%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=163	46% 49%

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<b>BEHAVIOUR MANAGEMENT</b>			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=166	26% 22%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=168	31% 28%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=170	0% 14%
<i>For those who have been restrained in the last 6 months:</i>			
15.4	Did anyone come and talk to you about it afterwards?	n=14	0% 7%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=165	3% 7%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>			
15.6	Were you treated well by segregation staff?	n=7	100% 40%
	Could you shower every day?	n=7	50% 80%
	Could you go outside for exercise every day?	n=7	100% 100%
	Could you use the phone every day (if you had credit)?	n=7	100% 100%
<b>EDUCATION, SKILLS AND WORK</b>			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	n=161	58% 50%
	- Vocational or skills training?	n=156	37% 33%
	- Prison job?	n=163	49% 34%
	- Voluntary work outside of the prison?	n=153	2% 2%
16.2	- Paid work outside of the prison?	n=155	2% 1%
	In this prison, have you done the following activities:		
	- Education?	n=153	84% 69%
	- Vocational or skills training?	n=151	79% 63%
	- Prison job?	n=153	89% 77%
- Voluntary work outside of the prison?	n=142	29% 39%	
- Paid work outside of the prison?	n=142	29% 39%	
<i>For those who have done the following activities, do you think they will help you on release:</i>			
	- Education?	n=115	57% 63%
	- Vocational or skills training?	n=106	80% 77%
	- Prison job?	n=126	40% 47%
	- Voluntary work outside of the prison?	n=49	61% 58%
	- Paid work outside of the prison?	n=49	72% 58%
16.3	Do staff encourage you to attend education, training or work?	n=160	61% 54%

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<b>PLANNING AND PROGRESSION</b>			
17.1	Do you have a custody plan?	n=168	<b>66%</b> <b>58%</b>
<i>For those who have a custody plan:</i>			
17.2	Do you understand what you need to do to achieve your objectives or targets?	n=102	<b>75%</b> <b>87%</b>
17.3	Are staff helping you to achieve your objectives or targets?	n=102	<b>33%</b> <b>29%</b>
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	n=98	<b>40%</b> <b>43%</b>
	- Other programmes?	n=95	<b>36%</b> <b>34%</b>
	- One to one work?	n=96	<b>24%</b> <b>37%</b>
	- Been on a specialist unit?	n=93	<b>14%</b> <b>10%</b>
	- ROTL - day or overnight release?	n=93	<b>4%</b> <b>8%</b>
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	- Offending behaviour programmes?	n=41	<b>72%</b> <b>52%</b>
	- Other programmes?	n=33	<b>63%</b> <b>35%</b>
	- One to one work?	n=30	<b>64%</b> <b>53%</b>
	- Being on a specialist unit?	n=11	<b>67%</b> <b>20%</b>
	- ROTL - day or overnight release?	n=6	<b>50%</b> <b>25%</b>
<b>PREPARATION FOR RELEASE</b>			
18.1	Do you expect to be released in the next 3 months?	n=168	<b>4%</b> <b>9%</b>
<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very / quite near to your home area or intended release address?	n=12	<b>67%</b> <b>22%</b>
18.3	Is anybody helping you to prepare for your release?	n=12	<b>33%</b> <b>44%</b>
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	n=12	<b>67%</b> <b>100%</b>
	- Getting employment?	n=12	<b>67%</b> <b>89%</b>
	- Setting up education or training?	n=11	<b>67%</b> <b>88%</b>
	- Arranging benefits?	n=12	<b>67%</b> <b>100%</b>
	- Sorting out finances?	n=11	<b>50%</b> <b>100%</b>
	- Support for drug or alcohol problems?	n=11	<b>67%</b> <b>88%</b>
	- Health / mental Health support?	n=12	<b>67%</b> <b>89%</b>
	- Social care support?	n=12	<b>0%</b> <b>100%</b>
- Getting back in touch with family or friends?	n=12	<b>33%</b> <b>89%</b>	



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<b>18.4</b>	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	n=11	<b>50%</b> <b>22%</b>
	- Getting employment?	n=10	<b>0%</b> <b>25%</b>
	- Setting up education or training?	n=9	<b>50%</b> <b>29%</b>
	- Arranging benefits?	n=11	<b>0%</b> <b>22%</b>
	- Sorting out finances?	n=10	<b>0%</b> <b>22%</b>
	- Support for drug or alcohol problems?	n=9	<b>0%</b> <b>57%</b>
	- Health / mental Health support?	n=10	<b>0%</b> <b>50%</b>
	- Social care support?	n=9	<b>0%</b> <b>33%</b>
	- Getting back in touch with family or friends?	n=9	<b>0%</b> <b>38%</b>
<b>FINAL QUESTION ABOUT THIS PRISON</b>			
<b>20.1</b>	Do you think your experiences in this prison have made you less likely to offend in the future?	n=163	<b>47%</b> <b>42%</b>