

Report on an unannounced inspection of

# **HMP Dovegate Therapeutic Prison**

by HM Chief Inspector of Prisons

**12–22 March 2018**

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/hmiprisons/about-our-inspections/>

# Introduction

Dovegate Therapeutic Prison (TP) held up to 200 men in one of five therapeutic communities (TCs) and an induction unit. Although managed as part of Dovegate prison, its functions are very specific, most facilities are discrete to the TP site and it is largely self-contained. We inspect Dovegate main prison separately.

Men held in the TP were referred or referred themselves for the accredited TC process, which aims to help them reduce their risk of harm to others by providing them with a structured community and a range of therapeutic work. The underlying ethos of TCs is that both staff and prisoners have a real say in how the communities are run. Men involved must be willing to be open about their offending and related institutional behaviour and to being challenged by their peers and staff. Therapy is embedded into all TC activities, not just in individual and group therapy sessions. It is a structured, externally validated intervention, and for men who go through the whole process, it lasts approximately two and a half years. Most men in the TP were serving very long determinate or indeterminate sentences and the TCs had to operate within the security imperatives of a category B prison.

Dovegate TP was a safe prison. There was very little violence, and when incidents occurred, appropriate formal disciplinary action was taken, including deselection if the matter was serious. Most incidents, however, related to minor antisocial behaviour or verbal exchanges, and they were mostly managed within the communities themselves through community challenge, individual self-reflection or community sanctions. Men received good support on arrival, including the small number who felt vulnerable and were at risk of self-harm. There had been no self-inflicted deaths since our last inspection.

Dovegate TP was also a respectful prison. Good staff-prisoner relationships were at the core of the therapeutic approach and held the communities together. After a short induction, all men lived on one of five TCs, where physical conditions were excellent, as was the external environment. Men felt well cared for, both by staff and their peers. Consultation arrangements were very strong, and the food provided was good. Some strategic arrangements relating to equality and diversity were being developed, but support for those with protected characteristics and faith provision were very strong. Health care was reasonably good, but there were some issues, particularly with waiting lists, which were too long.

Time out of cell was good and delivered reliably, although outside exercise opportunities were somewhat restricted. Leadership and management of learning, skills and work activities were not effective in ensuring that the provision was sufficient to meet prisoners' needs or that it fully supported the therapeutic process. The range and breadth of work and the curriculum was not wide enough, teaching and learning was not consistent and activities were not regarded as essential to supporting the therapeutic process.

Most men felt they were making progress through the work they were undertaking in the TCs and we were struck by the insights they had about their past behaviour and offending and about how different and productive their future could be. This was testament to the impact of the therapy and the hard work of the men and staff. However, the clinical model used to support therapy was undergoing significant change, and many specialist staff were not yet in post, which was having an impact on what could be done. Therapy staff did not have a good enough understanding of why so many men dropped out of therapy or how they could retain them, and some aspects of the work to prepare men for progressive moves was not coordinated well enough. Very few men were directly released from the TP, but overall staff were undertaking excellent work to reduce the risks and doing their best at an individual level to assist progression.

Dovegate TP was impressive. A national resource, it was part of the offender personality disorder pathway. It worked with men intensively over a period of years to better understand their problematic behaviour, attitudes and thinking patterns and to help them change. Most men who reached the end of the process made progress, and over 80% of respondents in our survey said they felt they had done something at the prison to make it less likely they would reoffend in the future. Learning, skills and work activities needed to better complement the prison's therapeutic aims, and the clinical model underpinning therapy work needed to be implemented in full. However, in nearly all other respects the work the prison was carrying out was excellent.

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

May 2018

# Fact page

## Task of the establishment

A category B trainer custodial therapeutic prison (TP) for men.

## Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 180 (on 14 March 2018)

Baseline certified normal capacity: 200

In-use certified normal capacity: 200

Operational capacity: 200

## Notable features from this inspection

*A national resource where men serving long sentences elect to participate in therapy to address their offending behaviour.*

*Although contained within the overall confines of a traditional category B setting, the therapeutic communities (TCs) functioned democratically and men had a strong say in how they were run.*

*Staff and prisoners trusted each other, which led to open and honest communication.*

*Despite a high-risk population, very little violence took place and most problems were resolved through discussion.*

*Most men felt they had made progress during their time in therapy and the majority of those who completed the process could progress to other establishments.*

*In our survey, 83% of respondents said their experience in the TP had made them less likely to offend in the future and most prisoners were extremely positively about their experience in the communities.*

*83% of prisoners in our survey said they had a custody plan and 95% said they knew what they needed to do to meet their targets.*

## Prison status and key providers

Private – run by Serco

Physical health provider: Care UK Health and Rehabilitation Services

Mental health provider: South Staffordshire and Shropshire Healthcare NHS Foundation Trust, under a sub-contract from Care UK Health and Rehabilitation Services

Substance misuse provider: Care UK Health and Rehabilitation Services

Learning and skills provider: HMP Dovegate

Community rehabilitation company (CRC): Staffordshire and West Midlands Community Rehabilitation Company

Escort contractor: GEOAmey

## Department

Long-term and high security estate

### **Brief history**

HMP Dovegate was built in 2001 as a category B training prison. It had the first purpose-built custodial TP holding up to 200 residents. A small local prison servicing the courts also existed within the main prison.

A TP consists of several distinct therapeutic communities (TCs) in which people choose to live together, support each other, challenge others and be challenged on all aspects of their offending. It aims to alter people's way of thinking, enabling them to change their lives for the better.

The TCs were run democratically, which meant that where possible all members of the community were involved in making decisions that affected the community. Prisoners were encouraged to play an active role in their community and a variety of roles and representative jobs were available.

Communities were learning experiences and everything was designed to have therapeutic value and provide men with an opportunity to develop within a safe environment.

### **Short description of residential units**

Avalon, Camelot, Endeavour and Genesis – therapeutic communities of 40 residents each

Venture TC+ – 20 residents with learning difficulties

Destiny – induction unit accommodating 20 prisoners.

### **Name of director and date in post**

Sarah Tiffin (interim director) – 22 February 2018

### **Independent Monitoring Board chair**

John Haley

### **Date of last inspection**

23 September–4 October 2013

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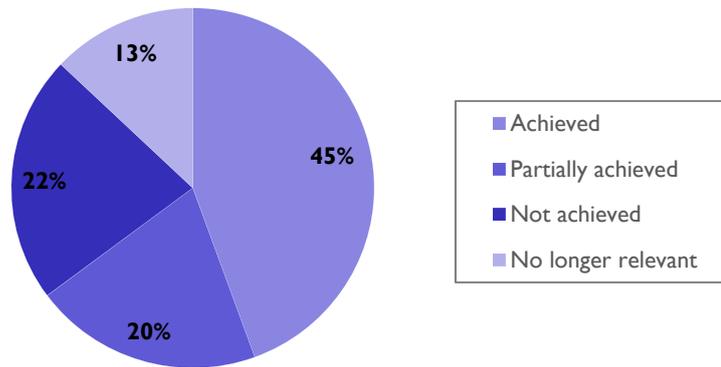
<sup>1</sup> <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>

<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

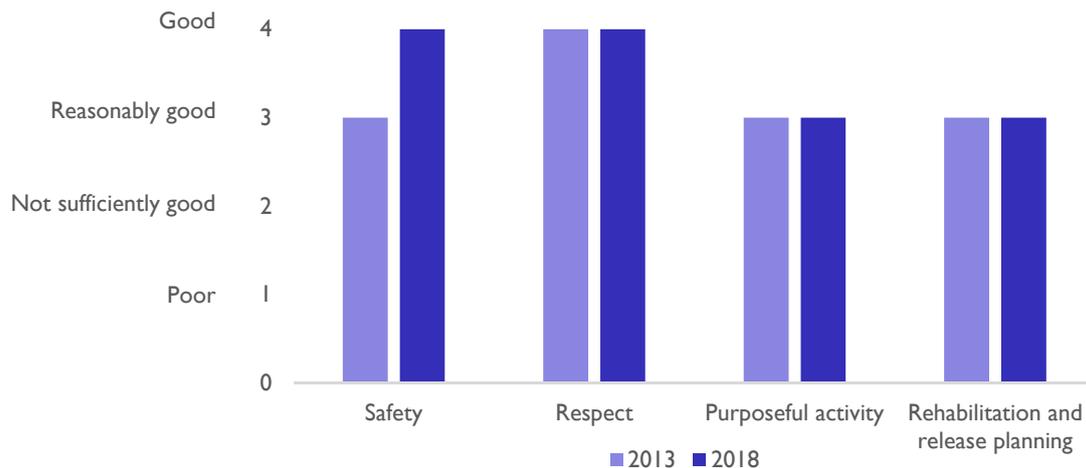
- S1 We last inspected HMP Dovegate Therapeutic Prison (TP) in 2013 and made 54 recommendations overall. The prison fully accepted 48 of the recommendations and partially (or subject to resources) accepted three. It rejected three of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 24 of those recommendations, partially achieved 11 recommendations and not achieved 12 recommendations. Seven recommendations were no longer relevant.

Figure 1: HMP Dovegate TP progress on recommendations from the last inspection (n=54)



- S3 Since our last inspection outcomes for prisoners stayed the same in all healthy prison areas apart from Safety, which had improved. Outcomes were reasonably good for both Purposeful activity and Rehabilitation and release planning. Outcomes for both Safety and Respect were Good.

Figure 2: HMP Dovegate TP healthy prison outcomes 2013 and 2018<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** *Men received information about the therapeutic community (TC) approach before they arrived. Support during men's early days at the prison was good. The prison was safe and poor behaviour was usually addressed through the communities. There were very few serious incidents. Formal disciplinary processes were well managed but rarely needed. Security was appropriate. Levels of self-harm were low and support for men who were at risk was good. **Outcomes for prisoners were good against this healthy prison test.***
- S5** *At the last inspection in 2013 we found that outcomes for prisoners in Dovegate TP were reasonably good against this healthy prison test. We made 13 recommendations in the area of safety.<sup>4</sup> At this inspection we found that six of the recommendations had been achieved, three had not been achieved and four were no longer relevant.*
- S6** Men received general information about the TC programme approach before they applied and the admissions process was efficient. Most men were positive about how staff treated them on reception, but interviews were not confidential. They could make a phone call on reception and had good access to essential kit. The management of property had been improved and was beginning to show good results. First night cells were decent and peer support in the Destiny induction and Venture TC+ units was excellent. Monitoring checks on the first night took place frequently and men had an interview with staff on their second day to identify concerns. Induction processes were informal, although a more structured process had recently been introduced. Not all men had enough to keep them occupied in the Destiny unit, but the prison was reviewing the problem.
- S7** Most prisoners felt safe and few reported that they were being victimised. The communities had clear behavioural contracts, which were widely understood and underpinned the safety and stability of the units. There were very few violent incidents. Day-to-day TC processes addressed antisocial behaviour well, but incidents were not routinely reported to the safer custody team. Incentives and earned privileges sanctions were rarely required. When they were necessary, processes were appropriate – reviews were recorded efficiently and decisions were justified.
- S8** There were few formal adjudications. Records we observed indicated that they were used appropriately and that the communities took them seriously. Adjudication hearings were conducted by a senior manager from the TP, which ensured consistency. Force was used rarely and only as a last resort. Recording was comprehensive and demonstrated an appropriate focus on de-escalation. Segregation was also used rarely.
- S9** Physical security procedures were proportionate and reflected the category B environment. Staff knew the prisoners well, which supported dynamic security. However, this was not evident in the relatively small number of intelligence reports submitted each month, which was being addressed. Mandatory drug testing positive rates were very low.
- S10** Very few incidents involving self-harm took place and few men were involved in the assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm. ACCT documents were reasonably good and some demonstrated family involvement. Support for men in crisis was good – they had access to staff and group therapy processes. Adult safeguarding procedures were sound and the prison

<sup>4</sup> This included recommendations about substance misuse treatment, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison area of respect.

had useful links with the local authority. Those requiring additional support or interventions were managed through the weekly Safer Dovegate meeting.

## Respect

**S11** *Staff-prisoner relationships were impressive. Living conditions were decent, and men had access to everyday amenities. Consultation was particularly effective, reflecting the therapeutic ethos of the prison. The food provided was good and shop arrangements were better than usual. Outcomes for men with protected characteristics were strong. Faith provision was good. Health care was reasonably good, but some waiting lists were too long. **Outcomes for prisoners were good against this healthy prison test.***

**S12** *At the last inspection in 2013 we found that outcomes for prisoners in Dovegate TP were good against this healthy prison test. We made 19 recommendations in the area of respect. At this inspection we found that eight of the recommendations had been achieved, six had been partially achieved, three had not been achieved and two were no longer relevant.*

**S13** Staff-prisoner relationships were excellent. Staff were experienced and understood the needs of the men they looked after. In our survey, 88% of men said there was a member of staff they could turn to if they had a problem. The personal officer scheme worked well.

**S14** The external areas were well maintained and residential accommodation was clean, tidy and well equipped. All men had their own cell. Men appreciated being able to personalise their cells and took responsibility for maintaining high standards in communal areas. Survey results looking at prisoners' everyday life, such as access to showers and having enough suitable clothing and clean sheets, were all positive.

**S15** More prisoners than usual said the food was good or very good. We received some complaints about meals not being hot enough and portions being too small but overall, most prisoners were reasonably content with the food. Meals were served too early. Men could use microwaves, toasters and small grills in each of the units and it was positive that they could all eat their meals together. The shop was well organised, and prisoners could place orders twice a week and within 24 hours of arriving.

**S16** The principal channel for communication and consultation was through the variety of meetings that were held in the communities. They provided all men with frequent opportunities to raise issues and express their views. Men making applications found the electronic wing kiosks efficient. The complaints system worked reasonably well, but some of the replies we examined were terse and did not provide sufficient explanations. Demand for legal services was low and there was no formal provision, although we were satisfied that if necessary, suitable advice and guidance would be provided through the personal officer scheme.

**S17** The strategic management of equality and diversity across both prisons had started to improve. There were few reported discrimination incidents in the TP, but investigations were not sufficiently timely or robust. However, open discussions during therapy allowed men to resolve these issues. In our survey, responses from prisoners with protected characteristics were similar to those of the rest of the population. Outcomes for these men were good overall and were enhanced by the safeguards provided by the therapeutic environment. The prison lacked any tailored support for older and younger men.

- S18 Faith provision was good and the chaplaincy was aware of the needs of men in the TCs. Attendance at corporate worship and study classes was good.
- S19 Health services were reasonably good and governance processes remained robust. Links between the TC+ community for those with learning disabilities and health providers were poor and there was no pathway for these men. Health promotion activities, including the prisoner health champion initiative, were impressive. The range of primary health services was appropriate, but waiting times for some services were too long. GP staffing shortages meant there were regular delays in prescriptions being signed. Social care arrangements were appropriate. The mental health service provided appropriate individual support, but waiting times for assessment were excessive and the range of interventions was too limited, primarily due to staffing shortages. Despite 32% of prisoners in our survey reporting mental health problems, demand for mental health services was low. Substance misuse support was good. Medicines management was satisfactory. Dental care was good and additional clinics were being planned to reduce long waiting times for routine appointments.

## Purposeful activity

- S20** *Time out of cell for most men was good, and the regime ran consistently. The library provision needed improvement but the gym provided men with good opportunities. Men's main purposeful activities consisted of those offered in the TCs – these elements were extensive and productive. Ofsted rated education, skills and work activities as requiring improvement. Leadership and management did not drive improvements in the provision. The curriculum was narrow, attendance and punctuality were poor, and the quality of teaching was too mixed. Nevertheless, men developed some good personal and social skills and there were good results on some education courses.*  
**Outcomes for prisoners were reasonably good against this healthy prison test.**
- S21 *At the last inspection in 2013 we found that outcomes for prisoners in Dovegate TP were reasonably good against this healthy prison test. We made 12 recommendations in the area of purposeful activity. At this inspection we found that five of the recommendations had been achieved, three had been partially achieved and four had not been achieved.*

- S22 Most men spent about 10 hours out of their cell on weekdays and virtually all men were unlocked and involved in therapy throughout the morning. The regime ran consistently. A minority of men not in wing work or education had less time out of their cells – about eight hours each day – and during our afternoon roll check about a quarter of men were locked up for part of the afternoon. Men did not have enough opportunities to exercise outside.
- S23 The library provision had deteriorated. Access was poor and it was not an integral part of prisoners' everyday life. The range of stock was too limited. However, prisoners could become mentors as part of the Shannon Trust reading scheme. The gym provision was good. Attendance was very high and a good range of facilities was available. There were no accredited courses, but there were plans to introduce them.
- S24 The management of the learning, skills and work activities required improvement. The therapeutic process was effective in promoting a change in attitude and behaviour, making many prisoners more receptive to learning and helping them to succeed. The system for allocating prisoners to education and vocational work was not sufficiently robust, but wing work allocations through job clubs were very effective and based on a thoughtful assessment of prisoners' needs. The range of courses was less extensive than at the previous inspection and was too narrow. Prisoners did not have sufficient opportunities to develop manual work skills, and no vocational training qualifications were offered. Prisoners had good access to

open and distance learning, including Open University courses. Men who participated were well supported and good systems were in place to track progress. Quality assurance procedures were not effective in some cases, and some teaching required improvement. Staff development did not focus on improving teaching. Punctuality was poor.

- S25 Much teaching required improvement. Some classes did not provide stimulating activities and failed to challenge prisoners. Several individual learning plan targets were generic, and some feedback on men's written work was unhelpful. In the better classes, there were examples of good teaching that was tailored to the individual and used problem solving exercises. Creative subjects, such as drama, were very effective. Support for prisoners with additional learning needs was good. There was an enthusiastic and motivated group of learning support assistants who provided support, which men appreciated. However, training for the role was not available. Much of the work on wings was mundane, and none of it was accredited. However, the fine in-cell embroidery work project provided men with interesting work that helped them develop a range of personal skills.
- S26 Men displayed good behaviour while working on wings, in education and work areas. They recognised the benefit of therapy to their state of mind and were motivated to take part in the learning and skills provision. Prisoners had a good rapport with staff. They worked well together and participated in class discussions, respecting each other's views. Practical activities such as ceramics and fine cell work developed men's confidence and they were keen to show their work and discuss the processes and skills involved. The demands of the therapeutic process continued to impact negatively on attendance at activities. The prison had not put sufficient thought into better reconciling these competing demands.
- S27 Retention and pass rates were good on most education courses, including English and maths. There was no significant difference in the results obtained by different ethnic groups. However, the wing-based work provided men with insufficient opportunities to build their skills.

## Rehabilitation and release planning

**S28** *Children and families work was reasonably good. Prisoners and staff understood the ethos and purpose of the prison. The therapy model was in transition and there were gaps, but the core elements were still being delivered. In our survey, most men said they had done something to make it less likely they would offend in the future. Most men made progressive moves to other prisons at the end of their therapy, but not enough was being done to prepare some of them for the transition. Very few men were released from the TP, but when they were, support was generally appropriate. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S29 *At the last inspection in 2013 we found that outcomes for prisoners in Dovegate TP were reasonably good against this healthy prison test. We made 10 recommendations in the area of resettlement.<sup>5</sup> At this inspection we found that five of the recommendations had been achieved, two had been partially achieved, two had not been achieved and one was no longer relevant.*

S30 The visitors' centre was poorly equipped and unwelcoming. It did not offer visitors enough useful written information. However, the atmosphere in the TP visits area was friendly and prisoners and staff we spoke to were positive about it. Occasionally visits took place at the

<sup>5</sup> This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

main prison site and TP men said mainstream prisoners hurled insults at them when this occurred. Staff were aware of prisoners' home circumstances and we saw evidence in groups and on files that staff supported men to maintain contact with their families. Regular family days were organised for each of the communities four times a year.

- S31 The overall strategic management of the TP was clear and prisoners and staff knew what its core objectives were. The reducing reoffending strategy was broadly appropriate, but the offender management policy only made passing reference to the TP. Changes to the clinical model were being incorporated, although staff acknowledged that it would take time to implement them given the shortfall of some significant clinical staff in most communities. Interim arrangements did not appear to compromise significantly the integrity of the programme and the therapeutic model adopted by the prison was good, but there was an inevitable impact on outcomes for prisoners. In our survey, 83% of respondents said that their experience in the TP had made them less likely to offend in the future and most prisoners were extremely positively about their experience in the communities. In addition, 83% of prisoners in our survey said they had a custody plan and 95% said they knew what they needed to do to meet their targets. Prisoners in the TC+ community were supported by a learning disability specialist.
- S32 Re-categorisation arrangements were appropriate. Public protection arrangements were sufficient and, where necessary, prisoners were appropriately monitored if there were harassment or child protection issues.
- S33 In the previous 12 months, 28% of those leaving the TP had completed therapy. We were told that the increase in clinical staff would help improve these figures.
- S34 For many prisoners, transition arrangements were reasonably good. However, the pathway for those moving to the main provision needed to be developed. Some men we spoke to who had moved from the TP to the main prison were negative about the level of support they had received. Two men had been released in the previous six months. In both cases the releases were managed appropriately.

### Main concern and recommendation

- S35 Concern: Learning, skills and work activities did not sufficiently support the therapeutic work of the prison. The opportunities offered were not consistent with the needs of men at the TP and did not adequately enhance their progression, support risk reduction, occupy men purposefully or fit in around therapy. Quality assurance arrangements were not strong enough, and too much teaching and learning needed to improve, as did monitoring of wing-based work.

**Recommendation: The TP should ensure the learning, skills and work opportunities provided are appropriate for the population, the quality is sufficient and the provision supports men's progression and the therapeutic process itself.**

# 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 Men applied to the Dovegate Therapeutic Prison (TP) through a self-referral pack, which contained an outline description of the prison. The information was clear and well written. The application process was efficient and men were informed promptly of the outcome. The prison had worked with the national population management unit of HM Prison and Probation Service to ensure that men were transferred to Dovegate TP as quickly as possible. In the previous six months, 19 men had come from Dovegate's main site and 34 from other prisons.
- I.2 Men could be transferred to Dovegate TP from any other prison and journey times varied. However, prisoners told us escort staff treated them well and the vans we saw were in reasonable condition. Person escort records identified prisoners' risks to themselves and others but there was no additional detail.
- I.3 The reception area was shared with the main prison and was crowded. Holding cells were reasonable. All men coming from other prisons were strip-searched, but the process was not based on intelligence. During reception interviews, men were asked whether they had any welfare concerns. They were often interviewed while standing at the counter or sitting at a booth, which meant discussions were not confidential, and interview rooms were rarely used. Peer support from orderlies was good, but they had access to most areas of reception, which limited new arrivals' privacy. Health screenings, however, took place in private. Reception staff were friendly and in our survey 86% of men told us staff treated them respectfully in reception.
- I.4 All new arrivals could make a free phone call in reception. They also received a reception pack (containing basic food items) and could obtain clothing.
- I.5 Large amounts of prisoners' property were stored at the prison and there had previously been difficulties locating and retrieving items. A manager had recently been made responsible for putting processes in place to manage property and the backlog had been reduced significantly. Some satisfactory results were emerging and applications were processed more swiftly and items were sent to the prisons men had moved to. However, the local escorts had a policy of refusing to take bags weighing more than 15kg. The prison had also adopted this policy. Men were not aware of the policy before they arrived and were frustrated by it, particularly if they were serving longer sentences and had more property.
- I.6 Most men went to the Destiny unit but others were located in the Venture TC+ unit if they had been assessed as meeting the criteria. It was positive that TP staff went to reception to take men back to their units. Once in the unit, chairs (prisoners selected by the therapeutic communities (TCs)) were responsible for showing new arrivals around the wing, explaining the daily routine and demonstrating the self-service electronic kiosks where prisoners could

obtain relevant information and make requests for services and support (see paragraph 2.12). In line with the community ethos, peer support overall for new arrivals was strong.

- I.7** All cells were single, decent, reasonably equipped and had in-cell showers and phones. Men had access to a toaster, microwave, fridge and gym equipment. They had prompt access to the prison shop, but sometimes had difficulties getting phone numbers approved and transferring credit from other prisons. In our survey, more men than those in comparator prisons said they had problems obtaining their phone numbers (45% against 19%).
- I.8** All new arrivals were monitored every hour on their first night and they all had a welfare interview on their second day to identify any concerns.
- I.9** Induction processes were informal. Men received comprehensive printed information. Insiders (prisoners who introduce new arrivals to prison life) who were based at the main site had just begun attending the TP once a week to deliver an induction session.
- I.10** Men could spend between three and eight weeks in the Destiny unit, depending on whether spaces were available in the other communities. They had good time out of cell and access to recreational activities but not all of them were meaningfully occupied. The prison planned to resolve the problem, for example, by introducing a painting party for the visits hall and incentives to attend work and education, which was not mandatory. (See also paragraph 3.11.)
- I.11** Men moved to the TCs for the assessment process. This was a recent development and at the time of the inspection, the Destiny unit did not have a clinical lead staff member. This meant that men did not participate in work that prepared them for therapy and those who had moved to the other communities in the previous two months said they had not felt ready to undertake group work.

## Recommendations

- I.12 Prisoners should not be strip-searched unless specific intelligence suggests this is necessary.** (Repeated recommendation 4.54)
- I.13 All reception interviews should be confidential.**

## 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.14** Despite many prisoners at the TP having a history of serious violent offending both prior to and during custody, violent behaviour was unusual and serious incidents rare. This was reflected in our survey where fewer prisoners than at other similar prisons felt unsafe while at the TP and fewer than the comparator had been victimised by other prisoners. The communities had clear behavioural contracts that were widely understood and underpinned the safety and stability of the units. Prisoners we spoke to told us it was a very safe environment and that most antisocial behaviour would be raised at community meetings so

the perpetrator could be challenged and the matter discussed and resolved. Only three antisocial behaviour reports had been submitted to the safer custody team over the previous six months and we were concerned that there was a risk that valuable information about prisoners' minor poor behaviour was not being reflected in the long-term custodial history of some prisoners.

- I.15** The ethos of the TP meant that men were expected to be on the enhanced level of the incentives and earned privileges scheme, making the system was virtually redundant. Day-to-day processes addressed minor infractions and prisoners behaved well so they could stay on the programme. The only men on the standard level had either just arrived at the TP or were due to leave following deselection. Nobody was on the basic level and behaviour that warranted a reduction to the basic level would have led to a review with deselection highly likely. Records of reviews we saw demonstrated that cases were considered thoroughly and decisions were justifiable.

## Adjudications

- I.16** There were very few adjudications. Where there had been adjudications, we considered them to have been used proportionately. Adjudication records we examined showed an appropriate level of enquiry took place and prisoners were involved in the process. Where necessary, prisoners could obtain legal advice. Sanctions for the nine proven adjudications across the previous six months were reasonable and reflected the severity of offences. Adjudication hearings were held in the segregation unit and were normally conducted by a senior manager from the TP, which ensured consistency with the therapeutic process.

## Use of force

- I.17** Use of force was very rare in the TCs and we were satisfied that it was used as a last resort. Data relating to the TP was collated along with those from the rest of the prison, which was reasonable. The three recorded incidents in the six months prior to the inspection were well documented and demonstrated a focus on de-escalation. There had been one application of physical restraint, which had been de-escalated promptly through the application of handcuffs when the prisoner was moved to the segregation unit at the main prison.

## Segregation

- I.18** The community approach to encouraging good behaviour and the way in which poor behaviour was openly challenged meant few issues escalated to the point where disciplinary interventions likely to end in segregation were needed.
- I.19** Only four prisoners from the TP had been held in the segregation unit in the six months prior to the inspection, all pending adjudication. Work was underway to improve the environment in the segregation unit and to rectify defects reported in the 2017 inspection of the main prison.
- I.20** A segregation, monitoring and review group met regularly to consider data about disciplinary processes. Data on prisoners from the TP were available on request but due to the small number involved, it was not realistic to monitor trends on an ongoing basis.

## 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.21** The physical environment and procedural security processes were appropriate and proportionate for the category of prison. Dynamic security was excellent and staff knew the prisoners well, including their personal backgrounds, offending and custodial history, associations in the TP and individual treatment plans.
- I.22** Security information from the TP was included in the prison's wider analysis and it was evident that the proportion of intelligence reports was much lower from the TP than other residential areas of the prison. This reflected the smaller number of incidences of poor and subversive behaviour in the TP, but we were concerned that the TP ethos of dealing with issues 'in house' could have undermined the process (see paragraph I.14.) Operational managers at the TP, along with the security director from the main prison, were aware of the issue and had initiated a series of training events for staff in the TP. They covered appropriate relationships and conditioning, and reinforced general security processes, including reporting systems.
- I.23** There had been few drug finds in the six months prior to the inspection and prisoners we spoke to told us that although drug use was not unheard of, it was uncommon and drugs thrown over walls into the grounds were usually intended for the main prison. Mandatory random and suspicion drug testing positive rates were very low.

## 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.24** There had been no self-inflicted deaths in custody since our last inspection in 2013. While emergency responses were generally good, ambulances were not automatically called using the code red emergency notification system, which was not in line with national policy.
- I.25** Rates of self-harm were very low – five incidents had involved four men in the previous six months. Incidents were not serious and none had needed investigation. Men were comfortable disclosing their concerns to staff.
- I.26** Defibrillators were kept with emergency bags, which were only accessible to health care staff and none were located in the TC. We were concerned about the time it would take to bring one over to the TC, particularly at night, as health care staff would need to locate night officers to unlock gates. (See also paragraph 2.42.)
- I.27** The safer custody team covered both the main prison and the TP. Its work focused largely on the main prison because of the number of incidents there. The suicide and self-harm

prevention strategy was clear and contained a section on the TP. As at our last inspection, the number of men self-harming in the TP was not automatically disaggregated, but it was too small to require trend analysis.

- I.28** Seven assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had been opened in the previous six months, none for substantial periods of time. ACCT documents were reasonably good. Assessments took place promptly and were thorough, and care-mapping showed that action was implemented. The mental health team did not attend all reviews and we were informed they were not always notified of them.
- I.29** ACCT documents showed that staff had asked men if they wanted the prison to contact their family or involve them in the ACCT process. For example, a personal officer had seen a family member of a prisoner on an ACCT during a visit, which was positive.
- I.30** Support for men in crisis was good and they told us they felt well supported while they were on an ACCT. The main form of support was through the group therapy process. Men could call an ad hoc meeting if they felt troubled or distressed. ACCTs were an additional form of support for men in crisis and did not outline all the interventions they were involved in, which was recorded in group notes. Men spoke highly of the support they received from staff. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), who were from the main prison, were available at night, but were rarely used. Men could call the Samaritans from their in-cell phones.

## Recommendation

- I.31** **Emergency response procedures should be reviewed in line with national policy and defibrillators should be available in the TP.**

## Good practice

- I.32** *Staff involved the families of men on an ACCT, which meant the men could receive additional support and reassurance.*

## Protection of adults at risk<sup>6</sup>

- I.33** A safeguarding policy was in place and staff understood their responsibility to protect adults at risk. The safer custody team had good links with the local authority. There was a higher ratio of staff per prisoner and a specialist nurse in the Venture unit (the TC+) for men with additional learning needs.
- I.34** People with particularly complex needs could be referred to the weekly Safer Dovegate meeting, which was multidisciplinary and attended by a local authority social worker. Three people from the TC had been referred to the meeting in the previous year.

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<sup>6</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 Relationships between staff and prisoners were extremely positive. The therapeutic environment helped foster good communication and relationships between staff and men were open and honest. There was a high level of respect and trust within the communities and staff could support and challenge men constructively about their present and past behaviour. Our observations of some of the groups revealed that their peers both challenged and supported them.
- 2.2 In our survey, 87% of prisoners said most staff treated them with respect. During the inspection, we observed consistently positive interactions between staff and men and, unusually, nothing that was negative.
- 2.3 Most of the staff based in the communities were experienced and seemed interested in and enjoyed their work. They knew the men they looked after and understood their needs well. In our survey, 88% of men said there were staff they could turn to if they had a problem.
- 2.4 The personal officer scheme worked well. In our survey, 98% of men said they had a personal officer and 74% said they were quite or very helpful.

### 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

- 2.5 The therapeutic prison (TP) consisted of five therapeutic communities (TCs) (see fact page). The main external area, which contained exercise equipment and benches was clean and well maintained. The residential environment was also clean, tidy and well equipped. All men lived in single cells with in-cell toilets and showers. They could personalise their cells by decorating and displaying personal items, which helped create reasonably comfortable living conditions. Men took a pride in maintaining these high standards.
- 2.6 We received some complaints about the quality of the mattresses and inadequate heating on the ground floor, but most of the survey results about access to everyday amenities were positive. Men wore their own clothes and in our survey, 92% of men said they normally had enough suitable clean clothes for the week. Each of the communities had washing machines and dryers. The laundry was run by a prison orderly and arrangements appeared to work

efficiently – in our survey, 86% of men said they had clean sheets every week. The atmosphere was calm and relaxed and 80% of men said it was normally quiet enough to relax or sleep at night.

## Residential services

- 2.7** Fifty-eight per cent of prisoners said the food was good or very good which was better than usual. We received some complaints about meals not always being hot enough and portions being too small but overall, we received relatively few negative comments about the food. There was a four-week menu cycle, which provided prisoners on all diets with a reasonable choice. Staff supervision at the serveries was now efficient and the food trolleys were clean.
- 2.8** Men used the electronic kiosks in each of the communities to order their food. The kiosks displayed pictures of different food to help them select what they wanted. Meals continued to be served too early at around 11.45am and 4.30pm. Men could use microwaves, fridges, toasters and small grills in each of the units and work surfaces were kept clean and tidy. Men could all still eat their meals together.
- 2.9** The shop was well organised. A reasonable range of stock, including fruit and bakery products was available. Prisoners could order items twice a week, as well as within 24 hours of their arrival.

## Good practice

- 2.10** *Men could place orders at the prison shop twice a week and within 24 hours of arrival, which reduced the risk of men getting into debt.*

## Prisoner consultation, applications and redress

- 2.11** A series of structured meetings took place on each of the TCs. Every morning a short ‘thoughts and feelings’ meeting was held, during which all men were expected to participate and share anything that might be concerning them. Community meetings, attended by all members of the community, took place on Monday and Friday mornings so participants could hold more detailed discussions about everyday life. Every Tuesday, Wednesday and Thursday morning intensive small therapeutic group discussions were held. Staff and prisoners took these meetings seriously and it was expected that everyone in the communities would be actively involved. We saw prisoners participating in the two meetings we observed. They provided all men with frequent opportunities to raise issues and express their views.
- 2.12** Men used electronic kiosks in each of the communities to manage various aspects of their everyday life in the prison, such as check their finances, book visits and make applications. Men we spoke to said it was easy to make an application. They also found the kiosks convenient and efficient.
- 2.13** The number of formal complaints was relatively low. Most of those we examined concerned property. The complaints system worked reasonably well, but replies were disappointing – some were terse and others lacked sufficient detail. Senior managers did not monitor complaints or check replies, but managers told us there were plans to remedy this.
- 2.14** No formal legal services were available for men in the communities, but demand for this type of assistance was low. Staff told us that if someone needed legal advice or support they

would be referred to the offender management unit and we were confident that this happened given the high quality personal officer work being carried out.

## 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>7</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

- 2.15** Equality and diversity in the main prison and the TP was managed by a single team, and had begun to improve, but the prison still lacked a strategy that set out specific provision for different groups with protected characteristics. The most recent equality action plan was not comprehensive. A manager and administrator oversaw equality work in the main prison and the TP. However, work in the TP was tailored to the individual, which meant weaknesses in the overall strategic approach to equality and diversity had little impact on outcomes. There were several prisoner representatives in the TP who attended most meetings and forums to air the concerns of their communities.
- 2.16** Equality meetings now took place bimonthly rather than quarterly, which was more appropriate. They were becoming more purposeful and thorough, and were chaired by the governor. However, the men in the TP were not always represented.
- 2.17** Data monitoring remained a weakness, although it was only of limited relevance to the TP. Nevertheless, the equality team failed to consider issues that were pertinent to the TCs, such as referrals, selection, deselection and therapy completion rates for men with protected characteristics and those from minority groups.
- 2.18** Discrimination incident reporting forms (DIRFs) were freely available in the communities and from prisoner representatives. Five reported discrimination incidents had taken place in the TP in the previous six months, which was low and proportionately lower than in the main prison. Records of formal investigations we looked at demonstrated that investigations were not sufficiently timely or robust and there was no external scrutiny.
- 2.19** However, open discussion during therapy allowed men to resolve most issues within their communities without recourse to formal processes. In one case, we found a man had been deselected from the TP because of his racist behaviour, and in another, homophobic graffiti had prompted robust discussions and subsequent resolution at a community meeting. It was difficult for discriminatory behaviour to go unchallenged because of the way in which the TCs operated.

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<sup>7</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

## Recommendations

**2.20** Data monitoring should consider outcomes that are relevant for TP prisoners.

**2.21** Investigations into allegations of discrimination should be timely and thorough and subject to external scrutiny.

## Protected characteristics

**2.22** In our survey, responses from prisoners with protected characteristics were similar to those of the rest of the population. Outcomes were good and were enhanced by the safeguards provided by the therapeutic environment. Disadvantages or poor outcomes were brought to staff's attention through community meetings and good staff-prisoner relationships. Prison-wide forums for minorities were being held more frequently and now covered all protected characteristics. A representative from the TP was usually present.

**2.23** The number of black and minority ethnic prisoners in the TP had nearly doubled since the last inspection from 27 to 50 men. They made up more than a quarter of the population. In our survey, 95% said that staff treated them with respect, an unusually good result. Men were also positive about their experiences in our focus groups. However, there were no established links with community organisations.

**2.24** Four foreign national prisoners were held. All spoke good English and those we spoke to reported no significant concerns. The prison had a detailed and up-to-date strategy for this group, based on an assessment of their needs. Support for them was well developed and tailored to their needs.

**2.25** None of the prisoners in the TP had significant mobility problems, so there had been no need to make any reasonable adjustments. All areas, including the education building, multi-faith centre and health care department were accessible. A small number of men required personal emergency evacuation plans (PEEPs), all of which were up to date. We had some concerns about a prisoner whose developmental disorder made his evacuation challenging, and who did not have a PEEP, but we were confident that staff were aware of the issue. Men's wing files contained their care plans, but staff were unaware of them and not enough was being done to highlight prisoners' needs.

**2.26** A transgender prisoner had recently left the TP, having spent more than two years in a community. She had lived in her chosen gender identity and we found evidence that case boards took account of her needs and were effective.

**2.27** Three men in the TP identified as gay or bisexual. They told inspectors they were treated fairly and two of them were equality representatives. Only one forum had been held in the previous six months and there were no ongoing links to community organisations, although a successful Pride event had been held in 2017.

**2.28** The number of older prisoners in the TP had nearly doubled since the last inspection, from 12 to 23. There was little specific provision for them apart from an over-40s gym session once a week. There was nothing in place for the under-25s. (See also paragraph 3.4.)

## Faith and religion

**2.29** The chaplaincy was based in the multi-faith centre in the main prison. The friendly and well-established team knew prisoners well. Provision was good for most TP prisoners, but there

was still no Rastafarian chaplain and there had been difficulties providing support for the few Jewish and Buddhist men.

- 2.30** The chaplaincy was aware of the needs of men in the TP. A chaplain visited new arrivals in the communities as part of their daily routine. In our survey, 81% of prisoners who had a religion said they could speak to a chaplain privately and 91% said they could attend religious services. Men were escorted to the multi-faith centre for corporate worship and study classes.
- 2.31** Attendance at Christian services, especially the Roman Catholic mass, was low across the TP and main prison, and more work was planned to address the problem. Attendance at Muslim prayers was high, and they were now held separately for men in the TP, in their own faith and observance room. The prison employed a second Muslim chaplain and the arrangement worked well.
- 2.32** The chaplaincy ran Christian and Islamic study groups and a trained bereavement worker organised a limited number of sessions.

## 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.**

- 2.33** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)<sup>8</sup> and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found no breaches of the relevant regulations.

### Strategy, clinical governance and partnerships

- 2.34** Care UK Health and Rehabilitation Services provided health services across both prisons and sub-contracted mental health, dental, optical and physiotherapy services. Regular well-attended meetings supported effective partnership working between the health providers, commissioners and the TP. The last full health needs assessment was carried out in 2015, but a mental health and substance misuse assessment was being finalised during the inspection. Systems to identify and learn from clinical incidents, including the four deaths that had occurred in the main prison in the previous eight months were robust (there had been no deaths in the TC since the last inspection). Lessons learned from clinical audits, complaints and patient consultation were shared with health staff and informed service improvements.
- 2.35** An experienced management team and clinical lead staff provided effective leadership. The health team had an appropriate skills mix and included paramedics, and there were always nurses on site. The health team had experienced chronic nursing and GP staffing shortages, which affected waiting times for mental health assessments and routine GP appointments. Regular locum staff filled some gaps. Recruitment was ongoing and was leading to positive outcomes. A full-time GP was starting in June 2018.

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<sup>8</sup> CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.36** Health staff had good access to mandatory training, professional development opportunities and an appropriate range of up-to-date guidance and policies, but agency staff could not access online policies. Supervision arrangements for mental health and substance misuse practitioners were robust, but for primary care staff they were ad hoc. However, this was being addressed. All health and substance misuse staff recorded information on SystmOne, the electronic clinical information system, which supported continuity of care. Clinical recordkeeping was mostly good, but care plans for primary care conditions were not always sufficiently tailored to the individual.
- 2.37** During the inspection, we identified 86 administrative and clinical tasks that had been added on SystmOne between September and the end of February but had not been completed, which raised concerns that patients' needs had not been met.
- 2.38** In our survey, 45% of prisoners said the overall quality of health services was good. Many prisoners we spoke to reported delays in receiving their medication and in accessing GP and dental services.
- 2.39** New arrivals received written information about services. Men were seen in private and we observed good interactions between health care staff and prisoners.
- 2.40** Patient information was shared with TP staff after obtaining individual consent. However, there was no learning disability pathway, joint working between health care team and TC+ staff had not been properly established and the prison lacked a proactive approach to men with learning disabilities. Services for prisoners with a learning disability were not commissioned, although those who also had a mental illness had access to mental health services. During the inspection, we identified that men with a learning disability did not consistently have their names added to the annual physical health check waiting list. Managers told us this would be addressed.
- 2.41** Each of the TP house blocks had a satisfactory clinical room, but it remained unused mainly due to health staffing. TC participants had access to all required services in the small health care department in the main prison. Space was used well to maximise clinic provision. The environment was superficially clean, but there was no cleaning schedule or regular external infection control audit and the room used to administer TP medications required refurbishment to meet required standards. Both waiting rooms remained poor – they had hard bench seating and heavily stained toilets.
- 2.42** Health staff could access appropriate emergency equipment, but we found expired medication despite regular recorded checks. The manager introduced an enhanced checking system when we raised the problem during the inspection.
- 2.43** Health complaint forms were easily accessible. Written responses were not included in clinical records and were timely, courteous and addressed the issues raised. Men had opportunities to resolve issues face-to-face. Prisoner feedback and the main areas of concern arising from complaints were on display for men to read.

## Recommendations

- 2.44** Electronically recorded tasks on SystemOne should be completed promptly.
- 2.45** Joint working between the health care team and TC+ clinical staff should ensure men with a learning disability receive all required support through an agreed pathway.
- 2.46** Prisoners should be able to wait for health services and receive all interventions in a decent environment that complies with required standards, confirmed by a regular external audit.

## Promoting health and well-being

- 2.47** Health promotion was good. A full-time health promotion practitioner ensured a wide range of health information leaflets, linked to national campaigns, was available. Several interactive wellness days, including sessions on hepatitis C and synthetic cannabinoids<sup>9</sup>, were planned. Access to sexual health services was confidential and barrier protection was available on request. The prison had been smoke-free since July 2017 and access to smoking cessation support was appropriate.
- 2.48** A team of well trained and well supported prisoner health champions, including six in the TP, raised prisoners' awareness of health and well-being and represented their views on health care services at management and governance meetings.

## Good practice

- 2.49** *A full-time health promotion practitioner and well trained and supported prisoner health champions assisted prisoners so they could improve their health and well-being.*

## Primary care and inpatient services

- 2.50** Prisoners were assessed by a nurse on the day of arrival and received a further assessment within seven days. Appropriate onward referrals were made.
- 2.51** Prisoners could make a request for services and track their appointments through electronic kiosks. Applications were processed promptly. Prisoners in the TP had the same access to services as men in the main prison. An appropriate range of clinics was provided, but waiting times for physiotherapy and podiatry were too long at up to 10 and 18 weeks respectively. Appointment non-attendance rates had increased to 18% in February 2018 because there were not enough custody staff to take prisoners to appointments, but health and prison managers were jointly addressing the issue.
- 2.52** In our survey, only 30% of men said it was easy to see a GP and some men had waited up to six weeks for a routine appointment. Prisoners could routinely see an advanced nurse practitioner within a week. Men with urgent needs were seen promptly. Out-of-hours' GP cover was appropriate.

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<sup>9</sup> Man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

- 2.53** Prisoners with long-term conditions were identified promptly and received regular reviews from competent staff. Men whose needs were high could be admitted to the inpatient unit for additional monitoring, however those from the TP rarely required this support.
- 2.54** External hospital appointments were managed well and the number cancelled due to too few prison staff was relatively low. In-house telemedicine appointments (involving the use of telecommunication and information technology to provide clinical health care at a distance), as well as X-ray and ultrasound clinics reduced the demand for external appointments.
- 2.55** On discharge, prisoners could obtain their health records through an online application. GP appointments were arranged if necessary and take-home medication was provided.

## Recommendation

- 2.56** **Prisoners should be able to access all primary care clinics within community-equivalent waiting times.**

## Social care

- 2.57** Staffordshire County Council contracted Advance Healthcare to provide social care, but Care UK Health and Rehabilitation Services was taking over the provision from April 2018. There was an up-to-date memorandum between the prison, local authority and provider. Systems for identifying and referring prisoners for assessment were appropriate and men could refer themselves. Assessments were generally carried out promptly. Prisoners had appropriate access to mobility and health aids, and an occupational therapist carried out an assessment within about two weeks. The prison had a buddy system. Buddies received appropriate training and support. TP prisoners rarely required social care assessments or support and during the inspection none of the three prisoners receiving social care support were from the TP.

## Mental health care

- 2.58** Partnership working between the mental health team, health care department and the prison was generally good. South Staffordshire and Shropshire Healthcare NHS Foundation Trust, under a sub-contract from Care UK Health and Rehabilitation Services, provided integrated mental health services Monday to Friday. Mental health provision had deteriorated since our last inspection, mainly due to staffing issues. Almost half the core team was absent and the trust had been unable to recruit a clinical psychologist. A full-time regular locum nurse was assisting the team. As a result, waiting times for routine assessments were excessive. The situation was exacerbated by a lack of custody staff, which increased the non-attendance rate to about 10% and many prisoners required two practitioners for an assessment because of their risk level. No groups, counselling or psychological interventions were available. Mental health specialists, including those for older prisoners were available through the trust when needed. Men had good access to a psychiatrist and waiting times were short.
- 2.59** Prisoners' mental health needs were identified promptly during the reception health screening. Men could refer themselves or be referred by any staff member. Two practitioners screened all new referrals using SystemOne and other available information and either directed them to other services or added the prisoner to the assessment waiting list. The system was robust but the lack of face-to-face triage had been identified as a risk. During the inspection, men waited up to six weeks for an assessment, but those with higher needs were prioritised. Support following an assessment was good.

- 2.60** The TP acceptance criteria continued to exclude men with a diagnosis of severe mental illness, such as psychosis. TP prisoners had the same access to mental health services as all other prisoners. Although 32% of prisoners in our survey said they had mental health problems, the demand for support from the mental health team was low, mainly because of the TP's support mechanisms. In the previous six months, eight of the 18 TP prisoners referred were directed to other services and 10 were assessed by a mental health practitioner. During the inspection, the team was supporting three TP prisoners. Appropriate systems ensured prisoners receiving mental health support had the physical health checks they required.
- 2.61** Arrangements to ensure continuity of care on transfer and release, through links with community services or health services in the receiving prison, were satisfactory. Most of the 29 men transferred to hospital under the Mental Health Act had experienced long waits due to external factors, including the lack of beds, but no one from the TP had required an assessment for a transfer.

## Recommendation

- 2.62 Prisoners with mental health needs should have timely access to a face-to-face assessment and a full range of interventions including groups, counselling and psychological support.**

## Substance use treatment<sup>10</sup>

- 2.63** The strategic approach to substance misuse was weak. There was no action plan to support the implementation of the 2017 strategy, although the strategy now included a brief reference to the TP. Prison representatives' attendance at the monthly drug strategy meeting was poor. An identified manager had been responsible for substance misuse for a few months and was beginning to address the weaknesses.
- 2.64** In our survey, 22% of prisoners said they had an alcohol problem when they first arrived and 28% a drug problem. Of these prisoners, 66% and 63% respectively said they had received help.
- 2.65** An integrated substance misuse team (ISMT) provided psychosocial and clinical services. Psychosocial support was good. There was an open referral system and men could ring the team directly. All new referrals were seen promptly for an assessment. An excellent range of individual and group interventions was provided. Two identified workers provided one-to-one sessions every afternoon in each TC and supported about 30 men. Group interventions were run in the TCs depending on demand, but staff said most men asked for individual interventions.
- 2.66** Peer-led mutual aid groups ran every week and men could also participate in monthly Alcoholics Anonymous meetings in the main prison. During the inspection, there were no dedicated substance misuse peer supporters as the service was being relaunched. One of the ISMT practitioners provided counselling services, although they were not available to men in the TP as it was expected they would raise these issues during group interventions. Prisoners receiving opiate substitution treatment were excluded from the TP.

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<sup>10</sup> In the previous report substance use treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

- 2.67** Pre-release planning was good, as were links with the community. A worker from Stoke-on-Trent Community Drug and Alcohol Service (SCDAS) provided regular clinics for residents. All prisoners were offered training to deal with an overdose. SCDAS provided prisoners who had a link to Stoke with naloxone (a drug designed to reverse an opiate overdose) on release, but it was not available for anyone else.

## Medicines optimisation and pharmacy services

- 2.68** Prescriptions ordered from the external pharmacy by 2pm Monday to Thursday arrived on the following afternoon and those ordered on Friday arrived on Monday. Care UK Health and Rehabilitation Services was opening a registered pharmacy in-house which would reduce delays. A good range of stock and urgent medicines were held on site to support continuity of care, and reconciliation arrangements were satisfactory. However, the GP shortage meant there were often delays in tasks being completed, including writing prescriptions, which meant some prisoners experienced delays receiving their required medication. Care UK Health and Rehabilitation Services was attempting to address the problem by getting a GP to complete prescriptions remotely.
- 2.69** A team of trained pharmacy assistants and technicians ensured that medicines were effectively overseen and supported drug administration in the main units. A new full-time pharmacist had been in post for a month. Medicines management committee meetings were due to restart after a gap of several months. Pharmacy-led clinics were no longer held following the previous pharmacist's departure in January 2018.
- 2.70** The in-possession policy reflected current guidance and was followed. All men who received medicines in-possession had an up-to-date accessible risk assessment. Supervised medicines for TP prisoners were administered from a dispensary in the main health care department at about 7.15am and 4.30pm. Medicines were stored tidily and securely. Refrigerator temperatures in the dispensary had been poorly monitored, but there had recently been improvements. Sedative medication was still administered too early. In-possession medicines were administered at lunchtime. Administration took place in private and was well supervised.
- 2.71** Nurses who had completed additional training could administer a wide range of medicines without a prescription, but pharmacy technicians and those who had not been trained could only administer single doses of pain relief. This was being addressed.

## Recommendations

- 2.72** Prisoners should consistently receive all required medication promptly and at clinically appropriate times.
- 2.73** Prisoners should have easy access to a pharmacist for advice and community-equivalent clinics, such as medicine use reviews.

## Dental services and oral health

- 2.74** An appropriate array of staff, including two dental therapists offered the full range of dental treatment and oral hygiene promotion. All prisoners had timely access to emergency appointments. During the inspection men were waiting up to eight weeks for a routine appointment, which was too long, but additional clinics were planned to reduce waiting times

to an acceptable six weeks. The dental surgery met current infection prevention standards and governance was good.



## 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 Most men could spend about 10 hours out of their cell on week days. Virtually all men were unlocked and involved in therapy meetings throughout the morning (see paragraph 2.11). The only exceptions were prisoners still undergoing assessment or those who had completed therapy or been deselected from it. Some communities allowed all men to remain out of their cells during the afternoon and allocated every individual a small job to keep them occupied, while other communities locked up men who did not go to education or have a substantive wing worker role. This meant that about a quarter of men were locked up for part of the afternoon but could spend about eight hours out of their cell each day. The regime largely ran on time, which was an improvement since the previous inspection.
- 3.2 Association time in the evening was interrupted by a roll count, which required all men to be locked up. This was disproportionate in such small, compliant communities where men could simply stand at their door to be counted. Men did not have enough opportunities to exercise in the open air. All communities were offered just half an hour's outside exercise.
- 3.3 The library provision had deteriorated since the last inspection. It was only open on three weekday afternoons and sessions were shorter. Access was poor – those attending education classes found it easy to attend because the library was in the same building but for others access was more difficult. Each community was allocated an afternoon to bring prisoners across, but this did not always happen. In the month before we visited, only about a third of prisoners had used the library, which meant it was not an integral part of daily life. The librarian ran both the main prison and the therapeutic prison (TP) libraries on her own but had no formal training. Trusted prisoners were not used to run additional sessions, as they were in the main prison.
- 3.4 The range of stock was too limited. There were no longer any links to the county council, which reduced the circulation of the book stock. There were hardly any DVDs, CDs, audiobooks or games, which was a significant gap. In our survey, only 6% of those under the age of 25 told us that the range of material in the library was good enough.
- 3.5 TP prisoners missed out on a book club held in the main library during their morning therapy sessions. Storybook Dads (in which prisoners record stories for their children) continued to run, and the Shannon Trust reading scheme had been introduced. There were four mentors in the TP but none of the prisoners was currently being mentored because there was no identified need.
- 3.6 The gym was good and TP prisoners used it well – in our survey, 77% said they attended at least twice a week. At the last inspection, the prison estimated the participation rate to be 49%. Many prisoners told us they attended three times a week. Special sessions were available for those aged over 40 and for prisoners with injuries. Facilities were good and included a recently refurbished sports hall, a cardiovascular training room, a weights training

room and a multifunction fitness suite. An outdoor football area had not been used much recently because it was unsafe in frosty weather. The eight physical education instructors were well qualified and keen to encourage TP prisoners to participate, in some cases helping them to develop personal exercise regimes. No accredited training was offered, although the gym was planning to run courses, and had recently gained accreditation from a national awarding body.

## Recommendations

- 3.7 All prisoners should be able to spend at least one hour outside every day.**
- 3.8 All prisoners should have weekly access to the library, which should expand its stock significantly.**

## Education, skills and work activities (Ofsted)<sup>11</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>12</sup>**

**3.9** *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>Requires improvement</i>
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Requires improvement</i>
<i>Personal development and behaviour:</i>	<i>Good</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Requires improvement</i>

## Management of education, skills and work

- 3.10** The TP gave men with previously problematic lifestyles the opportunity to change and progress towards rehabilitation through participation in a therapeutic community (TC). The change in attitude and behaviour this promoted, made many prisoners more receptive to learning and helped them to succeed. Men spent more than half their activity time in therapy activities related to the TCs, and their progress while in the prison was carefully monitored by clinicians and managers.

<sup>11</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>12</sup> In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

- 3.11** There were sufficient other activity places for the population, but not all were filled. The allocation of prisoners to education and training was not sufficiently effective. For example, only four of the 10 places in the gardens party had been filled, despite there having been a waiting list for this activity. However, the allocation of wing work roles was well managed. Quarterly TC job club meetings were held, where prisoners elected individuals to jobs. These allocations were often based on a thoughtful assessment of prisoners' developmental needs, for example to help improve their communication.
- 3.12** The quality of education and training, provided by Serco, required improvement. The range of learning opportunities had been reduced since the previous inspection, and was too narrow. There were about 75 education places, including in English, maths, information technology (IT), bookkeeping, art, and ceramics. Prisoners had few opportunities to develop practical work skills, and no vocational training qualifications were offered. Some prisoners who had benefited from therapy were frustrated because they could not gain further qualifications or build their skills. Managers recognised the problem, and were planning to carry out a needs analysis to inform future curriculum developments. (See main recommendation S35.)
- 3.13** Opportunities for prisoners to study through open and distance learning, including Open University (OU) courses, were good, and more than 20 were enrolled. Men did not have access to electronic resources, such as the virtual campus (restricted internet access for prisoners to community education, training and employment opportunities), but an OU coordinator provided good support, tracking learners' progress and managing external tutor contacts.
- 3.14** Managers had improved quality assurance monitoring and had introduced a comprehensive quality assurance manual. The 2017 self-assessment report was broadly accurate and many of the areas for improvement it identified had been tackled. For example, data collection and presentation had improved, providing a good basis for planning performance improvements. However, not enough had been done to address weaknesses in teaching and learning.
- 3.15** Staff development was not sufficiently focused on improving teaching. Wing work activities were not subject to quality assurance monitoring (see main recommendation S35).
- 3.16** Punctuality was poor. Staff on wings were slow to unlock prisoners for afternoon activities, which meant they were late for work and education sessions. Sessions also finished early, reducing the time available even further. In many classes attendance was poor, because men were often allocated additional therapeutic or other activities.
- 3.17** Links between the offender management unit and education were improving. Offender managers had agreed to include education targets, such as the achievement of maths and English skills at level 1, in sentence plans, which encouraged prisoners to improve in these areas. All prisoners were paid as full-time workers while in therapy, which meant they were not discouraged from participating in education or work.

## Recommendation

- 3.18 Managers should improve prisoners' punctuality and attendance.**

## Quality of provision

- 3.19** The standard of much teaching required improvement. Some classes relied on work books, which failed to inspire prisoners, and some teachers did not stimulate their interest or

challenge them sufficiently to help them develop their understanding. In these classes learners made slow progress. In other classes teachers used a good range of resources, although in some, such as bookkeeping, the lack of computer technology inhibited learning. Low attendance limited group interactions and prevented men from learning from each other.

- 3.20** However, teaching in creative subjects, such as ceramics, art, and drama, was good. Teachers used imaginative activities to involve and challenge prisoners, who developed very good skills. In entry-level English and maths classes, teachers skilfully set problems tailored to the individual to maintain prisoners' interest and help them make good progress.
- 3.21** Support for learners with additional learning needs was good. The learning support coordinator identified prisoners during induction, and their details were passed on to teachers. Teachers used class profiles well to identify others needing additional help, and to ensure it was provided. However, prisoners' individual learning plans (ILPs) did not always specify what support they needed and were not always used well to support learning. Some included personal development targets and regularly recorded progress, but others only recorded the work undertaken, or were limited to awarding body syllabus objectives.
- 3.22** Assessment in most subjects was timely and accurate. Most teachers gave encouraging and detailed feedback, enabling learners to improve and progress. However, it was not consistent, and a minority of work was returned without any helpful comments.
- 3.23** Prisoner learning support assistants were enthusiastic and keen to develop their teaching skills while helping others, and prisoners appreciated their support. However, some teachers did not plan their work carefully, which reduced their impact. Managers did not do enough to support or monitor learning support assistants, and no accredited training was available.
- 3.24** Most job roles on the wings were mundane and did little to help develop employment skills. Many did not occupy prisoners for the whole work session. Wing painters prepared cells for new arrivals well but did not receive any training. Workers in the gardens received basic training in the use of powered machinery, but no qualifications were offered in any work activities.
- 3.25** Fine cell work provided up to 10 men with excellent work and they produced quality embroidered products. The workers were involved in and motivated by the work, which helped develop their personal skills and self-esteem, while raising money for charitable causes.

## Recommendations

- 3.26** **Target setting in individual learning plans should ensure that prisoners' progress can be monitored effectively.**
- 3.27** **Teachers should make the best use of the support provided by learning support assistants by planning their work, and their effectiveness should be monitored.**

## Personal development and behaviour

- 3.28** Prisoners demonstrated very good behaviour on the wings and in education and work areas. They were encouraged to discuss issues and problems with each other and with staff during group sessions and on a one-to-one basis. They recognised the beneficial impact of therapy

on their thinking and behaviour. As a result, many were positive about improving their future employment prospects through education and skills.

- 3.29** Prisoners and teaching staff had a good rapport and respected each other. Men worked well together and participated well in class discussions, respecting each other's views and developing communication skills and self-confidence.
- 3.30** Prisoners involved in practical creative activities such as ceramics, drama, and fine cell embroidery developed personal qualities, such as patience and attention to detail, and could apply their maths abilities, alongside their craft skills. They were keen to discuss their work and the techniques and skills involved.
- 3.31** Prisoners were often called to attend therapy sessions or special community meetings that clashed with their education. Most men were keen to attend activities, but a few felt that education was not considered a priority, so did not feel under an obligation to attend.

## Recommendation

- 3.32** **Managers should ensure that education and therapy staff improve the way they communicate and both functions should be better coordinated, so they contribute to positive outcomes for prisoners.**

## Outcomes and achievements

- 3.33** Retention was good on most education courses, particularly industrial cleaning, family relationships and ceramics. Pass rates for men who completed their courses were good in English and maths, as well as in ceramics and family relationship courses. However, in IT, art, and bookkeeping, only about half the students achieved their qualification. There were no significant differences in qualification outcomes between different ethnic groups.
- 3.34** Prisoners with learning difficulties and disabilities were supported by a specialist learning disabilities practitioner on their wing, who helped them to benefit from the therapy. Few attended education, but managers were considering how to provide them with suitable courses.
- 3.35** Many creative courses complemented the therapeutic role of the prison well – they gave men the skills to help them progress towards rehabilitation by encouraging them to develop creativity, self-expression and respect for others. Learners made very good progress and achieved high standards of work, often exceeding the requirements of their qualification.
- 3.36** Many prisoners were employed in wing work. Most of these jobs provided little skills development.

## Recommendations

- 3.37** **Managers should use data to identify underperforming courses and take action to improve qualification outcomes.**
- 3.38** **Prisoners working on wings should be able to gain accreditation and have their employment skills recognised.**



## 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 The visitors' centre functioned mainly as a waiting room, where staff checked visitors' identification and arranged for them to be admitted to the prison. On arrival, visitors had access to toilets and lockers, but the centre was otherwise poorly equipped. Although staff responded to questions, visitors were not offered guidance or advice and the atmosphere was unwelcoming. Little useful information was on display and even though the visiting hours had recently been altered, no leaflets were available to explain the change.
- 4.2 The atmosphere in the therapeutic prison (TP) visits area was friendly and prisoners and staff we spoke to were positive about their treatment there. Visitors could buy hot and cold food from a café run by prisoners. Funding had been obtained to replace furniture in the area as it had become worn. Occasionally, however, visits took place at the main site and TP prisoners said mainstream prisoners hurled insults at them when they attended.
- 4.3 Close working relationships meant staff were often aware of prisoners' home circumstances. Seventy-five per cent of prisoners said staff encouraged them to stay in touch with members of their family and friends. We also saw evidence in groups and in files, that where there were difficulties, staff supported men to maintain contact with their families.
- 4.4 Family days were organised in each of the communities four times a year and prisoners on the standard incentives and earned privileges regime could now also participate. Staff recognised that they had to devise more appropriate activities to ensure the large number of young children attending family days were kept occupied.
- 4.5 Prisoners all had phones in their cells and 99% of men said they could use the phone every day if they had credit. Men in the TP also had access to the Email a Prisoner scheme, which allowed family members and friends to deliver messages that were printed out in the prison and included in the daily mail delivery.

## 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.**

- 4.6** The main therapeutic communities (TCs) and TC+ enabled up to 200 eligible men to address their risks and make progress in their sentences. Both communities were staffed by a combination of specially selected and trained prison officers and clinical therapists, including psychologists. Prisoners were screened prior to admission and were assessed while in the units. The TCs provided group interventions on week days, supplemented by individual key work.
- 4.7** Overall the strategic approach to managing the TP was good. Staff and prisoners understood the underpinning ethos and objectives and managers knew how the approach should be taken forward and developed.
- 4.8** The prison had a resettlement and reducing reoffending strategy that covered the main prison and the TCs. While the primary focus was appropriately on the main side of the prison, much applied equally to the TP. Weekly governance meetings took place specifically on the TP. The head of offender management and reducing reoffending attended once a month.
- 4.9** The TP was now changing its clinical model and focusing mainly on recruiting more clinical staff to foster its therapeutic ethos, so it could meet the audit criteria set by the Community of Communities (an improvement programme for TCs) and the accreditation standards of the Correctional Services Accreditation and Advisory Panel (a government body that promotes reducing reoffending interventions). There were several significant staffing shortages. For example, only one of the four main communities had a clinical lead staff member in place.
- 4.10** Although staff acknowledged the recruitment of staff and implementation of a new therapeutic model would take some months to deliver, every effort was being made to maintain the core programme and support staff as well as possible. Nevertheless, the staff shortages had an impact on outcomes for prisoners and meant, for example, that the clinical director had to supervise up to 40 staff, which was unsustainable for any length of time.
- 4.11** Despite the shortfall, interim arrangements did not appear to be significantly compromising the integrity of the programme and the TP's therapeutic model was good. In our survey, 83% of respondents said their experience of the TP had made them less likely to offend in the future. Prisoners we spoke to were also extremely positive about their experiences in their respective communities. Many talked about the challenges they presented but believed they were benefiting substantially from the TCs.
- 4.12** The role of offender management in the TP was unclear, particularly its role in supporting men through the intervention and after they had completed it, and the offender management policy made little specific reference to the TP. During our inspection, we looked at the offender management case files of about 20 men in the TP, along with others who had completed the TC programme and moved back to the main site. Although all men in the TP had an offender assessment system (OASys) report, 38 were not up to date and a number we read did not have the TC intervention included as part of a sentence plan. Thirty-two of the assessments were the responsibility of the National Probation Service. Despite this, OASys reports for men in the TP that we reviewed were of a reasonable standard.

- 4.13** All prisoners were allocated to an offender supervisor, either a prison officer or probation officer. Although the number of offender supervisors working with men in the TP was limited, we were told that most offender supervisors were responsible for some cases. Several offender supervisors, especially the prison officers, were unsure about their role while a prisoner they were responsible for was in the TCs.
- 4.14** The level of training and experience also varied – some prison officers had very little offender supervisor experience and/or no appropriate training, despite, in many cases, being responsible for men assessed as posing a high risk of harm. Probation officers, however, had a better understanding of their role, worked closely with community offender managers and therapeutic staff, attended six monthly therapeutic reviews and maintained a level of continuity throughout the therapy period. None of the offender supervisors had undertaken any specific training relating to the TP and their knowledge of its ethos and principles was often limited.
- 4.15** Prisoners we spoke to during the inspection knew who their offender supervisor was, but they were often unsure what their role was while they were engaged in the TCs. However, this was offset by the level of support and continuity they received through therapy and from TC staff. All men had clear therapy objectives and understood what they involved. In our survey, 83% of respondents said they had a custody plan, 95% of whom said they knew what they needed to do to achieve their targets and 86% said staff were helping them to achieve them.
- 4.16** The TC+, which opened in 2013, enabled up to 20 prisoners with learning disabilities to participate effectively in the TC intervention. A learning disability specialist nurse was supporting men in the unit and helping staff to adapt and respond to men's needs. For example, they jointly developed resources and worked with the education department to increase the range of courses TC+ residents could access. (See also paragraph 3.34.)
- 4.17** During the inspection, about half the TP's population was a category B and the other half a category C. While they were in one of the TC's men continued to have their categorisation reviewed annually or biannually. In most cases, prisoners were not re-categorised until after they had finished therapy, often as part of progression planning. In some cases, men were moved to the main site to complete their review. In the previous 12 months, 17 men had been transferred from Dovegate TP to an open establishment (category D). From our own review of re-categorisation, decisions appeared appropriate and the system well managed.
- 4.18** Public protection arrangements were appropriate. Prisoners subject to restrictions due to child protection or harassment concerns were appropriately informed. Decisions to increase or reduce the level of restrictions were managed through the interdepartmental risk management team (IDRMT) meeting. One prisoner had been released in the previous 12 months and was subject to multi-agency public protection arrangements (MAPPA) in the community. Although his release plan was comprehensive, the IDRMT meeting had not reviewed his case, nor was his MAPPA level confirmed with the community responsible officer prior to his release.
- 4.19** In the previous 12 months, about 28% of men leaving the TP did so after completing therapy. Completion rates were lower than, but comparable to, those of Grendon the only other dedicated TP. It was expected that they would improve once the full complement of staff was in place and the enhanced therapeutic model was operational.
- 4.20** For most men, completing therapy was extremely positive. A significant number had their security category downgraded as part of the process and were making progressive moves to other prisons. As a prisoner moved towards the end of his therapy an exit plan was developed during therapy reviews. In many cases, it included updating his OASys report. However, progression plans were not always clear. Offender supervisors we spoke to were

not always sure what their role was in this process and in some cases, they were not involved. Although some men we spoke to, who were due to leave the TC in the next few months, knew what their plans were and the level of support they would receive, one man, due to complete the following month, said he did not know what was happening and had little or no contact with either his offender manager or offender supervisor.

- 4.21** We reviewed the cases of several men who had left the TC and who moved to the main prison. In each case, a suitable plan was in place and the reason for the move was appropriate. Although all men we spoke to were positive about the TC they had been involved with, they were negative about their experiences since leaving the TP. One man described being moved and feeling he had been 'abandoned', while another described being moved with little notice or planning. In each case, the level of contact they received from the offender management unit and their offender supervisor was comparable with other men in the main prison. However, expectations had not been managed effectively. One man said he felt the prison had a duty of care to manage the transition more effectively.
- 4.22** In the 12 months prior to the inspection, 42 men had either been deselected or had decided to withdraw from therapy and been moved to the main prison. Most men who wanted to reapply were encouraged to do so and several men in one of the TCs had previously been deselected or had voluntarily withdrawn from the programme. Staff at the TP acknowledged that they could manage men's transition better. Staff told us that it was hoped a 'progression' unit would be set up in the main prison to facilitate this process.
- 4.23** There was some confusion about the '28-day rule', which meant men who had been deselected were expected to be moved from the TP within 28 days. Some staff implemented the rule strictly, but in other cases, they adopted a more flexible approach, which ensured men were moved to the right location.

## Recommendations

- 4.24 All men joining the TP should have an up-to-date OASys report. An escalation process should be agreed for cases managed by the National Probation Service.**
- 4.25 The role of the offender management unit and offender supervisors in progression planning for men in TCs should be clarified and staff involved should have appropriate training.**
- 4.26 All MAPPA cases should be reviewed by the IDRMT prior to release and MAPPA levels should be set in time for a management plan to be developed.**
- 4.27 The TP, in conjunction with the main prison, should implement an effective model for managing and supporting men during the transition from the TP to the main prison.**

## 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.**

- 4.28** Few men were released directly from the TP. In the previous year only two men had been released, one at the direction of the parole board and the other on licence at the end of his sentence. In both cases, their release had been managed reasonably well. A comprehensive and detailed release plan had been developed in advance of the parole board and had been well coordinated by the community-based offender manager.
- 4.29** In the other cases, men's release had been managed with some support from the Staffordshire and West Midlands Community Rehabilitation Company (CRC). It was rare that the CRC worked with men in the TP, although prisoners could access support when necessary. Some debt management assistance had been provided to two men in recent months.



# 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 recommendation

To the governor

- 5.1** The TP should ensure the learning, skills and work opportunities provided are appropriate for the population, the quality is sufficient and the provision supports men's progression and the therapeutic process itself. (S35)

## Recommendations

### Early days in custody

- 5.2** Prisoners should not be strip-searched unless specific intelligence suggests this is necessary. (1.12, repeated recommendation 4.54)
- 5.3** All reception interviews should be confidential. (1.13)

### Safeguarding

- 5.4** Emergency response procedures should be reviewed in line with national policy and defibrillators should be available in the TP. (1.31)

### Equality, diversity and faith

- 5.5** Data monitoring should consider outcomes that are relevant for TP prisoners. (2.20)
- 5.6** Investigations into allegations of discrimination should be timely and thorough and subject to external scrutiny. (2.21)

### Health, well-being and social care

- 5.7** Electronically recorded tasks on SystemOne should be completed promptly. (2.44)
- 5.8** Joint working between the health care team and TC+ clinical staff should ensure men with a learning disability receive all required support through an agreed pathway. (2.45)
- 5.9** Prisoners should be able to wait for health services and receive all interventions in a decent environment that complies with required standards, confirmed by a regular external audit. (2.46)
- 5.10** Prisoners should be able to access all primary care clinics within community-equivalent waiting times. (2.56)

- 5.11** Prisoners with mental health needs should have timely access to a face-to-face assessment and a full range of interventions including groups, counselling and psychological support. (2.62)
- 5.12** Prisoners should consistently receive all required medication promptly and at clinically appropriate times. (2.72)
- 5.13** Prisoners should have easy access to a pharmacist for advice and community-equivalent clinics, such as medicine use reviews. (2.73)

#### Time out of cell

- 5.14** All prisoners should be able to spend at least one hour outside every day. (3.7)
- 5.15** All prisoners should have weekly access to the library, which should expand its stock significantly. (3.8)

#### Education, skills and work activities

- 5.16** Managers should improve prisoners' punctuality and attendance. (3.18)
- 5.17** Target setting in individual learning plans should ensure that prisoners' progress can be monitored effectively. (3.26)
- 5.18** Teachers should make the best use of the support provided by learning support assistants by planning their work, and their effectiveness should be monitored. (3.27)
- 5.19** Managers should ensure that education and therapy staff improve the way they communicate and both functions should be better coordinated, so they contribute to positive outcomes for prisoners. (3.32)
- 5.20** Managers should use data to identify underperforming courses and take action to improve qualification outcomes. (3.37)
- 5.21** Prisoners working on wings should be able to gain accreditation and have their employment skills recognised. (3.38)

#### Reducing risk, rehabilitation and progression

- 5.22** All men joining the TP should have an up-to-date OASys report. An escalation process should be agreed for cases managed by the National Probation Service. (4.24)
- 5.23** The role of the offender management unit and offender supervisors in progression planning for men in TCs should be clarified and staff involved should have appropriate training. (4.25)
- 5.24** All MAPPA cases should be reviewed by the IDRMT prior to release and MAPPA levels should be set in time for a management plan to be developed. (4.26)
- 5.25** The TP, in conjunction with the main prison, should implement an effective model for managing and supporting men during the transition from the TP to the main prison. (4.27)

## Examples of good practice

- 5.26** Staff involved the families of men on an ACCT, which meant the men could receive additional support and reassurance. (1.32)
- 5.27** Men could place orders at the prison shop twice a week and within 24 hours of arrival, which reduced the risk of men getting into debt. (2.10)
- 5.28** A full-time health promotion practitioner and well trained and supported prisoner health champions assisted prisoners so they could improve their health and well-being. (2.49)



## Section 6. Appendices

### Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Sean Sullivan	Team leader
Francesca Cooney	Inspector
Ian Macfadyen	Inspector
Keith McInnis	Inspector
Paul Rowlands	Inspector
Jonathan Tickner	Inspector
Tamara al Janabi	Researcher
Natalie-Anne Hall	Researcher
Emily Spilman	Researcher
Beth Wilson	Researcher
Majella Pearce	Lead health and social care inspector
Lynda Day	Care Quality Commission inspector
Steve Oliver-Watts	Lead Ofsted inspector
Chris Dearnly	Ofsted inspector
Keith Hughes	Ofsted 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 2013, prisoners received information about the prison before they arrived. Some prisoners' journeys were long, but they felt well treated by escort staff. Reception, first night and induction procedures were generally good. The prison needed to provide prisoners with more support during their assessment period. Most prisoners felt safe and there were very few incidents, but data analysis needed to be improved. Support for the small number of men considered vulnerable to self-harm was good. Security arrangements were generally proportionate. However, safety was heavily dependent on the willingness of prisoners to challenge each other's behaviour and we were concerned that some felt less willing to do this than we expected. Nearly half of prisoners reported that drugs were easily available. Most prisoners were on the enhanced incentives and earned privileges (IEP) level. Little use was made of formal disciplinary processes and most issues were resolved within the groups. Prisoners with substance misuse issues received some good support but could not access the range of group work courses available in the main prison. Outcomes for prisoners were reasonably good against this healthy prison test.*

#### **Main recommendation**

Managers should ensure that the ethos of the TC is fully understood and embedded. This includes ensuring that both staff and prisoners challenge others appropriately when necessary. (S32)

**Achieved**

#### **Recommendations**

First night interviews should identify any individual needs following reception and an entry should be made on P-Nomis case records. (I.14)

**Not achieved**

More purposeful and structured activities should be introduced during the assessment period with staff helping prisoners to make the transition to life in a TC. (I.15)

**Not achieved**

All incidents of violence should be reported to the safer custody team, which should check an appropriate response has been made. (I.23)

**Not achieved**

All records and management of safety information relating to the TC should routinely be disaggregated from those of the main prison so managers are able to get a more accurate picture of performance and any problematic issues. (I. 24)

**No longer relevant**

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (I.37)

**Achieved**

There should be TC-specific intelligence collation and analysis. (I.46)

**No longer relevant**

Efforts should be made to explore prisoners' perceptions of drug use and compliance-based drug testing should be reintroduced. (I. 47)

**Achieved**

The effectiveness of the alternative to the IEP scheme on the Camelot TC should be evaluated. (I.51)

**No longer relevant**

Adjudications should be conducted in the TC. (I.57)

**Achieved**

Data on adjudications, use of force and segregation for TC prisoners should be routinely analysed separately from the main prison, in order to promote learning and positive outcomes. (I.64)

**No longer relevant**

TC prisoners should have access to the range of group work courses provided by the substance misuse team. (I.71)

**Achieved**

The substance misuse team should assess the specific needs of prisoners located in the TC and develop interventions in consultation with service users. (I. 72)

**Achieved**

## Respect

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

*At the last inspection, in 3013, living conditions were very good. Staff-prisoner relationships were strong and personal officer arrangements excellent. Equality and diversity outcomes were generally equitable. Faith provision was good. The management of formal complaints needed to be improved. Very limited legal services were offered but demand was low. Prisoners were negative about health services, but treatment outcomes were generally good. Communication between the health care team and the TC needed to improve. Prisoners disliked the food. The canteen service was very good and prisoners had access to catalogue shopping. Outcomes for prisoners were good against this healthy prison test.*

### Recommendations

Monitoring data should include all the protected characteristics. (2.17)

#### **Not achieved**

Prisoners with disabilities and older prisoners with identified needs should have a care plan informed by health care and residential staff, and about which they should be consulted. (2.29)

#### **Achieved**

Personal evacuation plans should be in place as appropriate. Staff should be aware of prisoners requiring assistance in the event of an emergency. (2.30)

#### **Partially achieved**

Responses to complaints should be timely, polite and address the concern raised. (2.43)

#### **Partially achieved**

SystemOne should be available to clinicians wherever it is required to offer efficient clinical services. (2.61)

#### **Achieved**

There should be a protocol for information sharing between TC therapists, Serco Health and Staffordshire and Shropshire NHS Mental Health Foundation Trust. (2.62)

#### **No longer relevant**

Wing-based health services should be available in the TC. (2.63)

#### **Not achieved**

Health care rooms should be rationalised to ensure optimal use, comply with relevant infection control standards and be clean; cleanliness should be subject to documented checking. (2.64)

#### **Partially achieved**

Automated external defibrillators should be accessible where they are most likely to be used. (2.65)

#### **Partially achieved**

The partnership board should implement strategies to reduce the waiting time for the smoking cessation programme. (2.75)

#### **Achieved**

The partnership board should take steps to reduce failure-to-attend rates for internal and external health care appointments. (2.76)

#### **Achieved**

The partnership board should ensure that Dovegate patients are able to see a qualified pharmacist for medication use reviews and that the pharmacy assistant undergoes an accredited pharmacy training course. (2.83)

**Partially achieved**

An out-of-hours policy should be introduced. The list of approved medicines that can be supplied out of hours should be clearly displayed where the medicines are stored. (2.84)

**Achieved**

The in-possession medication policy should cover any approved exceptions. Prescribing and recording practices should adhere to the policy. (2.85)

**Achieved**

Supervised medications should be administered at the prescribed times. (2.86)

**Achieved**

The partnership board should consider the provision of a TC for prisoners with stable long-term mental illnesses who might benefit from the approach. (2.98)

**No longer relevant**

Lunch should not be served before 12 noon. (2.104)

**Not achieved**

There should be a thorough analysis of this year's food survey, with an action plan to improve prisoners' perceptions about food, monitored for completion by the senior management team. (2.105)

**Achieved**

Staff supervision and management oversight of wing serveries should be improved to prevent poor practices and ensure that daily checks, including management checks, are completed. (2.106)

**Partially achieved**

## Purposeful activity

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

*At the last inspection, in 2013, prisoners received good time out of their cell but regular problems in reconciling the roll and staffing shortages were affecting access to therapy and the general regime. Therapy was the main activity of the prison. Leadership and management of learning and skills needed to be developed, although positive steps were being taken. There were sufficient activity places for the population and the range was good for most, but attendance and punctuality were poor. Some good quality activities were on offer, and outcome data was being collected but not analysed. The library and gym provided a reasonable service. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendation

The prison roll and staffing levels should be managed so that purposeful activities as well as the therapeutic programme, the main resettlement activity, could take place as scheduled and without interruption. (S33)

**Partially achieved**

## Recommendations

Objectives in the strategic plan should be precise to enable managers to set clear and measurable targets in action plans. (3.12)

**Achieved**

Quality improvement processes, including self-assessment, should be applied consistently across all provision. (3.13)

**Not achieved**

The data project should be completed swiftly to ensure it provides sufficient data on course performance, enabling managers to analyse them and set improvement targets. (3.14)

**Achieved**

Attendance should be monitored and poor attendance appropriately challenged. (3.20)

**Not achieved**

Specific provision, particularly in English and mathematics, should be provided for learners with learning disabilities or difficulties. (3.21)

**Achieved**

Teachers should build into their lessons activities that develop learners' English and mathematics skills in the context of the lesson. (3.28)

**Partially achieved**

Teachers should regularly complete learners' individual learning plans reflecting on the progress they have made in lessons and setting clear and measurable targets so that prisoners know what to do to improve. (3.29)

**Partially achieved**

Managers should ensure that learning sessions are not too long, so that prisoners with learning disabilities or difficulties are able to maintain their concentration. (3.30)

**Not achieved**

The range of activities to promote literacy should be increased. (3.34)

**Achieved**

A focused promotion strategy to increase participation in PE should be put in place. (3.37)

**Achieved**

A broader range of vocational and practical courses should be developed. (3.38)

**Not achieved**

## Resettlement

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

*At the last inspection, in 2013, the broader resettlement strategy needed further development to ensure all needs were identified and met. Offender management arrangements were good and a whole prison approach had been adopted. Very few men were released directly from the prison but appropriate support was available. Prisoners received good support to maintain contact with their children and families. Many prisoners talked positively about the impact of therapy. Some elements of the TC programme were not being delivered consistently, which risked undermining its effectiveness. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendation

The offender personality disorder strategy should be fully implemented to ensure prisoners with personality disorders have a coordinated treatment pathway that identifies and assesses needs, refers suitable candidates to the appropriate prison and supports them when they leave therapy or require a progressive move. The strategy should be underpinned by continuing research to establish its effectiveness in reducing reoffending. (S34)

**Achieved**

### Recommendations

The reducing reoffending strategy should be specific to the TC and based on a needs analysis; a specific TC governance meeting should be held. (4.8)

**Achieved**

Prisoners subject to mail and telephone monitoring should be informed. (4.23)

**Achieved**

Prisoners should receive help to manage the transition to non-TC environments. (4.34)

**Partially achieved**

Managers should ensure that end of therapy reports are completed within the expected timescale. (4.35)

**Not achieved**

The work of orderlies in resettlement should be monitored to ensure compliance and confidentiality. (4.36)

**No longer relevant**

The links between sentence planning and education should be further developed to ensure that the OMU receives accurate and timely education progress reports to inform prisoners' sentence plan targets. (4.40)

**Partially achieved**

Prisoners on the standard regime should not be excluded from children's visits. (4.52)

**Achieved**

Prisoners should be able to use the vending machines and access the toilet during their visit. (4.53)

**Achieved**

Prisoners should not be strip-searched unless specific intelligence suggests this is necessary. (4.54)  
**Not achieved** (recommendation repeated, 1.12)



## Appendix III: Prison population profile

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

### Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	0	86	48.3%
Recall	0	15	8.4%
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	0	0
Indeterminate sentence		77	43.3%
<b>Total</b>	<b>0</b>	<b>178</b>	<b>100%</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced	0	0	0
Less than 6 months	0	0	0
6 months to less than 12 months	0	0	0
12 months to less than 3 years	0	0	0
3 years to less than 4 years	0	1	0.6%
4 years to less than 10 years	0	22	12.4%
10 years and over and less than life	0	66	37.1%
Life – Non-ISPP (indeterminate sentence for public protection)	0	64	50%
Life – ISPP	0	25	14%
<b>Total</b>	<b>0</b>	<b>178</b>	<b>100%</b>

Age	Number of prisoners	%
Please state minimum age here: 21		
Under 21 years	0	0
21 years to 29 years	47	26.4%
30 years to 39 years	63	35.4%
40 years to 49 years	45	25.3%
50 years to 59 years	20	11.2%
60 years to 69 years	3	1.7%
70 plus years	0	0
Please state maximum age here: 66		
<b>Total</b>	<b>178</b>	<b>100%</b>

Nationality	18–20 yr olds	21 and over	%
British	0	175	98.3%
Foreign nationals	0	3	1.7%
<b>Total</b>	<b>0</b>	<b>178</b>	<b>100%</b>

<b>Security category</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Category B	0	88	49.4%
Category C	0	90	50.6%
Other	0	0	0
<b>Total</b>	<b>0</b>	<b>178</b>	<b>100%</b>

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
White	0	130	73%
British	0	127	71.3%
Irish	0	0	0
Gypsy/Irish Traveller	0	1	0.6%
Other white	0	2	1.1%
Mixed	0	11	6.2%
White and black Caribbean	0	8	4.5%
White and black African	0	1	0.6%
White and Asian	0	0	0
Other mixed	0	2	1.1%
Asian or Asian British	0	13	7.3%
Indian	0	6	3.4%
Pakistani	0	2	1.1%
Bangladeshi	0	0	0%
Chinese	0	0	0%
Other Asian	0	5	2.8%
Black or black British	0	23	12.9%
Caribbean	0	17	9.6%
African	0	3	1.7%
Other black	0	3	1.7%
Other ethnic group	0	1	0.6%
Arab	0	0	0
Other ethnic group	0	1	0.6%
Not stated	0	0	0%
<b>Total</b>	<b>0</b>	<b>0</b>	<b>100%</b>

<b>Religion</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Baptist	0	0	0
Church of England	0	29	16.3%
Roman Catholic	0	37	20.8%
Other Christian denominations	0	17	9.6%
Muslim	0	27	15.2%
Sikh	0	3	1.7%
Hindu	0	0	0
Buddhist	0	10	5.6%
Jewish	0	1	0.6%
Other	0	8	4.5%
No religion	0	46	25.8%
<b>Total</b>	<b>0</b>	<b>178</b>	<b>100%</b>

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

**Sentenced prisoners only**

<b>Length of stay</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Less than 1 month	0	5	2.8%
6 months to 1 year	0	48	27%
1 month to 3 months	0	9	5.1%
3 months to 6 months	0	27	15.2%
1 year to 2 years	0	52	29.2%
2 years to 4 years	0	31	17.4%
4 years or more	0	6	3.4%
<b>Total</b>	<b>0</b>	<b>178</b>	<b>100%</b>

**Sentenced prisoners only**

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

**Unsentenced prisoners only**

<b>Length of stay</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Less than 1 month	0	0	0
6 months to 1 year	0	0	0
1 month to 3 months	0	0	0
3 months to 6 months	0	0	0
1 year to 2 years	0	0	0
2 years to 4 years	0	0	0
4 years or more	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Main offence</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Not currently available	0	??	
<b>Total</b>	<b>0</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.

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *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>13</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.

### Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity.<sup>14</sup> 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 12 March 2018 the prisoner population at HMP Dovegate Therapeutic Community was 176, all of whom were approached to participate in the survey. We received a total of 150 completed questionnaires, a response rate of 85%. Eight prisoners declined to participate in the survey and 18 questionnaires were either not returned at all, or returned blank.

## Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Dovegate Therapeutic Community. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.<sup>15</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).

<sup>13</sup> Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

<sup>14</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 HMI Prisons' website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

<sup>15</sup> Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

## 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 Dovegate Therapeutic Community 2018<sup>16</sup> compared with those from other HMI Prisons surveys<sup>17</sup>

- Survey responses from HMP Dovegate Therapeutic Community in 2018 compared with survey responses from the most recent inspection at all other category B training prisons.
- Survey responses from HMP Dovegate Therapeutic Community in 2018 compared with survey responses from HMP Dovegate Therapeutic Community in 2013.

### Comparisons between sub-populations of prisoners within HMP Dovegate Therapeutic Community 2018<sup>18</sup>

- 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 50 and over compared with those under 50.
- 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>19</sup>

In the comparator analyses, statistically significant differences are indicated by shading.<sup>20</sup> 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>16</sup> Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

<sup>17</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>18</sup> These analyses are carried out on summary data from selected survey questions only.

<sup>19</sup> A minimum of 10 responses which must also represent at least 10% of the total response.

<sup>20</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.

## Background information

<b>I.1</b>	<b>What wing or houseblock are you currently living on?</b>	
	A Wing	33 (22%)
	B Wing	30 (20%)
	C Wing	32 (21%)
	D Wing	31 (21%)
	E Wing	14 (9%)
	F Wing	10 (7%)
<b>I.2</b>	<b>How old are you?</b>	
	Under 21 .....	0 (0%)
	21 - 25.....	17 (11%)
	26 - 29.....	20 (13%)
	30 - 39.....	54 (36%)
	40 - 49.....	37 (25%)
	50 - 59.....	18 (12%)
	60 - 69.....	3 (2%)
	70 or over .....	0 (0%)
<b>I.3</b>	<b>What is your ethnic group?</b>	
	White - English/ Welsh/ Scottish/ Northern Irish/ British .....	96 (65%)
	White - Irish.....	2 (1%)
	White - Gypsy or Irish Traveller.....	4 (3%)
	White - any other White background .....	2 (1%)
	Mixed - White and Black Caribbean.....	10 (7%)
	Mixed - White and Black African .....	0 (0%)
	Mixed - White and Asian.....	0 (0%)
	Mixed - any other Mixed ethnic background .....	2 (1%)
	Asian/ Asian British - Indian.....	4 (3%)
	Asian/ Asian British - Pakistani.....	5 (3%)
	Asian/ Asian British - Bangladeshi.....	0 (0%)
	Asian/ Asian British - Chinese.....	0 (0%)
	Asian - any other Asian Background .....	0 (0%)
	Black/ Black British - Caribbean.....	11 (7%)
	Black/ Black British - African .....	6 (4%)
	Black - any other Black/ African/ Caribbean background.....	1 (1%)
	Arab.....	0 (0%)
	Any other ethnic group .....	4 (3%)
<b>I.4</b>	<b>How long have you been in this prison?</b>	
	Less than 6 months.....	15 (10%)
	6 months or more .....	132 (90%)
<b>I.5</b>	<b>Are you currently serving a sentence?</b>	
	Yes .....	144 (98%)
	Yes - on recall.....	3 (2%)
	No - on remand or awaiting sentence.....	0 (0%)
	No - immigration detainee.....	0 (0%)

**1.6 How long is your sentence?**

Less than 6 months.....	0 (0%)
6 months to less than 1 year.....	0 (0%)
1 year to less than 4 years.....	1 (1%)
4 years to less than 10 years.....	16 (11%)
10 years or more.....	58 (40%)
IPP (indeterminate sentence for public protection).....	21 (14%)
Life.....	50 (34%)
Not currently serving a sentence.....	0 (0%)

**Arrival and reception****2.1 Were you given up-to-date information about this prison before you came here?**

Yes.....	86 (59%)
No.....	48 (33%)
Don't remember.....	13 (9%)

**2.2 When you arrived at this prison, how long did you spend in reception?**

Less than 2 hours.....	75 (50%)
2 hours or more.....	68 (46%)
Don't remember.....	6 (4%)

**2.3 When you were searched in reception, was this done in a respectful way?**

Yes.....	130 (87%)
No.....	16 (11%)
Don't remember.....	3 (2%)

**2.4 Overall, how were you treated in reception?**

Very well.....	38 (26%)
Quite well.....	90 (60%)
Quite badly.....	14 (9%)
Very badly.....	6 (4%)
Don't remember.....	1 (1%)

**2.5 When you first arrived here, did you have any of the following problems?**

Problems getting phone numbers.....	66 (45%)
Contacting family.....	34 (23%)
Arranging care for children or other dependants.....	1 (1%)
Contacting employers.....	0 (0%)
Money worries.....	14 (9%)
Housing worries.....	1 (1%)
Feeling depressed.....	26 (18%)
Feeling suicidal.....	2 (1%)
Other mental health problems.....	10 (7%)
Physical health problems.....	13 (9%)
Drug or alcohol problems (e.g. withdrawal).....	13 (9%)
Problems getting medication.....	24 (16%)
Needing protection from other prisoners.....	1 (1%)
Lost or delayed property.....	27 (18%)
Other problems.....	10 (7%)
Did not have any problems.....	44 (30%)

**2.6 Did staff help you to deal with these problems when you first arrived?**

Yes.....	51 (36%)
No.....	47 (33%)
Did not have any problems when I first arrived.....	44 (31%)

## 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.....			72 (50%)
	Toiletries / other basic items .....			66 (46%)
	A shower.....			77 (53%)
	A free phone call .....			107 (74%)
	Something to eat .....			103 (71%)
	The chance to see someone from health care.....			91 (63%)
	The chance to talk to a Listener or Samaritans.....			28 (19%)
	Support from another prisoner (e.g. Insider or buddy).....			25 (17%)
	Wasn't offered any of these things .....			10 (7%)
<b>3.2</b>	<b>On your first night in this prison, how clean or dirty was your cell?</b>			
	Very clean .....			11 (7%)
	Quite clean .....			78 (52%)
	Quite dirty .....			34 (23%)
	Very dirty .....			24 (16%)
	Don't remember .....			2 (1%)
<b>3.3</b>	<b>Did you feel safe on your first night here?</b>			
	Yes .....			131 (89%)
	No.....			9 (6%)
	Don't remember .....			7 (5%)
<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?	106 (76%)	25 (18%)	8 (6%)
	Free PIN phone credit?	87 (62%)	38 (27%)	15 (11%)
	Numbers put on your PIN phone?	67 (48%)	65 (46%)	9 (6%)
<b>3.5</b>	<b>Did your induction cover everything you needed to know about this prison?</b>			
	Yes .....			85 (58%)
	No.....			45 (31%)
	Have not had an induction.....			16 (11%)

## On the wing

<b>4.1</b>	<b>Are you in a cell on your own?</b>	
	Yes .....	149 (100%)
	No, I'm in a shared cell or dormitory.....	0 (0%)
<b>4.2</b>	<b>Is your cell call bell normally answered within 5 minutes?</b>	
	Yes .....	43 (29%)
	No.....	58 (39%)
	Don't know.....	45 (31%)
	Don't have a cell call bell.....	1 (1%)

**4.3 Please answer the following questions about the wing or houseblock you are currently living on:**

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	136 (92%)	11 (7%)	1 (1%)
Can you shower every day?	147 (100%)	0 (0%)	0 (0%)
Do you have clean sheets every week?	126 (86%)	18 (12%)	2 (1%)
Do you get cell cleaning materials every week?	119 (80%)	27 (18%)	3 (2%)
Is it normally quiet enough for you to relax or sleep at night?	118 (80%)	28 (19%)	1 (1%)
Can you get your stored property if you need it?	48 (33%)	62 (43%)	35 (24%)

**4.4 Normally, how clean or dirty are the communal / shared areas of your wing or houseblock (landings, stairs, wing showers etc.)?**

Very clean .....	23 (16%)
Quite clean .....	102 (70%)
Quite dirty .....	15 (10%)
Very dirty .....	5 (3%)

**Food and canteen****5.1 What is the quality of food like in this prison?**

Very good.....	10 (7%)
Quite good.....	77 (52%)
Quite bad .....	45 (30%)
Very bad .....	17 (11%)

**5.2 Do you get enough to eat at mealtimes?**

Always.....	13 (9%)
Most of the time.....	56 (38%)
Some of the time.....	59 (40%)
Never .....	21 (14%)

**5.3 Does the shop / canteen sell the things that you need?**

Yes .....	65 (45%)
No.....	81 (55%)
Don't know.....	0 (0%)

**Relationships with staff****6.1 Do most staff here treat you with respect?**

Yes .....	126 (87%)
No.....	19 (13%)

**6.2 Are there any staff here you could turn to if you had a problem?**

Yes .....	127 (88%)
No.....	18 (12%)

**6.3 In the last week, has any member of staff talked to you about how you are getting on?**

Yes .....	85 (58%)
No.....	61 (42%)

<b>6.4</b>	<b>How helpful is your personal or named officer?</b>	
	Very helpful.....	51 (35%)
	Quite helpful.....	56 (38%)
	Not very helpful.....	13 (9%)
	Not at all helpful.....	9 (6%)
	Don't know.....	15 (10%)
	Don't have a personal / named officer .....	3 (2%)
<b>6.5</b>	<b>How often do you see prison governors, directors or senior managers talking to prisoners?</b>	
	Regularly.....	4 (3%)
	Sometimes.....	28 (19%)
	Hardly ever.....	110 (75%)
	Don't know.....	4 (3%)
<b>6.6</b>	<b>Do you feel that you are treated as an individual in this prison?</b>	
	Yes.....	84 (59%)
	No.....	59 (41%)
<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.....	44 (31%)
	Yes, but things don't change.....	74 (51%)
	No.....	17 (12%)
	Don't know.....	9 (6%)

## Faith

<b>7.1</b>	<b>What is your religion?</b>	
	No religion.....	36 (25%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations).....	71 (49%)
	Buddhist.....	5 (3%)
	Hindu.....	1 (1%)
	Jewish.....	0 (0%)
	Muslim.....	20 (14%)
	Sikh.....	2 (1%)
	Other.....	10 (7%)
<b>7.2</b>	<b>Are your religious beliefs respected here?</b>	
	Yes.....	78 (53%)
	No.....	18 (12%)
	Don't know.....	14 (10%)
	Not applicable (no religion).....	36 (25%)
<b>7.3</b>	<b>Are you able to speak to a Chaplain of your faith in private, if you want to?</b>	
	Yes.....	88 (61%)
	No.....	2 (1%)
	Don't know.....	19 (13%)
	Not applicable (no religion).....	36 (25%)
<b>7.4</b>	<b>Are you able to attend religious services, if you want to?</b>	
	Yes.....	100 (68%)
	No.....	6 (4%)
	Don't know.....	4 (3%)
	Not applicable (no religion).....	36 (25%)

**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 .....	109 (75%)
	No .....	36 (25%)
<b>8.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes .....	65 (45%)
	No .....	80 (55%)
<b>8.3</b>	<b>Are you able to use a phone every day (if you have credit)?</b>	
	Yes .....	145 (99%)
	No .....	1 (1%)
<b>8.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	Very easy .....	10 (7%)
	Quite easy .....	46 (32%)
	Quite difficult .....	38 (26%)
	Very difficult .....	44 (31%)
	Don't know .....	6 (4%)
<b>8.5</b>	<b>How often do you have visits from family or friends?</b>	
	More than once a week .....	4 (3%)
	About once a week .....	14 (10%)
	Less than once a week .....	95 (65%)
	Not applicable (don't get visits) .....	33 (23%)
<b>8.6</b>	<b>Do visits usually start and finish on time?</b>	
	Yes .....	63 (56%)
	No .....	49 (44%)
<b>8.7</b>	<b>Are your visitors usually treated respectfully by staff?</b>	
	Yes .....	92 (82%)
	No .....	20 (18%)

**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 .....	91 (63%)
	Yes, but these times are not usually kept to .....	49 (34%)
	No .....	5 (3%)
<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 .....	3 (2%)
	2 to 6 hours .....	42 (30%)
	6 to 10 hours .....	63 (45%)
	10 hours or more .....	22 (16%)
	Don't know .....	11 (8%)
<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 .....	3 (2%)
	2 to 6 hours .....	42 (29%)
	6 to 10 hours .....	83 (56%)
	10 hours or more .....	9 (6%)
	Don't know .....	10 (7%)

<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 .....	0	(0%)
	1 or 2 .....	6	(4%)
	3 to 5.....	10	(7%)
	More than 5.....	127	(86%)
	Don't know.....	4	(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 .....	4	(3%)
	3 to 5.....	6	(4%)
	More than 5.....	134	(91%)
	Don't know.....	4	(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 .....	10	(7%)
	1 or 2 .....	11	(8%)
	3 to 5.....	16	(11%)
	More than 5.....	104	(72%)
	Don't know.....	4	(3%)
<b>9.7</b>	<b>Typically, how often do you go to the gym?</b>		
	Twice a week or more .....	112	(77%)
	About once a week.....	8	(6%)
	Less than once a week.....	3	(2%)
	Never .....	22	(15%)
<b>9.8</b>	<b>Typically, how often do you go to the library?</b>		
	Twice a week or more .....	4	(3%)
	About once a week.....	91	(62%)
	Less than once a week.....	34	(23%)
	Never .....	18	(12%)
<b>9.9</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>		
	Yes .....	34	(24%)
	No.....	88	(63%)
	Don't use the library .....	18	(13%)

### Applications, complaints and legal rights

<b>10.1</b>	<b>Is it easy for you to make an application?</b>		
	Yes .....	121	(83%)
	No.....	14	(10%)
	Don't know.....	10	(7%)
<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?	70 (52%)	46 (34%)
	Are applications usually dealt with within 7 days?	55 (42%)	58 (44%)
			18 (13%)
			18 (14%)

<b>10.3</b>	<b>Is it easy for you to make a complaint?</b>				
	Yes .....			110 (76%)	
	No .....			20 (14%)	
	Don't know .....			15 (10%)	
<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?	36 (26%)	53 (38%)	49 (36%)	
	Are complaints usually dealt with within 7 days?	26 (20%)	57 (43%)	49 (37%)	
<b>10.5</b>	<b>Have you ever been prevented from making a complaint here when you wanted to?</b>				
	Yes .....			26 (18%)	
	No .....			81 (57%)	
	Not wanted to make a complaint .....			34 (24%)	
<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?	71 (50%)	18 (13%)	29 (21%)	23 (16%)
	Attend legal visits?	62 (45%)	10 (7%)	39 (28%)	28 (20%)
	Get bail information?	22 (16%)	9 (7%)	38 (28%)	68 (50%)
<b>10.7</b>	<b>Have staff here ever opened letters from your solicitor or legal representative when you were not present?</b>				
	Yes .....				39 (27%)
	No .....				61 (42%)
	Not had any legal letters .....				44 (31%)

## 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	5 (3%)	38 (27%)	45 (31%)	49 (34%)	6 (4%)
	Nurse	12 (8%)	54 (38%)	35 (25%)	32 (23%)	9 (6%)
	Dentist	5 (4%)	31 (22%)	41 (29%)	49 (35%)	16 (11%)
	Mental health workers	4 (3%)	20 (14%)	20 (14%)	35 (25%)	62 (44%)
<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	12 (8%)	55 (38%)	28 (20%)	34 (24%)	14 (10%)
	Nurse	13 (9%)	66 (46%)	23 (16%)	28 (20%)	13 (9%)
	Dentist	19 (13%)	62 (43%)	14 (10%)	22 (15%)	26 (18%)
	Mental health workers	8 (6%)	19 (14%)	11 (8%)	30 (21%)	72 (51%)
<b>11.3</b>	<b>Do you have any mental health problems?</b>					
	Yes .....					45 (32%)
	No .....					97 (68%)
<b>11.4</b>	<b>Have you been helped with your mental health problems in this prison?</b>					
	Yes .....					19 (13%)
	No .....					27 (19%)
	Don't have any mental health problems .....					97 (68%)

<b>11.5</b>	<b>What do you think of the overall quality of the health services here?</b>	
	Very good.....	7 (5%)
	Quite good.....	58 (40%)
	Quite bad .....	33 (23%)
	Very bad .....	41 (28%)
	Don't know.....	6 (4%)
<b>Other support needs</b>		
<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 .....	34 (23%)
	No.....	111 (77%)
<b>12.2</b>	<b>If you have a disability, are you getting the support you need?</b>	
	Yes .....	10 (7%)
	No.....	20 (14%)
	Don't have a disability .....	111 (79%)
<b>12.3</b>	<b>Have you been on an ACCT in this prison?</b>	
	Yes .....	14 (10%)
	No.....	132 (90%)
<b>12.4</b>	<b>If you have been on an ACCT in this prison, did you feel cared for by staff?</b>	
	Yes .....	7 (5%)
	No.....	4 (3%)
	Have not been on an ACCT in this prison.....	132 (92%)
<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 .....	14 (10%)
	Quite easy .....	21 (15%)
	Quite difficult .....	2 (1%)
	Very difficult .....	6 (4%)
	Don't know.....	85 (60%)
	No Listeners at this prison .....	14 (10%)

### Alcohol and drugs

<b>13.1</b>	<b>Did you have an alcohol problem when you came into this prison?</b>	
	Yes .....	32 (22%)
	No.....	113 (78%)
<b>13.2</b>	<b>Have you been helped with your alcohol problem in this prison?</b>	
	Yes .....	19 (13%)
	No.....	10 (7%)
	Did not / do not have an alcohol problem .....	113 (80%)
<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 .....	40 (28%)
	No.....	105 (72%)
<b>13.4</b>	<b>Have you developed a problem with illicit drugs since you have been in this prison?</b>	
	Yes .....	13 (9%)
	No.....	132 (91%)

<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 .....	8 (6%)
	No .....	137 (94%)
<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 .....	26 (18%)
	No .....	15 (11%)
	Did not / do not have a drug problem.....	101 (71%)
<b>13.7</b>	<b>Is it easy or difficult to get illicit drugs in this prison?</b>	
	Very easy .....	42 (29%)
	Quite easy .....	17 (12%)
	Quite difficult .....	10 (7%)
	Very difficult .....	3 (2%)
	Don't know.....	73 (50%)
<b>13.8</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy .....	15 (10%)
	Quite easy .....	13 (9%)
	Quite difficult .....	15 (10%)
	Very difficult .....	11 (8%)
	Don't know.....	91 (63%)

## Safety

<b>14.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes .....	40 (28%)
	No .....	103 (72%)
<b>14.2</b>	<b>Do you feel unsafe now?</b>	
	Yes .....	18 (13%)
	No .....	125 (87%)
<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 .....	36 (26%)
	Threats or intimidation.....	26 (19%)
	Physical assault.....	9 (6%)
	Sexual assault.....	2 (1%)
	Theft of canteen or property.....	16 (12%)
	Other bullying / victimisation .....	17 (12%)
	Not experienced any of these from prisoners here.....	93 (67%)
<b>14.4</b>	<b>If you were being bullied / victimised by other prisoners here, would you report it?</b>	
	Yes .....	53 (38%)
	No .....	88 (62%)

<b>14.5</b>	<b>Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)</b>	
	Verbal abuse .....	19 (14%)
	Threats or intimidation.....	15 (11%)
	Physical assault.....	9 (6%)
	Sexual assault.....	3 (2%)
	Theft of canteen or property.....	8 (6%)
	Other bullying / victimisation .....	13 (9%)
	Not experienced any of these from staff here.....	108 (78%)

<b>14.6</b>	<b>If you were being bullied / victimised by staff here, would you report it?</b>	
	Yes .....	70 (50%)
	No.....	71 (50%)

### 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 .....	75 (53%)
	No.....	54 (38%)
	Don't know what the incentives / rewards are .....	12 (9%)

<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 .....	94 (65%)
	No.....	33 (23%)
	Don't know.....	13 (9%)
	Don't know what this is .....	4 (3%)

<b>15.3</b>	<b>Have you been physically restrained by staff in this prison in the last 6 months?</b>	
	Yes .....	3 (2%)
	No.....	142 (98%)

<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 .....	0 (0%)
	No.....	2 (1%)
	Don't remember .....	1 (1%)
	Not been restrained here in last 6 months .....	142 (98%)

<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 .....	3 (2%)
	No.....	140 (98%)

<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?	1 (50%)	1 (50%)
	Could you shower every day?	2 (67%)	1 (33%)
	Could you go outside for exercise every day?	2 (67%)	1 (33%)
	Could you use the phone every day (if you had credit)?	2 (67%)	1 (33%)

**Education, skills and work****16.1 Is it easy or difficult to get into the following activities in this prison?**

	Easy	Difficult	Don't know	Not available here
Education	73 (53%)	46 (33%)	20 (14%)	0 (0%)
Vocational or skills training	28 (21%)	56 (41%)	35 (26%)	17 (13%)
Prison job	57 (42%)	44 (32%)	25 (18%)	10 (7%)
Voluntary work outside of the prison	4 (3%)	24 (19%)	39 (30%)	62 (48%)
Paid work outside of the prison	3 (2%)	24 (18%)	37 (28%)	67 (51%)

**16.2 If you have done any of these activities while in this prison, do you think they will help you on release?**

	Yes, will help	No, won't help	Not done this
Education	91 (65%)	16 (12%)	32 (23%)
Vocational or skills training	68 (50%)	9 (7%)	58 (43%)
Prison job	49 (39%)	47 (37%)	31 (24%)
Voluntary work outside of the prison	32 (25%)	6 (5%)	92 (71%)
Paid work outside of the prison	34 (26%)	6 (5%)	93 (70%)

**16.3 Do staff encourage you to attend education, training or work?**

Yes .....	95 (67%)
No.....	42 (30%)
Not applicable (e.g. if you are retired, sick or on remand) .....	5 (4%)

**Planning and progression****17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)**

Yes .....	119 (83%)
No.....	24 (17%)

**17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?**

Yes .....	112 (95%)
No.....	5 (4%)
Don't know what my objectives or targets are.....	1 (1%)

**17.3 Are staff here supporting you to achieve your objectives or targets?**

Yes .....	100 (86%)
No.....	15 (13%)
Don't know what my objectives or targets are.....	1 (1%)

**17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?**

	Yes, this helped	No, this didn't help	Not done /don't know
Offending behaviour programmes	70 (64%)	5 (5%)	35 (32%)
Other programmes	58 (56%)	8 (8%)	37 (36%)
One to one work	37 (39%)	6 (6%)	52 (55%)
Being on a specialist unit	40 (41%)	9 (9%)	48 (49%)
ROTL - day or overnight release	5 (6%)	3 (3%)	82 (91%)

**Preparation for release**

<b>18.1</b>	<b>Do you expect to be released in the next 3 months?</b>			
	Yes .....			0 (0%)
	No .....			139 (97%)
	Don't know .....			4 (3%)
<b>18.2</b>	<b>How close is this prison to your home area or intended release address?</b>			
	Very near .....			0 (0%)
	Quite near .....			0 (0%)
	Quite far .....			0 (0%)
	Very far .....			0 (0%)
<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 .....			0 (0%)
	No .....			0 (0%)
<b>18.4</b>	<b>Are you getting help to sort out the following things for when you are released?</b>			
		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	0 (0%)	0 (0%)	0 (0%)
	Getting employment	0 (0%)	0 (0%)	0 (0%)
	Setting up education or training	0 (0%)	0 (0%)	0 (0%)
	Arranging benefits	0 (0%)	0 (0%)	0 (0%)
	Sorting out finances	0 (0%)	0 (0%)	0 (0%)
	Support for drug or alcohol problems	0 (0%)	0 (0%)	0 (0%)
	Health / mental health support	0 (0%)	0 (0%)	0 (0%)
	Social care support	0 (0%)	0 (0%)	0 (0%)
	Getting back in touch with family or friends	0 (0%)	0 (0%)	0 (0%)

**More about you**

<b>19.1</b>	<b>Do you have children under the age of 18?</b>		
	Yes .....		80 (56%)
	No .....		63 (44%)
<b>19.2</b>	<b>Are you a UK / British citizen?</b>		
	Yes .....		138 (97%)
	No .....		5 (3%)
<b>19.3</b>	<b>Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?</b>		
	Yes .....		6 (4%)
	No .....		137 (96%)
<b>19.4</b>	<b>Have you ever been in the armed services (e.g. army, navy, air force)?</b>		
	Yes .....		9 (6%)
	No .....		134 (94%)
<b>19.5</b>	<b>What is your gender?</b>		
	Male .....		143 (100%)
	Female .....		0 (0%)
	Non-binary .....		0 (0%)
	Other .....		0 (0%)

<b>19.6</b>	<b>How would you describe your sexual orientation?</b>	
	Straight / heterosexual.....	139 (97%)
	Gay / lesbian / homosexual.....	2 (1%)
	Bisexual.....	1 (1%)
	Other.....	1 (1%)
<b>19.7</b>	<b>Do you identify as transgender or transsexual?</b>	
	Yes.....	1 (1%)
	No.....	140 (99%)

**Final questions about this prison**

<b>20.1</b>	<b>Do you think your experiences in this prison have made you more or less likely to offend in the future?</b>	
	More likely to offend.....	5 (3%)
	Less likely to offend.....	119 (83%)
	Made no difference.....	19 (13%)

## HMP Dovegate Therapeutic Community 2018

### Survey responses compared with those from other HMIP surveys of category B training prisons and with those from the previous survey

In this table summary statistics from HMP Dovegate Therapeutic Community 2018 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other category B training prisons (8 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.
- Summary statistics from HMP Dovegate Therapeutic Community in 2018 are compared with those from HMP Dovegate Therapeutic Community in 2013. 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 Dovegate Therapeutic Community 2018	All other category B training prisons	HMP Dovegate Therapeutic Community 2018	HMP Dovegate Therapeutic Community 2013
150	1,621	150	146

*n=number of valid responses to question (HMP Dovegate Therapeutic Community 2018)*

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	<i>n=149</i>	0%	0%	0%	1%
	Are you 25 years of age or younger?	<i>n=149</i>	11%		11%	
	Are you 50 years of age or older?	<i>n=149</i>	14%	27%	14%	6%
	Are you 70 years of age or older?	<i>n=149</i>	0%	4%	0%	0%
1.3	Are you from a minority ethnic group?	<i>n=147</i>	29%	26%	29%	16%
1.4	Have you been in this prison for less than 6 months?	<i>n=147</i>	10%		10%	
1.5	Are you currently serving a sentence?	<i>n=147</i>	100%	99%	100%	100%
	Are you on recall?	<i>n=147</i>	2%	4%	2%	1%
1.6	Is your sentence less than 12 months?	<i>n=146</i>	0%	1%	0%	0%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n=146</i>	14%	14%	14%	35%
7.1	Are you Muslim?	<i>n=145</i>	14%	12%	14%	7%
11.3	Do you have any mental health problems?	<i>n=142</i>	32%		32%	
12.1	Do you consider yourself to have a disability?	<i>n=145</i>	23%	28%	23%	19%
19.1	Do you have any children under the age of 18?	<i>n=143</i>	56%	44%	56%	50%
19.2	Are you a foreign national?	<i>n=143</i>	4%	10%	4%	7%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n=143</i>	4%	3%	4%	4%
19.4	Have you ever been in the armed services?	<i>n=143</i>	6%	7%	6%	4%
19.5	Is your gender female or non-binary?	<i>n=143</i>	0%		0%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n=143</i>	3%	7%	3%	8%
19.7	Do you identify as transgender or transsexual?	<i>n=141</i>	1%		1%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	<i>n=147</i>	59%		59%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n=149</i>	50%	54%	50%	41%

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2.3	When you were searched in reception, was this done in a respectful way?	n=149	87%	83%	87%	91%
2.4	Overall, were you treated very / quite well in reception?	n=149	86%		86%	
2.5	When you first arrived, did you have any problems?	n=148	70%	63%	70%	49%
2.5	Did you have problems with:					
	- Getting phone numbers?	n=148	45%	19%	45%	21%
	- Contacting family?	n=148	23%	19%	23%	10%
	- Arranging care for children or other dependents?	n=148	1%		1%	
	- Contacting employers?	n=148	0%	1%	0%	1%
	- Money worries?	n=148	10%	12%	10%	11%
	- Housing worries?	n=148	1%	5%	1%	2%
	- Feeling depressed?	n=148	18%		18%	
	- Feeling suicidal?	n=148	1%		1%	
	- Other mental health problems?	n=148	7%		7%	
	- Physical health problems	n=148	9%	14%	9%	4%
	- Drugs or alcohol (e.g. withdrawal)?	n=148	9%		9%	
	- Getting medication?	n=148	16%		16%	
	- Needing protection from other prisoners?	n=148	1%	5%	1%	4%
	- Lost or delayed property?	n=148	18%	23%	18%	10%
<i>For those who had any problems when they first arrived:</i>						
2.6	Did staff help you to deal with these problems?	n=98	52%	37%	52%	47%
<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=145	50%	60%	50%	70%
	- Toiletries / other basic items?	n=145	46%	52%	46%	57%
	- A shower?	n=145	53%	32%	53%	36%
	- A free phone call?	n=145	74%	39%	74%	82%
	- Something to eat?	n=145	71%	60%	71%	65%
	- The chance to see someone from health care?	n=145	63%	60%	63%	72%
	- The chance to talk to a Listener or Samaritans?	n=145	19%	31%	19%	19%
	- Support from another prisoner (e.g. Insider or buddy)?	n=145	17%		17%	
	- None of these?	n=145	7%		7%	
3.2	On your first night in this prison, was your cell very / quite clean?	n=149	60%		60%	
3.3	Did you feel safe on your first night here?	n=147	89%	78%	89%	95%

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3.4	In your first few days here, did you get?					
	- Access to the prison shop / canteen?	<i>n=139</i>	76%	25%	76%	31%
	- Free PIN phone credit?	<i>n=140</i>	62%		62%	
	- Numbers put on your PIN phone?	<i>n=141</i>	48%		48%	
3.5	Have you had an induction at this prison?	<i>n=146</i>	89%	89%	89%	79%
<i>For those who have had an induction:</i>						
3.5	Did your induction cover everything you needed to know about this prison?	<i>n=130</i>	65%		65%	
<b>ON THE WING</b>						
4.1	Are you in a cell on your own?	<i>n=149</i>	100%		100%	
4.2	Is your cell call bell normally answered within 5 minutes?	<i>n=147</i>	29%	36%	29%	35%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	<i>n=148</i>	92%	72%	92%	85%
	- Can you shower every day?	<i>n=147</i>	100%	92%	100%	100%
	- Do you have clean sheets every week?	<i>n=146</i>	86%	60%	86%	59%
	- Do you get cell cleaning materials every week?	<i>n=149</i>	80%	68%	80%	64%
	- Is it normally quiet enough for you to relax or sleep at night?	<i>n=147</i>	80%	67%	80%	76%
4.4	- Can you get your stored property if you need it?	<i>n=145</i>	33%	26%	33%	47%
	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	<i>n=145</i>	86%		86%	
<b>FOOD AND CANTEEN</b>						
5.1	Is the quality of the food in this prison very / quite good?	<i>n=149</i>	58%		58%	
5.2	Do you get enough to eat at meal-times always / most of the time?	<i>n=149</i>	46%		46%	
5.3	Does the shop / canteen sell the things that you need?	<i>n=146</i>	45%	48%	45%	58%
<b>RELATIONSHIPS WITH STAFF</b>						
6.1	Do most staff here treat you with respect?	<i>n=145</i>	87%	81%	87%	90%
6.2	Are there any staff here you could turn to if you had a problem?	<i>n=145</i>	88%	75%	88%	95%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	<i>n=146</i>	58%	32%	58%	66%
6.4	Do you have a personal officer?	<i>n=147</i>	98%		98%	
<i>For those who have a personal officer:</i>						
6.4	Is your personal or named officer very / quite helpful?	<i>n=144</i>	74%		74%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	<i>n=146</i>	3%		3%	
6.6	Do you feel that you are treated as an individual in this prison?	<i>n=143</i>	59%		59%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	<i>n=144</i>	82%		82%	
	If so, do things sometimes change?	<i>n=118</i>	37%		37%	

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FAITH					
7.1	Do you have a religion?	n=145	75%	76%	75% 71%
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	n=110	71%		71%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=109	81%		81%
7.4	Are you able to attend religious services, if you want to?	n=110	91%		91%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=145	75%		75%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=145	45%	44%	45% 29%
8.3	Are you able to use a phone every day (if you have credit)?	n=146	99%		99%
8.4	Is it very / quite easy for your family and friends to get here?	n=144	39%		39%
8.5	Do you get visits from family/friends once a week or more?	n=146	12%		12%
<i>For those who get visits:</i>					
8.6	Do visits usually start and finish on time?	n=112	56%		56%
8.7	Are your visitors usually treated respectfully by staff?	n=112	82%		82%
TIME OUT OF CELL					
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=145	97%		97%
<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=140	65%		65%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=141	2%	8%	2% 2%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=141	16%	23%	16% 43%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=147	2%		2%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=147	6%		6%
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=147	86%		86%
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=148	91%		91%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=145	72%		72%
9.7	Do you typically go to the gym twice a week or more?	n=145	77%		77%
9.8	Do you typically go to the library twice a week or more?	n=147	3%	9%	3% 17%
<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=122	28%	54%	28% 56%

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APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS						
10.1	Is it easy for you to make an application?	n=145	83%	81%	83%	93%
<i>For those who have made an application:</i>						
10.2	Are applications usually dealt with fairly?	n=116	60%	54%	60%	66%
	Are applications usually dealt with within 7 days?	n=113	49%	38%	49%	54%
10.3	Is it easy for you to make a complaint?	n=145	76%	66%	76%	74%
<i>For those who have made a complaint:</i>						
10.4	Are complaints usually dealt with fairly?	n=89	40%	31%	40%	46%
	Are complaints usually dealt with within 7 days?	n=83	31%	24%	31%	40%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=107	24%		24%	
<i>For those who need it, is it easy to:</i>						
10.6	Communicate with your solicitor or legal representative?	n=118	60%		60%	
	Attend legal visits?	n=111	56%		56%	
	Get bail information?	n=69	32%		32%	
<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=100	39%	56%	39%	42%
HEALTH CARE						
11.1	Is it very / quite easy to see:					
	- Doctor?	n=143	30%		30%	
	- Nurse?	n=142	47%		47%	
	- Dentist?	n=142	25%		25%	
	- Mental health workers?	n=141	17%		17%	
11.2	Do you think the quality of the health service is very / quite good from:					
	- Doctor?	n=143	47%		47%	
	- Nurse?	n=143	55%		55%	
	- Dentist?	n=143	57%		57%	
	- Mental health workers?	n=140	19%		19%	
11.3	Do you have any mental health problems?	n=142	32%		32%	
<i>For those who have mental health problems:</i>						
11.4	Have you been helped with your mental health problems in this prison?	n=46	41%		41%	
11.5	Do you think the overall quality of the health services here is very / quite good?	n=145	45%		45%	
OTHER SUPPORT NEEDS						
12.1	Do you consider yourself to have a disability?	n=145	23%	28%	23%	19%
<i>For those who have a disability:</i>						

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12.2	Are you getting the support you need?	n=30	33%		33%	
12.3	Have you been on an ACCT in this prison?	n=146	10%		10%	
<i>For those who have been on an ACCT:</i>						
12.4	Did you feel cared for by staff?	n=11	64%		64%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=142	25%		25%	
<b>ALCOHOL AND DRUGS</b>						
13.1	Did you have an alcohol problem when you came into this prison?	n=145	22%	15%	22%	29%
<i>For those who had / have an alcohol problem:</i>						
13.2	Have you been helped with your alcohol problem in this prison?	n=29	66%	66%	66%	81%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=145	28%	19%	28%	24%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=145	9%	10%	9%	4%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=145	6%		6%	
<i>For those who had / have a drug problem:</i>						
13.6	Have you been helped with your drug problem in this prison?	n=41	63%	60%	63%	78%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=145	41%		41%	
13.8	Is it very / quite easy to get alcohol in this prison?	n=145	19%		19%	
<b>SAFETY</b>						
14.1	Have you ever felt unsafe here?	n=143	28%	48%	28%	37%
14.2	Do you feel unsafe now?	n=143	13%	23%	13%	8%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	n=139	26%		26%	
	- Threats or intimidation?	n=139	19%		19%	
	- Physical assault?	n=139	7%		7%	
	- Sexual assault?	n=139	1%		1%	
	- Theft of canteen or property?	n=139	12%		12%	
	- Other bullying / victimisation?	n=139	12%		12%	
	- Not experienced any of these from prisoners here	n=139	67%	63%	67%	70%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=141	38%		38%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	n=139	14%		14%	
	- Threats or intimidation?	n=139	11%		11%	
	- Physical assault?	n=139	7%		7%	
	- Sexual assault?	n=139	2%		2%	

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	- Theft of canteen or property?	<i>n=139</i>	6%		6%	
	- Other bullying / victimisation?	<i>n=139</i>	9%		9%	
	- Not experienced any of these from staff here	<i>n=139</i>	78%	65%	78%	80%
14.6	If you were being bullied / victimised by staff here, would you report it?	<i>n=141</i>	50%		50%	
<b>BEHAVIOUR MANAGEMENT</b>						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	<i>n=141</i>	53%		53%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	<i>n=144</i>	65%		65%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	<i>n=145</i>	2%	9%	2%	1%
<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?	<i>n=3</i>	0%		0%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	<i>n=143</i>	2%	17%	2%	13%
<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?	<i>n=2</i>	50%		50%	
	Could you shower every day?	<i>n=3</i>	67%		67%	
	Could you go outside for exercise every day?	<i>n=3</i>	67%		67%	
	Could you use the phone every day (if you had credit)?	<i>n=3</i>	67%		67%	
<b>EDUCATION, SKILLS AND WORK</b>						
16.1	In this prison, is it easy to get into the following activities:					
	- Education?	<i>n=139</i>	53%		53%	
	- Vocational or skills training?	<i>n=136</i>	21%		21%	
	- Prison job?	<i>n=136</i>	42%		42%	
	- Voluntary work outside of the prison?	<i>n=129</i>	3%		3%	
16.2	In this prison, have you done the following activities:					
	- Education?	<i>n=139</i>	77%	85%	77%	84%
	- Vocational or skills training?	<i>n=135</i>	57%	75%	57%	75%
	- Prison job?	<i>n=127</i>	76%	90%	76%	86%
	- Voluntary work outside of the prison?	<i>n=130</i>	29%		29%	
<i>For those who have done the following activities, do you think they will help you on release.</i>						
	- Education?	<i>n=107</i>	85%	58%	85%	73%
	- Vocational or skills training?	<i>n=77</i>	88%	52%	88%	69%
	- Prison job?	<i>n=96</i>	51%	44%	51%	60%

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	- Voluntary work outside of the prison?	<i>n=38</i>	84%		84%	
	- Paid work outside of the prison?	<i>n=40</i>	85%		85%	
16.3	Do staff encourage you to attend education, training or work?	<i>n=137</i>	69%		69%	
<b>PLANNING AND PROGRESSION</b>						
17.1	Do you have a custody plan?	<i>n=143</i>	83%		83%	
<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?	<i>n=118</i>	95%		95%	
17.3	Are staff helping you to achieve your objectives or targets?	<i>n=116</i>	86%		86%	
17.4	In this prison, have you done:					
	- Offending behaviour programmes?	<i>n=110</i>	68%		68%	
	- Other programmes?	<i>n=103</i>	64%		64%	
	- One to one work?	<i>n=95</i>	45%		45%	
	- Been on a specialist unit?	<i>n=97</i>	51%		51%	
	- ROTL - day or overnight release?	<i>n=90</i>	9%		9%	
<i>For those who have done the following, did they help you to achieve your objectives or targets.</i>						
	- Offending behaviour programmes?	<i>n=75</i>	93%		93%	
	- Other programmes?	<i>n=66</i>	88%		88%	
	- One to one work?	<i>n=43</i>	86%		86%	
	- Being on a specialist unit?	<i>n=49</i>	82%		82%	
	- ROTL - day or overnight release?	<i>n=8</i>	63%		63%	
<b>PREPARATION FOR RELEASE</b>						
18.1	Do you expect to be released in the next 3 months?	<i>n=143</i>	0%		0%	
<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?	<i>n=0</i>				
18.3	Is anybody helping you to prepare for your release?	<i>n=0</i>				
18.4	Do you need help to sort out the following for when you are released:					
	- Finding accommodation?	<i>n=0</i>				
	- Getting employment?	<i>n=0</i>				
	- Setting up education or training?	<i>n=0</i>				
	- Arranging benefits?	<i>n=0</i>				
	- Sorting out finances?	<i>n=0</i>				
	- Support for drug or alcohol problems?	<i>n=0</i>				
	- Health / mental Health support?	<i>n=0</i>				
	- Social care support?	<i>n=0</i>				

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**Number of completed questionnaires returned**

*n=number of valid responses to question (HMP Dovegate Therapeutic Community 2018)*

HMP Dovegate Therapeutic Community 2018	All other category B training prisons	HMP Dovegate Therapeutic Community 2018	HMP Dovegate Therapeutic Community 2013
<b>150</b>	<b>1,621</b>	<b>150</b>	<b>146</b>

	- Getting back in touch with family or friends?	<i>n=0</i>				
<b>18.4</b>	Are you getting help to sort out the following for when you are released, if you need it:					
	- Finding accommodation?	<i>n=0</i>				
	- Getting employment?	<i>n=0</i>				
	- Setting up education or training?	<i>n=0</i>				
	- Arranging benefits?	<i>n=0</i>				
	- Sorting out finances?	<i>n=0</i>				
	- Support for drug or alcohol problems?	<i>n=0</i>				
	- Health / mental Health support?	<i>n=0</i>				
	- Social care support?	<i>n=0</i>				
	- Getting back in touch with family or friends?	<i>n=0</i>				
<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?	<i>n=143</i>	<b>83%</b>		<b>83%</b>	

## HMP Dovegate Therapeutic Community 2018 Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
- 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.

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

Black and minority ethnic	White	Muslim	Non-Muslim
43	104	20	125

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
	Are you 50 years of age or older?	7%	17%	5%	14%
1.3	Are you from a minority ethnic group?			95%	19%
7.1	Are you Muslim?	44%	1%		
11.3	Do you have any mental health problems?	15%	38%	15%	34%
12.1	Do you consider yourself to have a disability?	9%	29%	0%	26%
19.2	Are you a foreign national?	5%	2%	0%	4%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	6%	0%	5%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	84%	89%	85%	88%
2.4	Overall, were you treated very / quite well in reception?	86%	87%	90%	86%
2.5	When you first arrived, did you have any problems?	70%	71%	75%	70%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	59%	50%	57%	52%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	93%	88%	95%	89%
3.5	Have you had an induction at this prison?	98%	86%	100%	89%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	63%	66%	53%	67%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	40%	25%	35%	29%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	98%	89%	95%	91%
	- Can you shower every day?	100%	100%	100%	100%
	- Do you have clean sheets every week?	93%	83%	90%	85%
	- Do you get cell cleaning materials every week?	86%	78%	85%	79%
	- Is it normally quiet enough for you to relax or sleep at night?	91%	77%	100%	78%
	- Can you get your stored property if you need it?	31%	34%	30%	35%

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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

Black and minority ethnic	White
43	104

Muslim	Non-Muslim
20	125

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	44%	47%
5.3	Does the shop / canteen sell the things that you need?	32%	50%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	95%	85%
6.2	Are there any staff here you could turn to if you had a problem?	86%	89%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	55%	59%
6.6	Do you feel that you are treated as an individual in this prison?	60%	60%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	80%	67%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	87%	77%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	79%	74%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	41%	47%
8.3	Are you able to use a phone every day (if you have credit)?	100%	99%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	87%	82%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	0%	3%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	12%	16%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	18%	33%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	84%	85%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	65%	60%
10.3	Is it easy for you to make a complaint?	77%	76%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	54%	35%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	14%	27%

60%	45%
32%	47%
95%	87%
90%	89%
65%	57%
63%	58%
70%	73%
80%	81%
70%	77%
50%	44%
100%	99%
78%	84%
0%	3%
10%	16%
30%	27%
75%	85%
71%	58%
80%	75%
47%	40%
19%	25%

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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

Number of completed questionnaires returned

Black and minority ethnic	White
43	104

Muslim	Non-Muslim
20	125

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	33%	29%
	- Nurse?	51%	43%
	- Dentist?	33%	22%
	- Mental health workers?	24%	14%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	50%	41%
11.5	Do you think the overall quality of the health services here is very / quite good?	48%	44%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	50%	33%
SAFETY			
14.1	Have you ever felt unsafe here?	19%	32%
14.2	Do you feel unsafe now?	10%	14%
14.3	Not experienced bullying / victimisation by other prisoners	72%	65%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	39%	37%
14.5	Not experienced bullying / victimisation by members of staff	76%	79%
14.6	If you were being bullied / victimised by staff here, would you report it?	55%	47%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	63%	50%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	70%	64%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0%	2%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	2%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	72%	69%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	86%	81%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	86%	87%
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?	86%	83%

25%	31%
50%	46%
40%	24%
26%	16%
67%	42%
45%	45%
	36%
25%	28%
15%	13%
68%	67%
55%	35%
68%	79%
50%	49%
68%	52%
65%	66%
0%	2%
0%	2%
75%	68%
90%	82%
78%	88%
80%	84%

## HMP Dovegate Therapeutic Community 2018 Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems

- disabled prisoners' responses are compared with those of prisoners who do not have a disability

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

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
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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

Mental health problems	No mental health problems
45	97

Have a disability	Do not have a disability
34	111

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
	Are you 50 years of age or older?	18%	12%	27%	10%
1.3	Are you from a minority ethnic group?	14%	37%	12%	36%
7.1	Are you Muslim?	7%	18%	0%	18%
11.3	Do you have any mental health problems?			67%	20%
12.1	Do you consider yourself to have a disability?	50%	11%		
19.2	Are you a foreign national?	5%	3%	6%	3%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	14%	0%	12%	1%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	78%	91%	79%	89%
2.4	Overall, were you treated very / quite well in reception?	80%	89%	77%	88%
2.5	When you first arrived, did you have any problems?	80%	67%	85%	66%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	41%	58%	42%	54%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	74%	95%	81%	92%
3.5	Have you had an induction at this prison?	84%	93%	85%	91%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	62%	66%	61%	66%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	18%	34%	15%	33%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	86%	95%	88%	93%
	- Can you shower every day?	100%	100%	100%	100%
	- Do you have clean sheets every week?	82%	88%	88%	86%
	- Do you get cell cleaning materials every week?	78%	80%	71%	82%
	- Is it normally quiet enough for you to relax or sleep at night?	67%	88%	69%	83%
	- Can you get your stored property if you need it?	27%	33%	23%	35%

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

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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

Mental health problems	No mental health problems
45	97

Have a disability	Do not have a disability
34	111

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	38%	51%	38%	47%
5.3	Does the shop / canteen sell the things that you need?	50%	42%	55%	41%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	71%	94%	79%	89%
6.2	Are there any staff here you could turn to if you had a problem?	76%	95%	74%	92%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	49%	63%	47%	60%
6.6	Do you feel that you are treated as an individual in this prison?	50%	63%	53%	59%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	63%	75%	52%	77%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	69%	85%	74%	82%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	64%	79%	74%	75%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	49%	44%	49%	45%
8.3	Are you able to use a phone every day (if you have credit)?	98%	100%	97%	100%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	80%	82%	83%	81%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	2%	2%	3%	2%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	12%	17%	9%	17%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	24%	28%	30%	25%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	76%	88%	88%	82%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	53%	63%	57%	61%
10.3	Is it easy for you to make a complaint?	68%	82%	66%	80%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	31%	46%	33%	43%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	31%	21%	28%	24%

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	Orange shading shows significant differences in demographics and background information
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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

Mental health problems	No mental health problems
45	97

Have a disability	Do not have a disability
34	111

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	16%	37%	18%	34%
	- Nurse?	30%	54%	41%	49%
	- Dentist?	14%	31%	13%	29%
	- Mental health workers?	14%	17%	9%	19%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	40%		33%	46%
11.5	Do you think the overall quality of the health services here is very / quite good?	24%	55%	27%	50%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	25%	56%	33%	
SAFETY					
14.1	Have you ever felt unsafe here?	46%	18%	41%	24%
14.2	Do you feel unsafe now?	28%	5%	21%	10%
14.3	Not experienced bullying / victimisation by other prisoners	55%	75%	59%	69%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	21%	45%	49%	33%
14.5	Not experienced bullying / victimisation by members of staff	64%	85%	75%	78%
14.6	If you were being bullied / victimised by staff here, would you report it?	31%	57%	55%	47%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	47%	55%	50%	54%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	48%	74%	62%	66%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	7%	0%	6%	1%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	5%	1%	9%	0%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	60%	73%	73%	68%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	84%	83%	82%	83%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	77%	90%	88%	87%
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?	84%	84%	82%	83%

## HMP Dovegate Therapeutic Community 2018

### 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

- Responses of prisoners aged 50 and over are compared with those of prisoners under 50

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

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

	Green shading shows results that are significantly more positive than the comparator
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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		
	<b>17</b>		<b>132</b>		
	50 and over		Under 50		
	<b>21</b>		<b>128</b>		

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.3	Are you from a minority ethnic group?	56%	26%	14%	32%
7.1	Are you Muslim?	25%	12%	5%	15%
11.3	Do you have any mental health problems?	24%	33%	40%	30%
12.1	Do you consider yourself to have a disability?	18%	24%	45%	20%
19.2	Are you a foreign national?	0%	4%	5%	3%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6%	4%	5%	4%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	82%	88%	91%	87%
2.4	Overall, were you treated very / quite well in reception?	71%	88%	95%	84%
2.5	When you first arrived, did you have any problems?	82%	69%	65%	71%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	43%	54%	50%	52%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	81%	90%	95%	88%
3.5	Have you had an induction at this prison?	88%	89%	86%	90%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	53%	67%	61%	66%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	35%	29%	52%	25%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	88%	92%	86%	93%
	- Can you shower every day?	100%	100%	100%	100%
	- Do you have clean sheets every week?	75%	88%	95%	85%
	- Do you get cell cleaning materials every week?	65%	82%	96%	79%
	- Is it normally quiet enough for you to relax or sleep at night?	88%	79%	62%	83%
	- Can you get your stored property if you need it?	31%	33%	40%	32%

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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
17	132

50 and over	Under 50
21	128

<b>FOOD AND CANTEEN</b>			
5.2	Do you get enough to eat at meal-times always / most of the time?	47%	46%
5.3	Does the shop / canteen sell the things that you need?	33%	46%
<b>RELATIONSHIPS WITH STAFF</b>			
6.1	Do most staff here treat you with respect?	82%	88%
6.2	Are there any staff here you could turn to if you had a problem?	75%	89%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	69%	57%
6.6	Do you feel that you are treated as an individual in this prison?	47%	60%
<b>FAITH</b>			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	64%	72%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	82%	81%
<b>CONTACT WITH FAMILY AND FRIENDS</b>			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	77%	75%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	47%	45%
8.3	Are you able to use a phone every day (if you have credit)?	94%	100%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	93%	80%
<b>TIME OUT OF CELL</b>			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	0%	2%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	20%	15%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	6%	31%
<b>APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS</b>			
10.1	Is it easy for you to make an application?	77%	84%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	58%	61%
10.3	Is it easy for you to make a complaint?	88%	74%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	58%	38%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	25%	24%

62%	44%
52%	43%
85%	87%
80%	89%
65%	57%
61%	58%
64%	72%
85%	80%
63%	77%
25%	48%
100%	99%
100%	80%
0%	3%
24%	14%
31%	27%
85%	83%
60%	60%
76%	76%
44%	40%
15%	26%

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

	25 and under	Over 25	50 and over	Under 50
	17	132	21	128

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	29%	30%	24%	31%
	- Nurse?	50%	46%	40%	48%
	- Dentist?	31%	25%	10%	28%
	- Mental health workers?	44%	14%	0%	20%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	75%	38%	25%	45%
11.5	Do you think the overall quality of the health services here is very / quite good?	59%	43%	48%	44%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	33%	33%	33%	33%
SAFETY					
14.1	Have you ever felt unsafe here?	25%	28%	29%	28%
14.2	Do you feel unsafe now?	6%	13%	10%	13%
14.3	Not experienced bullying / victimisation by other prisoners	80%	65%	52%	70%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	20%	39%	52%	35%
14.5	Not experienced bullying / victimisation by members of staff	69%	79%	90%	75%
14.6	If you were being bullied / victimised by staff here, would you report it?	27%	52%	71%	45%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	31%	55%	38%	56%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	53%	66%	67%	65%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	6%	2%	0%	2%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	6%	2%	0%	3%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	53%	71%	90%	66%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	73%	84%	71%	85%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	73%	88%	79%	87%
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?	77%	84%	76%	84%