

Report on an unannounced inspection of

HMP Wandsworth

by HM Chief Inspector of Prisons

26 February–9 March 2018

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Glossary of terms

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

Introduction

HMP Wandsworth is a category B local prison in south London, with a category C resettlement unit. It holds 1,428 men, and is one of the most overcrowded prisons in England and Wales. However, that does not tell the full story of the challenges faced by the prison. At the time of this inspection, 36% of the prisoners were receiving psychosocial help for substance misuse problems, 40% told us it was easy to get illicit drugs, and 450 referrals were made to the mental health team each month. Meanwhile, 42% of the men were locked in their cells during the working day and this was no doubt, at least in part, because there were only enough full-time activity places for around a third of the population. In essence, there were too many prisoners, many with drug-related or mental health issues, and with not enough to do. This is of course an all too familiar story, but it must not be forgotten that more than 100 prisoners every month were being released into the community. How much better could their prospects, and those of the communities into which they were released, have been if their time in prison had been spent in more decent conditions?

The full complexity of the prison can only be fully appreciated by reading the detail of this report, but there are some important themes that we found were having an influence on many of our judgements.

For instance, there appeared to be a long-standing culture of not recording or analysing data to understand what was happening and to drive improvement. This was reflected in an obvious gap between the intentions of senior managers and what was actually happening on the wings. The governor and her team clearly had a determination to make improvements and to address issues of culture, but they were realistic enough to appreciate that much hard work lay ahead of them. The governor described the prison as being on a 'long journey', and she will need the consistent support of all her staff to secure the much-needed improvements.

It was good to see that the senior team saw the influx of new staff in an unequivocally positive light. Whereas in some prisons I have been told that new staff are a challenge because they lack the experience and confidence to be effective, at Wandsworth I was told very clearly that the new staff were seen as giving the prison a real opportunity to improve. This was not simply because there would be more staff to supervise and respond to the needs of prisoners, but because they could bring a new and fresh culture into the prison.

That cultural change is needed cannot be doubted. Despite the fact that there had been six self-inflicted deaths since the last inspection, it was concerning to find that not all staff were carrying anti-ligature knives, that no staff would enter a cell alone – even if a prisoner's life was in danger – and that the response to cell call bells was totally inadequate. This latter point was not due to a lack of staff. I personally saw cell call bells going unanswered while groups of prison officers were gathered in wing offices and not responding. In our survey, only 11% of prisoners said that bells were answered within five minutes. Clearly, not every use of a cell bell is properly justified, but the apparent assumption by staff that they were being misused and therefore did not warrant a response is dangerous. At the very least there should be a proper strategy to triage response and deal with regular misuse.

The living conditions at Wandsworth were what we see all too frequently in older, overcrowded prisons. Cells designed for one prisoner were occupied by two, with poorly screened lavatories and the prisoners confined in them for far too long each day. However, there was an extensive programme of refurbishment underway which, while it would not in itself reduce overcrowding, would at least make living conditions a little more acceptable. The newly refurbished but as yet unoccupied cells that I saw were cleaner and brighter than before, the lavatories had lids and the showers on those landings were a great deal better than the mouldy, leaking and dirty ones elsewhere in the prison. The change in culture to which I have referred also extends to developing an intolerance on the part of both staff and prisoners to dirt and grime. A really powerful signal

might be for the staff to deal with the dirty and untidy wing offices that I saw throughout the jail, and to encourage the prisoners to take pride in their surroundings.

In common with many other prisons of this type, prisoners at Wandsworth had far too little time out of their cells. As mentioned above, we found that some 42% were locked in their cells during the working day. This, combined with Ofsted's finding that the overall effectiveness of learning, skills and work, and the achievement of prisoners engaged in it, was inadequate, made it inevitable that the area of purposeful activity was assessed as 'poor'. It should also be noted that at the last inspection we made 13 recommendations to improve purposeful activity. On this occasion, we found that none of those recommendations had been achieved.

In light of this, it was therefore reassuring to find that there had been some real progress made in the area of rehabilitation and release planning, which we found to be reasonably good. Public protection procedures were generally well managed, and it was good to see that the timeliness of procedures for home detention curfew (HDC) had also recently improved. As with other areas of activity at Wandsworth, there was still a need to use data more effectively. Here, it was to help understand more clearly the effectiveness of what was being done for prisoners prior to their release.

It was quite clear that there was a very real determination on the part of many dedicated staff at Wandsworth to make positive progress at this well-known and important prison. The influx of new staff is a real opportunity, and it is vital that the governor should be fully supported both from within the prison and by Her Majesty's Prison and Probation Service (HMPPS) more broadly as she embarks on the 'long journey' of improvement at the establishment.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

May 2018

Fact page

Task of the establishment

HMP Wandsworth is a category B local male prison with a category C unit.

Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 1,428

Baseline certified normal capacity: 963

In-use certified normal capacity: 841

Operational capacity: 1,452

Notable features from this inspection

38% of the population were foreign nationals.

40.3% were unsentenced, of whom 59.9% have been at Wandsworth for less than three months.

40% said it was easy to get illegal drugs.

Wandsworth is the most overcrowded prison in the country; most prisoners share a cell designed for one person.

42% were locked in their cells in spot checks during the working day.

There were only enough full-time equivalent activity places for a third of the population.

103 prisoners were released into the community each month

36% were receiving psychosocial help for substance misuse problems.

450 referrals were made to the mental health team each month.

Prison status (public or private) and key providers

Public

Physical health provider: St George's University Hospitals NHS Foundation Trust

Mental health provider: South London and Maudsley NHS Foundation Trust

Substance misuse provider: The Forward Trust

Learning and skills provider: Novus

Community rehabilitation company (CRC): London CRC (owned by MTCNovo, with services delivered by Penrose and St Mungo's)

Escort contractor: Serco

Region/Department

Greater London

Brief history

HMP Wandsworth is a large Victorian prison serving the courts of south-west London. The category B local prison function is fulfilled by Heathfield unit, while Trinity unit holds category C prisoners.

Short description of residential units

A and B wings – general population

C wing – half is a non-smoking unit, half for vulnerable prisoners

D wing – drug recovery unit

E wing – first night and induction unit, and segregation unit

G, H and K wings – category C unit

Name of governor and date in post

Jeanne Bryant, May 2017

Independent Monitoring Board chair

Elizabeth Barker

Date of last inspection

23 February–6 March 2015

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)*.¹ 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.²

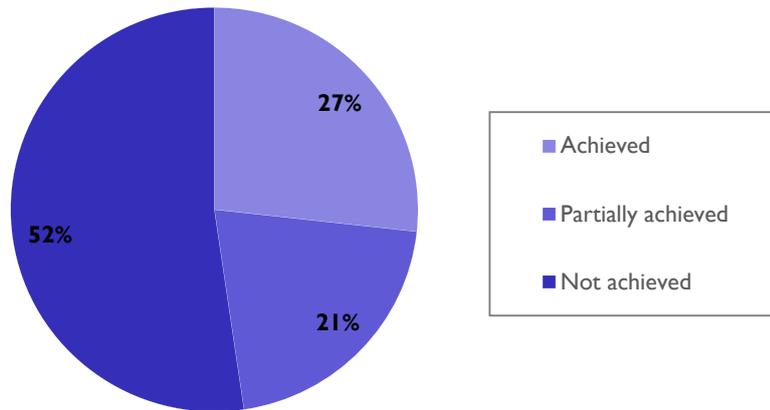
¹ <https://www.justiceinspectors.gov.uk/hmiprison/our-expectations/prison-expectations/>

² 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 Wandsworth in 2015 and made 86 recommendations overall. The prison fully accepted 65 of the recommendations and partially (or subject to resources) accepted 15. It rejected six of the recommendations.
- S2 At this follow-up inspection we found that the prison had achieved 23 of those recommendations, partially achieved 18 recommendations and not achieved 45 recommendations.

Figure 1: HMP Wandsworth progress on recommendations from last inspection (n+86)



- S3 Since our last inspection outcomes for prisoners have stayed the same in all healthy prison areas apart from rehabilitation and release planning which had improved. Outcomes were not sufficiently good for safety and respect, and were poor for purposeful activity. Outcomes were reasonably good for rehabilitation and release planning.

Figure 2: HMP Wandsworth healthy prison outcomes 2015 and 2018³



³ 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** *Early days processes did not focus enough on identifying risks and induction was poor. There was a thoughtful approach to violence reduction, but its impact on outcomes was unclear. The amount of force used was similar to other prisons, but governance was weak. The segregation unit was well managed. Security was generally proportionate. Drug supply reduction work was improving but still not sufficiently effective. There had been six self-inflicted deaths since the previous inspection and there was uneven progress in addressing Prisons and Probation Ombudsman (PPO) recommendations. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S5** *At the last inspection in 2015, we found that outcomes for prisoners in HMP Wandsworth were not sufficiently good against this healthy prison test. We made 25 recommendations in the area of safety.⁴ At this inspection we found that eight of the recommendations had been achieved, five had been partially achieved and 12 had not been achieved.*
- S6** The recently refurbished reception area had potential to improve the early experience for new arrivals. Despite good availability of private interviewing space, first night and health care interviews were conducted with open doors, compromising confidentiality. First night interviews that we observed were superficial and did not encourage adequately disclosure of vulnerability, risk and immediate needs. There were no additional safety checks on the first night. Some cells for new arrivals lacked basic items such as pillows and kettles. Many prisoners were unable to access their property on their first night. In our survey, only a third of prisoners said that induction covered what they needed to know. The session we observed was brief and provided little useful information; only a third of newly arrived prisoners were present.
- S7** In our survey, 48% of prisoners said they had experienced some form of victimisation from other prisoners, higher than similar prisons and the last inspection. Managers now had a better understanding of the reasons for violence. They regularly considered a range of data, but had not been working with agreed, accurate figures. The figures we eventually received showed higher levels of assault than in similar prisons, but some violent incidents were still not centrally recorded. The violence reduction strategy was impressive. An innovative approach to violence reduction included enhanced individual support for the most violent men and some victims. It was not yet clear how much impact it had had on outcomes for prisoners.
- S8** There was little differentiation between the levels of the incentives and earned privileges scheme and reviews for men on basic were not always timely. Records of adjudications showed that procedures were generally fair and punishments were proportionate, but that not all investigations were thorough enough. There was a lack of data about adjudication outcomes and actions from adjudication standardisation meetings were not always followed up.
- S9** The segregation unit was clean, although some cells had damaged floors and no storage space. The team was cohesive and some challenging men were being managed well. Reviews were multidisciplinary and timely and generally contained appropriate targets. Most stays in segregation were relatively short. The regime was limited and most prisoners could still only have three telephone calls a week and an hour out of cell each day.

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

- S10 Force was used more frequently than at the previous inspection. Numbers were similar to other prisons but some incidents were not recorded on the use of force log. Most incidents involved control and restraint and opportunities to de-escalate had been missed. Most use of force reports were not detailed enough or were missing. The recent appointment of a use of force coordinator to address these issues was welcome. The special cell had been used 14 times in the previous six months. The paperwork did not always provide sufficient justification for its use. Batons had been drawn 19 times in the previous six months, more frequently than we would expect. Available records suggested that these incidents were properly handled and checked by managers.
- S11 Security was broadly proportionate. The flow of intelligence was reasonable but not all incidents were being reported and there was a backlog in its analysis. Only 31% of target searches over a five-month period and 44% of suspicion tests over the previous seven months had taken place. Finds and positive rates for the actions taken were good. Forty per cent of prisoners in our survey said it was easy to get illegal drugs, and the average random mandatory drug testing rate over the past six months was high, at nearly 30% including NPS⁵. Although improving, the strategic approach to substance misuse, including supply reduction, was weak. The prison was working with other agencies to manage identified extremists and local corruption prevention measures were proving effective.
- S12 In the previous six months, there had been 265 self-harm incidents by 188 prisoners. Since the previous inspection, there had been 11 deaths in custody, including six suicides. Health care staff had made substantial progress in meeting the PPO's recommendations. Managers had taken other recommendations seriously but progress had been slow. Most ACCT⁶ case reviews were multidisciplinary and the three we observed were good. However, overall, ACCT procedures were poor. Assessment interviews and first case reviews were regularly late, undermining effective risk management and care. Assessments, care maps and observational entries lacked detail, and post-closure interviews rarely took place. In our survey, only 40% of prisoners said it was easy to see a Listener and there was not enough Listener support for the induction unit. Night staff were aware of those on ACCTs, but not all carried their anti-ligature knives. It was concerning that all staff whom we spoke to said they would not enter a cell alone, even when they assessed a threat to life. There was now an adult safeguarding lead and contact with the local safeguarding board, but the understanding of safeguarding remained underdeveloped.
- S13 There was uneven management focus and progress in key risk areas. For example, while violence reduction work was good, not enough had yet been achieved in relation to early days procedures and suicide and self-harm prevention. The appointment of a use of force coordinator was a proper response to failures that managers had identified in this area. Poor data collection and analysis hampered effective management in a number of areas.

⁵ NPS (new psychoactive substances) generally refers to synthetic cannabinoids, a growing number of 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 vaporised and inhaled in e-cigarettes and other devices

⁶ Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

Respect

- S14** *Staff-prisoner relationships were generally reasonable, but many staff were not engaging well with prisoners. Living conditions varied widely across the prison; a recently started refurbishment programme was long overdue. There were considerable weaknesses in applications and complaints systems. Catering was reasonably good. Equality and diversity work had improved but remained weak. Faith provision was good. Despite shortcomings in some elements of health care, including social care, health services were reasonably good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S15** *At the last inspection in 2015, we found that outcomes for prisoners in HMP Wandsworth were not sufficiently good against this healthy prison test. We made 31 recommendations in the area of respect. At this inspection we found that seven of the recommendations had been achieved, six had been partially achieved and 18 had not been achieved.*
- S16** In our survey, only 58% of prisoners said that most staff treated them with respect, lower than the comparator for local prisons. Many staff were not engaging well enough with prisoners and appeared to lack confidence. Prisoners told us that this was improving with increased staff numbers. However, we saw many staff congregating in wing offices and avoiding prisoner contact. A good range of prisoner representatives and peer supporters were doing effective work in liaison with staff.
- S17** Most prisoners still shared a cell designed for one, and much of the accommodation was in poor condition. A programme of complete refurbishment had been started which was much needed to make Wandsworth an acceptable living environment. Many areas were not kept clean enough, including some outside areas. Some shower rooms were out of action and most of those in operation were in poor condition. Hot water and heating failures were a recurring problem. There were long waits for routine repairs.
- S18** Arrangements for bedding, clothing and laundry had improved and were reasonable. Prisoners had adequate routine access to their property. In-cell phones were a good introduction, which helped prisoners to maintain family links. New electronic kiosks were popular but were not being used to their full potential because of limited functionality. Managers had made efforts to improve response times to cell call bells, but there were still too many waits of over five minutes.
- S19** The menu was varied and the food was reasonably good. Specific dietary needs and special occasions were well provided for. Serveries were well run and there was sufficient consultation with prisoners. However, lunch was still served at the cell door, too early in many cases, and very few men could eat the main meal outside their cells. Staff worked hard to ensure that prisoner purchases were delivered promptly, although the system was not always efficient.
- S20** Prisoner council meetings were well attended by senior managers and prisoner representatives. They were constructive and led to some changes, but were not well communicated to prisoners in general. Responses to applications were not tracked and only a quarter of prisoners in our survey said they were usually answered within a week. The complaints system was not well administered and there was not enough control over timeliness. Responses were generally fair and respectful, but it was often not made clear when a complaint was upheld. There were no dedicated officers to help prisoners with their legal queries and remand prisoners were not helped to apply for bail.

- S21 The strategic management of equality and diversity had improved but was still underdeveloped. Prisoners' protected characteristics were not routinely identified. Equality monitoring data were often out of date and identified disparities were not thoroughly investigated. Although discrimination incident report forms were not freely available on all wings, prisoners were using them more than in the past, investigations were reasonably good and leading to tangible change, and quality assurance was robust. There was very little specific provision for the 40% of prisoners who were foreign nationals. Telephone interpreting was rarely used outside health care and prisoners had limited access to independent immigration advice. There was little targeted support for people with disabilities and we met prisoners whose cells did not have enough adaptations. Most staff that we asked were unaware of the location of prisoners needing assistance during emergency evacuations. About 250 young adults were held and equality monitoring data showed less favourable treatment in some areas. Some promising rehabilitative work was undertaken with some younger prisoners through the 'Hero's Journey' programme.
- S22 Faith provision was good. A wide range of faiths were provided for and the chaplaincy was engaged in many aspects of prison life. The faith facilities were dreary and in need of refurbishment.
- S23 Health care was a reasonably good and developing service, although the prison regime continued to affect effective delivery of some services. Waiting times for some primary care services were too long and exacerbated by high 'did not attend' rates. Examples of good practice included prisoner involvement in health staff recruitment and access to blood-borne virus testing. The two inpatient units, one for physical and one for mental health care, provided reasonable support for patients with very complex health needs, but the regimes were still not therapeutic enough. The management of medicines was adequate, but supervision of medicine queues was poor and presented opportunities for diversion. Dental provision was good. Secondary mental health services were very good but there were some gaps in the range of primary mental health services. A social care support worker usually provided good support for the small number of men with high level needs; however, one patient was provided with inadequate care, largely as a result of poor partnership working between the prison, local authority and health care. Psychosocial support for prisoners with substance misuse issues had improved and was reasonably good. Clinical treatment remained appropriately flexible and monitoring of new arrivals during stabilisation was satisfactory.
- S24 The relatively new governor and senior management team had committed to a long-term programme of change, especially in relation to staff culture. They had started to make progress, but ongoing problems, such as improving cell bell responses and poor progress on equality work, required more focused management attention. Increased resources for staffing and refurbishment had been made available by national managers to help achieve necessary changes.

Purposeful activity

- S25** *Too many men had poor time out of cell. Library provision was reasonable but access varied widely across wings. Prisoners were positive about gym provision. The management of activities had improved but there was so far limited evidence of improved outcomes. There was insufficient activity for the population and too many places were not being used. Attendance was poor and too many prisoners were not completing courses or achieving qualifications. **Outcomes for prisoners were poor against this healthy prison test.***
- S26** *At the last inspection in 2015, we found that outcomes for prisoners in HMP Wandsworth were poor against this healthy prison test. We made 13 recommendations in the area of purposeful activity. At this inspection we found that none of the recommendations had been achieved, three had been partially achieved and 10 had not been achieved.*
- S27** Time out of cell was poor, especially for prisoners in the Heathfield unit, where over half the men were unemployed and had about two hours outside their cells each day. During our spot checks, an average of 42% of prisoners were locked in their cells during the working day across both sites. The library offered a wide range of reading material and was a reasonable resource for prisoners' learning and legal needs. Attendance was improving but there were substantial discrepancies in attendance by wing, which had not been addressed. Prisoners were positive about gym provision. A significant shortage of PE instructors in the previous year had limited the range of activity available, but most posts were now filled. The shortage of PE and other staff had also led to the regular cancellation of gym sessions, although fewer were now cancelled than at the last inspection.
- S28** Leadership and management of purposeful activity required improvement. The pace of improvement had accelerated in the past year with evidence of well-considered, but mostly very recent, actions to solve longstanding weaknesses. There was so far limited evidence of impact. The views and talents of prisoners were increasingly influential in helping shape and improve aspects of the provision. Prison managers were now setting demanding targets and expectations for the education and vocational training provider and had introduced rigorous reviews of progress. Prison managers did not yet have enough accurate data to analyse and monitor well enough the effectiveness of all aspects of the provision.
- S29** Efforts to address key weaknesses in induction, initial assessment and prisoners' attendance and engagement had not yet resulted in consistent improvement. Managers had increased the range of provision and the number of activity places substantially since the previous inspection; these included a useful range of practical advice and guidance courses in living and employability skills, which were valued by prisoners approaching release. However, there were still only enough full-time equivalent places for about a third of the population, rising to 70% including part-time activity.
- S30** The quality of education, skills and work required improvement. Prisoners in education sessions appeared to enjoy their learning. Standards of work were reasonable but very little was exceptional. In work environments, prisoners were actively engaged in their activities, mostly producing work of a good standard and developing relevant vocational skills. All the prisoners we interviewed spoke very highly of their teachers and trainers. Prisoners on Open University programmes received very good support. Those working in textiles, the clothing exchange and café were highly engaged and working to professional standards, but the pace of learning and purpose in education and vocational training was otherwise too often slow. Initiatives to improve teaching, learning and assessment were not consistently effective. Up to half the prisoners had not had an initial assessment of their skills during induction and not all prisoners were placed on the right course or level. Without timely and

accurate assessment information, teachers were unable to plan teaching and learning well enough, and many learners made slow progress.

- S31 Personal development and behaviour required improvement. Prisoners' behaviour in most sessions was good. Teachers and learners treated each other with mutual respect. Attendance was low in most education, work and training sessions, although there were signs that it was improving. Prisoners' punctuality was not good enough.
- S32 Prisoners' outcomes and achievements in education, skills and work were inadequate. On many courses, only a third to a half of starters had completed and achieved a qualification. In a small minority of cases none of the starters had either completed or achieved. These problems had persisted over the previous two years. Data on achievements in the current contract year did not yet provide a clear picture of whether the number of prisoners starting and completing a qualification was improving or not.

Rehabilitation and release planning

S33 *A range of courses and regular family days helped prisoners to maintain and develop links with their families. Visits provision was reasonable. Resettlement functions were not well enough coordinated. There had been substantial progress in improving offender assessment system (OASys) assessment completion rates, but a significant number were still outstanding. Good work was done with higher risk prisoners, but there was not enough contact with most others. The timeliness of home detention curfew (HDC) had improved considerably in recent months. With some exceptions, public protection procedures were well managed. Resettlement planning and work was generally reasonable.*
Outcomes for prisoners were reasonably good against this healthy prison test.

S34 *At the last inspection in 2015, we found that outcomes for prisoners in HMP Wandsworth were not sufficiently good against this healthy prison test. We made 17 recommendations in the area of resettlement.⁷ At this inspection we found that eight of the recommendations had been achieved, four had been partially achieved and five had not been achieved.*

- S35 A variety of courses and events had been delivered to promote family contact, although there was some doubt about future provision. The family engagement worker was now full time and valued family days continued to be held monthly. Visitors generally reported a positive experience of visits and friendly staff. There were enough visits sessions each week. The visits hall was in reasonable condition but the children's play area was not always open.
- S36 There was a reasonable strategic approach to rehabilitation and release planning, but staffing shortfalls, including through the redeployment of offender supervisors, had hampered progress. Departments were not working in a sufficiently integrated way. There had been concerted attempts to catch up on a significant backlog of OASys over the previous nine months, although many remained outstanding. Many prisoners were not aware of their sentence plans and the quality of plans varied. Prisoners assessed as high or very high risk of harm were correctly allocated to probation offender supervisors and work with these men was generally good. Lower risk prisoners had little contact with their offender supervisors, but the use of surgeries on the Trinity unit was a good initiative to address many practical concerns experienced by prisoners.

⁷ 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.

- S37 Recent changes in HDC procedures had significantly improved rates of timely release. Public protection arrangements and the management of high-risk prisoners before release was comprehensive, with good attendance at the interdepartmental risk management meeting. Monitoring arrangements for prisoners identified as a potential risk of harm to children or subject to harassment or restraining orders were not always sufficiently robust. Initial categorisation reviews were up to date, but decisions to downgrade prisoners were not always consistent.
- S38 There were not enough interventions to meet the needs of the significant number of prisoners, including sex offenders, who were in the prison for over a year. There was no strategic approach to managing the sex offender population, although individual work was undertaken by probation offender supervisors with a few prisoners. A range of non-accredited support programmes were delivered, including Mindfulness, Sycamore Tree and 'Getting-it-Right'. Support with finance, benefit and debt was limited, but prisoners had some basic debt management support and could open a bank account before release. St Mungo's offered good support for those with housing needs, but a third of prisoners were still being released without sustainable accommodation.
- S39 Most prisoners were seen by a resettlement worker before release, but some were missed. The lack of comprehensive outcome data from the community rehabilitation company made it difficult to judge the effectiveness of the service. Although there was some evidence of improvement, resettlement plans were often superficial and were not sufficiently integrated with other provision.

Main concerns and recommendations

- S40 **Concern:** First night and induction processes were underdeveloped. First night interviews were not conducted in private and did not cover all aspects of potential vulnerability and risk. New arrivals were accommodated in cells that were not always properly furnished and staff did not undertake any welfare checks on prisoners during their first night. Too many prisoners did not receive an induction and, for those who did, it was not comprehensive.
- Recommendation: Prisoners should receive a private and detailed assessment of needs and vulnerability before being moved to adequately prepared first night accommodation. They should have additional checks and support on their first night. All new arrivals should receive a comprehensive induction, directly overseen by staff with attendance tracked centrally.**
- S41 **Concern:** Managers struggled to provide accurate data on the number of assaults, and we found some incidents, including use of force, which had not been recorded. There was almost no analysis of data on adjudications or segregation Overall, there were not enough data for managers to identify trends and patterns and to make judgements about the effectiveness of their strategies.
- Recommendation: Managers should make use of detailed analysis of outcomes and trends to measure the impact of safer custody and other work, and to drive improvement.**
- S42 **Concern:** Six prisoners had killed themselves since the previous inspection. The strategic management of suicide and self-harm prevention lacked drive and focus. ACCT procedures were poor. Not all recommendations of the Prisons and Probation Ombudsman had been implemented. Staff told us they would not enter a cell alone, even to preserve life, and some did not carry anti-ligature knives.

Recommendation: A robust strategic approach to preventing suicide and self-harm should be supported by an up-to-date action plan. ACCT procedures should be thoroughly implemented. All recommendations from the Prisons and Probation Ombudsman investigations should be implemented and monitored. Officers should be clear about their responsibility to preserve life, when to enter a locked cell and what to do in an emergency. Officers should carry anti-ligature knives.

- S43 **Concern:** Wandsworth remained the most overcrowded prison in the country, with most prisoners sharing a cell built for one. Physical conditions were poor in many areas, and there had been long waits for routine repairs. Showers, hot water and heating were the focus of much discontent from prisoners. A programme of thorough refurbishment had started, but there was a risk that its medium-term impact could be undermined by a culture, among staff and prisoners alike, of settling for living in a dirty and untidy environment.

Recommendation: The living conditions should be improved to an acceptable standard. Managers and staff should ensure that a culture of institutional self-respect is firmly established, supporting a clean and decent environment for staff and prisoners alike.

- S44 **Concern:** Equality and diversity work was underdeveloped. The prison did not identify all prisoners' protected characteristics. Equality monitoring data did not cover key areas such as segregation, use of force, work and education; they were out of date and not used to investigate prima facie inequality. Prisoner awareness of the system to report discrimination incidents was not sufficiently good. In our survey, many prisoners from minority groups responded negatively on safety and respect in particular.

Recommendation: The prison should systematically identify prisoners' protected characteristics. Equality monitoring data should be up to date, cover all key areas of prison life, and lead to thorough investigation and action where necessary. All prisoners should know how to report discrimination incidents.

- S45 **Concern:** Time out of cell for prisoners was poor, especially for prisoners in the Heathfield unit, where over half the men were unemployed and only scheduled to have about two hours outside their cell each day. Both prisoners and staff told us there could be substantial slippage in the regime which meant that time out of cell could be much less than scheduled. Prisoners were not being given daily outside exercise and only had one period of association at weekends.

Recommendation: The time unlocked should be increased and prisoners should have daily access to association and outside exercise provided at publicised scheduled times.

- S46 **Concern:** Despite some improvements, there were still only enough full-time equivalent activity places for about a third of the population. Action to improve key weaknesses in the efficiency of induction, initial assessment and prisoners' low attendance and engagement in purposeful activities had not had sufficient impact at the time of the inspection. Too few prisoners who started a course went on to complete it and gain a formal qualification.

Recommendation: There should be enough activity places to provide educational, vocational and work places for the whole population. Participation and attendance in activities should be consistently high, and punctuality should be good, ensuring that working time is fully productive. A high proportion of prisoners who start on any course should complete it and achieve the qualification.

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 Most prisoners had short journeys from local London courts and police stations, and alighted from vans reasonably quickly on arrival. Prisoners were not handcuffed from vans into reception, although all were subject to a routine strip-search. Managers could not tell us how many finds there had been as a result. An x-ray body scanner had been used previously and was an effective way of identifying contraband. We were also told that prisoners preferred the scan, which was more dignified than strip-searching. However, the scanner had fallen into disuse; we were told this was for legal reasons but we remained unclear about the reasons, given that similar scanners were in use in other establishments.
- I.2 The reception had recently been refurbished and extended to two levels. The holding rooms on the ground floor were clean but sparse, with no information for prisoners to read. Each holding room had a toilet, which afforded privacy.
- I.3 Orderlies were present in reception, including one trained as a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners). Although orderlies did not routinely meet and talk to all prisoners individually, they answered prisoners' questions and helped with serving meals.
- I.4 Not all prisoners were able to access their property in reception on their first night and had to return later in the week.
- I.5 In our survey, 32% of prisoners said they had been in reception for less than two hours against 58% at our previous inspection. All first night interviews and screening processes now took place in reception and large numbers of prisoners arrived in the early evening. We observed unnecessary delays such as not moving prisoners to first-night screening in reception during roll checks.
- I.6 All new receptions were taken upstairs for their first night assessment. This involved interviews with a first night officer, health care staff, including a nurse, doctor (if required) and substance misuse staff. Home Office staff met all new arrivals to identify foreign nationals (see paragraph 2.36) and a representative from the offender management unit often attended. A violence reduction peer representative also met prisoners, particularly those aged under 25, to discuss violence reduction matters including gang affiliations and other vulnerability.
- I.7 The facilities were impressive and the system was promising, but there were deficiencies in the treatment of prisoners. Prisoners were addressed by their surname; first night interviews and health care interviews were conducted in private offices but with the doors wide open, which compromised confidentiality. First night interviews that we observed were cursory. A template was followed but not all questions were asked and potential risks or concerns were not fully explored.

- I.8** There were no designated first night cells on the induction unit and new arrivals were located wherever there was space, frequently on other units. Not all the cells for new arrivals that we inspected were clean and some did not contain basic items such as a television, kettle or telephone. New arrivals did not have an opportunity to have a shower on their first night. There were no additional welfare checks on prisoners during their first night and, on our night visit, many staff were unaware of new arrivals (see main recommendation S40).
- I.9** Induction was completed the day after arrival in an education room on E wing. In our survey, only 66% of prisoners said they had received induction against the comparator of 85% and only 34% said it provided them with all the information they needed. The induction that we observed was led by a prisoner orderly and was very brief at just over seven minutes. Many subjects were not covered. Only nine of the 28 new arrivals requiring induction were present. Staff told us that those absent might receive an induction pack on other units or a prisoner-led induction elsewhere but they could provide no assurance of this. Many prisoners did not receive a meaningful induction.

Recommendations

- I.10** **The most effective and dignified methods that are available should be used to identify contraband on prisoners being received into the establishment. Strip-searching should only be used where it is clearly justified by evidence of effectiveness or individual risk.**
- I.11** **All prisoners should be able to access their personal property on their first night in custody.**

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.12** In our survey, nearly half the prisoners said they had been bullied or victimised by other prisoners, worse than other prisons and the previous inspection. Managers struggled to provide us with accurate and agreed figures but overall levels of violence appeared higher than at similar prisons. There had been at least 247 assaults in the previous six months, 89 against staff (of which eight were serious) and 158 against prisoners (26 serious). There had also been 68 fights. We found wing records of other violent incidents, which were not included in these data (see main recommendation S41).
- I.13** Weaknesses in data collection made it difficult to judge the impact of an impressive approach to safer custody work. The safer custody strategy was informed by prisoner and staff perceptions and had been developed collaboratively. It had helped managers and staff to understand the drivers for violence in the prison and included a prison-wide action plan. Enhanced personal support was given to the most violent men and some victims. A team of three officers supported by a psychologist saw all prisoners involved in violence shortly after the event to gather information about the reasons for the incident and to construct an individual package of enhanced support, which might include regular meetings with key

workers or other interventions. We welcomed this innovative and thoughtful approach, which was underpinned by an excellent weekly multidisciplinary complex case meeting. There were advanced plans to train prisoner violence reduction representatives to support this work.

- I.14 The safer custody committee now met every month to consider a range of data, some of which were not accurate or meaningful enough for managers to identify trends and patterns. The implementation of the safer custody strategy was not being monitored robustly and there were no data to demonstrate its success in reducing violence (see main recommendation S4I). We heard anecdotal evidence of success with individuals and saw useful psychologically informed support plans for some of the most challenging men.
- I.15 There was too little differentiation between the levels of the incentives and earned privileges (IEP) scheme to motivate the men. The regime for basic prisoners (5% of the population) was no longer excessively punitive, but it was used mostly for prisoners who had committed a single serious offence rather than to manage low-level poor behaviour. Many basic reviews did not take place on time and, in our survey, 23% of prisoners against the comparator of 34% said they had been treated fairly under the IEP scheme.

Recommendation

- I.16 **Managers should ensure that the IEP scheme is an effective tool for behaviour management.**

Good practice

- I.17 *The violence reduction element of the safer custody strategy had been developed collaboratively and was informed by prisoner and staff perceptions, opinions and experiences. This made it meaningful and relevant.*
- I.18 *The multidisciplinary violence reduction complex case meeting was a useful way of sharing information about individual men, ensuring they were managed coherently and allocating resources based on need. The involvement of psychologists to support this work was a commendable use of a valuable resource.*

Adjudications

- I.19 Staff laid adjudication charges for good reasons and procedures were fair. However, records of investigations were still not always detailed enough and some adjudicators missed opportunities to understand prisoners' experiences. Conduct reports were routinely absent. Most punishments appeared proportionate.
- I.20 Adjudication standardisation meetings now took place every two months, at which useful observations were made and some quality assurance exercises were completed. However, the meetings were often poorly attended, the approach was inconsistent and actions were not always followed up. There were no data about adjudication outcomes and no analysis of trends or patterns. Staff explained how they had improved administrative processes and reduced the number of adjudications, but there were no data to support this (see main recommendation S4I).

Use of force

- I.21** Staff had recorded 284 use of force incidents during the previous six months, more than at our last inspection, but similar to other prisons. However, some planned incidents were not recorded. Most incidents involved control and restraint techniques but the use of cuffs and segregation was no longer routine.
- I.22** Managers met monthly to oversee the use of force. They identified problems appropriately, but progress was relatively slow. Only 70% of officers had up-to-date training and, in our sample of 23 incidents, only one contained a report from every officer involved. Many use of force reports were not detailed enough and did not always demonstrate sufficient attempts at negotiation to avoid the use of force. A full-time use of force coordinator had been appointed in February 2018 to help resolve these issues, which was welcome.
- I.23** Managers quality assured a few incidents each month, but there was no evidence that they routinely reviewed video footage. Body-worn cameras were being used increasingly and a considerable number were issued each day, although some trained staff still did not wear them. A technical problem prevented us from viewing body-worn camera footage, but we obtained additional recordings from a hand-held camera. The four planned incidents that we reviewed all showed a reasonable and proportionate approach.
- I.24** During the previous six months, batons had been drawn on 19 occasions (more than we would expect) and used on six. Since July 2017, most of these incidents had been reviewed by the deputy governor and robust action had been taken. Reports of these incidents provided sufficient assurance that batons had been drawn and used appropriately, although in one case there was no paperwork.
- I.25** Special accommodation had been used 14 times in the previous six months, including four times for two men at risk of self-harm. Senior managers had identified that authorising managers often failed to review their decision to use special accommodation every hour. Records did not always explain adequately the necessity for special accommodation, but most uses appeared proportionate. The special cell was sometimes used incorrectly as a holding or search room.

Recommendations

- I.26** **Reports of the use of force should be completed by every officer involved and should provide a detailed explanation for the use of force and a full description of the experience of the member of staff.**
- I.27** **All trained staff should wear body cameras.**
- I.28** **Paperwork authorising the use of special accommodation should provide clear justification for its use and should demonstrate regular reviews by a senior manager.**

Segregation

- I.29** The segregation unit was clean, but some cells had no furniture other than the bed and several had damaged floors. The exercise yard was grim, with no outlook and bedding hanging from the razor wire.

- I.30** Many of the segregation unit staff, including managers, were new but the team was cohesive and there was a progressive ethos. Some prisoners had support plans which had been developed in association with the violence reduction team (see paragraph I.13) and had been managed well.
- I.31** Prisoners were segregated with the requisite authority and the unit was not overused. Some prisoners were not segregated because of concerns that it would have an adverse impact on their mental health. In the previous six months, 36 men on an open ACCT⁸ had been segregated. Decisions had been recorded and we were satisfied that they had been proportionate. Prisoners could see a governor, a health care professional and a chaplain every day, and members of the Independent Monitoring Board visited frequently. Multidisciplinary segregation reviews took place regularly and appropriate targets were set. However, there was still no multidisciplinary group to monitor the use of segregation and no meaningful data analysis (see main recommendation S41).
- I.32** The regime was limited but since January 2018 all prisoners had been offered a shower every day. Prisoners could not routinely spend an hour outside. Most men did not have a television or a radio and could only use the phone three times a week. The regime bordered on solitary confinement but was mitigated by short stays in segregation (an average of seven days)⁹. A few men on mindfulness training had additional time out of cell three days a week and one longer-stay prisoner had a cleaning job.

Recommendation

- I.33 Segregated prisoners should have the opportunity to spend at least one hour in the open air and make a telephone call every day.**

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.34** Strategic oversight of security was reasonably good, with an up-to-date threat assessment and regular security meetings. Partnership working with the police was effective, and on-site and regional police staff gave good support. Security procedures were generally proportionate but routine strip-searching was not justified by evidence of effectiveness (see paragraph I.1).
- I.35** An average of 491 intelligence reports were submitted each month, higher than at the last inspection but lower than similar prisons. A backlog of 80 to 90 reports was awaiting analysis at the time of our inspection. There was evidence that not all incidents were being reported and the security department was not always informed of the outcomes of recommended actions.
- I.36** In the previous six months, searches had been effective, recovering 277 mobile phones, 65 weapons and 153 drug packages. However, intelligence was not acted on consistently; for

⁸ Assessment, care in custody and teamwork case management of a prisoner at risk of suicide or self-harm.

⁹ 'Solitary confinement' is when detainees are confined alone for 22 hours or more a day without meaningful human contact (United Nations Standard Minimum Rules for the treatment of prisoners. Rule 44).

example, between September 2017 and January 2018 only 31% of recommended intelligence-led searches had been completed, and accommodation fabric checks were not consistently undertaken. Existing technology was not being used effectively; for example, the x-ray scanner in reception was no longer used (see paragraph I.1) and the CCTV cameras in visits were not monitored as a result, we were told, of a lack of staff.

- I.37** Despite efforts to tackle the supply of illicit drugs, they remained too accessible, particularly cannabis and new psychoactive substances (NPS)¹⁰. In our survey, 40% of prisoners said it was easy to get illegal drugs and 30% that it was easy to get alcohol. Although improving, the strategic approach to supply reduction and addressing substance misuse was weak. The suspicion testing programme was not being implemented effectively, there was not enough coordination of actions between departments and the action plan was not up to date.
- I.38** Mandatory drug testing (MDT) facilities were reasonable, although the entrance corridor should not have been used to store general residential supplies. There was no up-to-date information for prisoners. MDT had only restarted in the summer of 2017 and suspicion testing in November 2017. Between July and December 2017, the positive rate for prisoners randomly tested for drugs was 30% when NPS was included. Actions to address this presenting risk remained inadequate. In the seven months between August 2017 and February 2018, only 38 of the 87 (44%) requested suspicion tests had been completed. The positive rate was 59% but few referrals were subsequently made to drug services.
- I.39** Corruption prevention work had improved and was now robust. The department was receiving more than 50 relevant incident reports a month. Targeted work had identified alleged illegal activities by staff which were now subject to ongoing prosecutions. A counter-terrorism unit was in place and the prison was working with other agencies to manage identified extremists.
- I.40** Escort risk assessments were completed appropriately and handcuffing arrangements were considered and proportionate. Managers providing risk assessment authorisation were informed of prisoners with mobility and other health care considerations to aid their decision making.
- I.41** Only eight prisoners at the time of our inspection were subject to closed visits, all for visits-related offences. These were reviewed monthly, but prisoners were unnecessarily retained on closed visits for a minimum of three months, even with no further corroborating intelligence.

Recommendations

- I.42 A full intelligence picture should be gathered, acted on without delay and used effectively to prioritise and manage identified risks.**
- I.43 The mandatory drug testing programme should be adequately resourced to complete the required level of target testing and all requested suspicion tests within required timeframes.**

¹⁰ Generally synthetic cannabinoids, which are a growing number of 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 vaporised and inhaled in e-cigarettes and other devices.

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.44** There had been 265 self-harm incidents by 188 prisoners in the previous six months, similar to other local prisons. Six prisoners had killed themselves since our last inspection and a further five had died of other causes. The health care department had made substantial progress in meeting the recommendations of the Prisons and Probation Ombudsman. Prison managers had taken other recommendations of the Ombudsman seriously but some were not achieved, including some serious delays in answering emergency cell bells (see paragraph 2.10 and main recommendation S42).
- I.45** The management of self-harm prevention lacked strategic focus. The safety and equality team managed self-harm prevention and violence reduction but had focused on the latter at the expense of the former. The safety action plan was not continuously updated. Self-harm data collection was adequate.
- I.46** ACCT procedures were deficient. Too many assessment interviews and first case reviews were late, which undermined effective risk management and care. Assessments, care maps and observational entries often lacked detail and sometimes indicated a poor response to obvious risks. Post-closure interviews were rarely held (see main recommendation S42). Case reviews were held on set days of the week and attendance was often multidisciplinary. A representative from the health care department and the substance misuse service, the Forward Trust, regularly attended. The quality of the three reviews we attended was good. We spoke to prisoners in crisis who were positive about their care. In the previous six months, 36 prisoners had been held in segregation on open ACCTs (see paragraph I.31).
- I.47** Listeners were positive about their role and contribution to safety. The 30 Listeners were not evenly distributed throughout the prison, with 16 on Trinity wing and only 14 on the much larger Heathfield wing. In our survey, only 40% of prisoners said it was easy to see a Listener. Fewer prisoners (50%) than at other local prisons (65%) said they felt safe on their first night in the prison. Yet only one Listener resided on the induction unit, where the risks of suicide were the greatest. Not all wings had functioning Listener suites. Some suites were in good condition but others were poor.
- I.48** Night staff knew which prisoners were on ACCTs but not all carried anti-ligature knives. Night staff told us they would not enter a cell alone when a prisoner's life was in danger (see main recommendation S42). The number of officers trained in first aid was satisfactory. Officers and health staff could easily access emergency equipment but gym staff could not locate their nearest automated external defibrillator. Emergency equipment was checked regularly. Ambulances responded promptly in emergencies.

Recommendation

- I.49** **The Listener rota should provide adequate cover across the prison at all times, and Listener suites should be prepared and ready for use.** (Repeated recommendations I.36 and I.37)

Protection of adults at risk¹¹

- 1.50** There was now a nominated adult safeguarding manager and contact with the local safeguarding adults board. The prison had reviewed safeguarding functions and had produced a consolidated document explaining the procedure if staff had safeguarding concerns. However, staff awareness of safeguarding adults at risk was poor. Partnership working among the health care department, wing staff and social services was sometimes deficient (see paragraph 2.79).

¹¹ Safeguarding duties apply to an adult who:

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

Section 2. Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes:

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

- 2.1** In our survey, only 58% of prisoners said that most staff treated them with respect against the comparator for local prisons of 71%. Only one-third said that they were treated as an individual, while two-thirds said there was a member of staff to whom they could turn if they had a problem. Since the recent arrival of new staff, permanent and temporary, and a 25% reduction in prisoner numbers on the two most volatile wings during refurbishment, the staff-prisoner ratio had improved. Prisoners had noticed that some staff had more time to talk and there was better continuity of staff on each wing.
- 2.2** However, inspectors too often saw staff gathering in offices, and keeping engagement with prisoners to a minimum, usually to carry out specific tasks. Almost half the officers were in their probationary year, and in some cases their inexperience was evident, although better mentoring arrangements had recently been put in place. Largely amiable but distant relationships between staff and prisoners were part of the culture of Wandsworth which needed to change. Senior managers appeared to understand this challenge and stated a commitment to addressing it.
- 2.3** There was a reasonable range of prisoner peer workers, for example ‘information orderlies’ were trained by St Giles Trust and well supervised. Prisoner Council meetings were well attended, with the governor and deputy governor usually present, and prompt actions followed these meetings.
- 2.4** There was no personal officer scheme, and implementation of the new offender management in custody model, whereby prisoners would have an individual key worker, was not due to start until later in 2018. However, there were good entries in case records in some cases, including more positive entries than we usually see.

Recommendation

- 2.5 Managers should ensure that staff learn and practise habits of positive interaction with prisoners.**

Daily life

Expected outcomes:

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

Living conditions

- 2.6** Wandsworth remained the most overcrowded prison in the country, with most prisoners sharing a cell designed for one person. Broken windows and door observation panes were common, and conditions in many cells were poor, with much damaged flooring. Several cells had been without a toilet seat for months. The most pressing needs were now being identified and quantified through monthly ‘decency checks’, but there had been long delays to many routine repairs. Accommodation fabric checks had not been carried out regularly or frequently enough (see main recommendation S43).
- 2.7** In our survey, fewer than a third of prisoners said that they received cell cleaning materials weekly, and the standard of cleanliness was poor. This reflected attitudes of staff and prisoners alike in accepting low standards of tidiness and care for the conditions in which they worked and lived (see main recommendation S43). It was very encouraging that, after years of piecemeal and not always well-planned refurbishments of parts of the residential areas, a thorough programme of complete refurbishment of the wings had recently started. The improved physical conditions were not likely to be sustained unless staff and prisoners alike learned to take pride in maintaining a good environment.
- 2.8** Showers remained the least satisfactory part of the residential areas. Only half the prisoners said in our survey that they could shower every day, although this was an improvement on the previous inspection. Several shower rooms were out of use, and the water flow and temperature was unreliable in others. Many prisoners told us that the hot water and heating systems were not fit for purpose. Missing tiles, broken flooring and ingrained dirt marred almost all the shower rooms in use. There had been improvement to some exercise yards, including raised beds and fitness equipment, but most were bare and dirty with litter always in evidence. Arrangements for clean bedding, clothing and property handling had improved and were satisfactory.
- 2.9** In-cell phones had now been installed in all areas, which represented progress. Electronic kiosk terminals had been installed on all wings and were well used. There were too few terminals for interactive use, such as meal choices and visits booking, and their role was limited to providing prisoners with information, including individual account balances.
- 2.10** In our survey, only 11% of prisoners said their cell call bell was answered in five minutes against the comparator of 21%. Our checks of timeliness indicated many delays of over five minutes with the longest at one hour eight minutes.

Recommendations

- 2.11 All prisoners should be able to have a shower every day in clean and well-maintained facilities with adequate privacy. (Repeated recommendation 2.8)**
- 2.12 Cell call bells should always be answered within five minutes.**

Residential services

- 2.13** In our survey, 41% of prisoners said the food was quite good or very good. A five-week menu contained a good variety of meals, with cultural variations. Prisoners worked well in the kitchens and gained qualifications, acquiring experience in the staff mess and stocking the visits vending machines, as well as core duties. Food was produced frequently for special occasions such as religious festivals or family days. Provision for Ramadan and other specific events was good, and standards of hygiene were good. Food comments books were available at wing serveries, but were not on display and were very little used. The serveries were otherwise well organised. A catering consultative committee met every other month.
- 2.14** All prisoners ate lunch in their cell, and many received it before noon. On one landing in the category C unit prisoners had recently started to eat together for the evening meal.
- 2.15** The prisoner purchasing system worked reasonably well, despite difficulties with the contract arrangements. Staff worked hard to ensure that orders were fulfilled correctly, although refunds for missing items were often delayed. The range of items was adequate, but most prisoners could not place their first order for many days after arrival. There were plans to make popular items available for immediate purchase with the opening of the new reception facility. The range of items was reviewed informally by staff talking to prisoners, but there was no systematic review of the list to ensure that prisoners' wishes were reflected.
- 2.16** Newspapers and magazines were readily available. Catalogue orders had been speeded up by use of a 'click and collect' service.

Recommendations

- 2.17** **Breakfast should be served in the mornings, rather than being issued in packs the previous night, and lunch should be served between noon and 1.30pm.**
- 2.18** **Newly arrived prisoners who are waiting for a shop order should be able to purchase enough goods to avoid debt to other prisoners.** (Repeated recommendation 2.125)

Prisoner consultation, applications and redress

- 2.19** A prison-wide consultation meeting was attended by the governor, deputy governor and other senior managers, with prisoner representatives from all wings. There was a good atmosphere and clear evidence of action following these meetings. The outcomes of the meetings were not well communicated to prisoners.
- 2.20** In our survey, only 26% of prisoners said that applications were dealt with within seven days. The appointment of administrative staff on wings had improved matters, but there was no reliable system for tracking applications.
- 2.21** Only 12% said in our survey that complaints were dealt with within seven days. This reflected staffing difficulties which had caused slippage in the timely handling of complaints in recent months. There was no regular quality checking of responses to complaints.
- 2.22** Responses were fair and respectful, but not all complaints were investigated thoroughly. Many responses showed that the prisoner had valid grounds for their complaint, but it was often not made clear when a complaint was upheld.

- 2.23** Legal services provision was poor, which was of particular concern in a local prison. No staff provided bail advice and assistance to remand prisoners and only 13% of prisoners said it was easy to get bail information.
- 2.24** The library provided some support for prisoners with legal needs. It held copies of Prisoner Advice Service (PAS) information sheets and there was a good selection of legal textbooks. The library co-ordinated monthly surgeries from PAS and every two months from Bail for Immigration Detainees. There was good availability of 'access to justice' laptop computers¹².
- 2.25** Only 46% of prisoners in our survey said it was easy to attend legal visits. There were 15 rooms for legal visits, but this did not meet demand. Booking staff told us it generally took about two weeks for a visit to be arranged, although video conferencing facilities were well used by solicitors.

Recommendations

- 2.26** **Complaints and applications should be acknowledged and answered promptly, with reliable tracking and monitoring to ensure good use of and confidence in these systems.**
- 2.27** **Prisoners should have swift and easy access to legal visits, bail information and advice.**

Good practice

- 2.28** *A prison-wide consultation meeting was attended by the governor, deputy governor and other senior managers, with prisoner representatives from all wings. There was a good atmosphere, and clear evidence of action following these meetings.*

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 characteristics¹³ 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

- 2.29** The strategic management of equality and diversity had improved since our last inspection but was still underdeveloped. The equality team comprised an equality manager and part-time administrator. They should have received additional officer support but in practice this rarely happened. Nine senior managers were each responsible for one of the protected characteristics. Equality meetings were held every two months and supported by an action plan. The 'ensuring equality' policy had recently been revised but not published. Identification

¹² Provided by the prison to assist some prisoners in the preparation of defence, appeal or related legal work.

¹³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

of protected characteristics was poor; for example, there were no data on the sexual orientation or disabilities of about half the population (see main recommendation S44).

- 2.30** In theory, the prison used the HMPPS equality monitoring tool to address discrimination but in practice the tool was not used thoroughly to investigate disparities. The data were out of date by more than five months at the time of our inspection and did not cover key areas such as segregation, use of force, work and education (see main recommendation S44).
- 2.31** Four prisoners acted as equality representatives and a further four as foreign national representatives. They were enthusiastic about their role but lacked training and support. For example, not all of them understood the concept of a protected characteristic or the difference between direct and indirect discrimination.
- 2.32** In the past six months, 67 discrimination incident report forms (DIRFs) had been submitted, more than three times the number at our last inspection. Awareness of the procedures had improved but was still not good enough. Even some equality representatives were unaware of the DIRF system and forms were not freely available on all wings (see main recommendation S44). Most incidents concerned race issues, and were submitted by prisoners against staff. Investigations had recently improved from a low base and were now reasonably good, sometimes leading to tangible change. Quality assurance was strong. The governor and deputy governor reviewed all investigations and replies, and the Zahid Mubarek Trust regularly checked the quality of a sample of DIRFs. The Trust also trained managers to investigate discrimination properly.
- 2.33** The prison had started to consult minority groups. These meetings were minuted and the actions fed into the equality action plan.

Protected characteristics

- 2.34** At the time of the inspection, 39% of prisoners were from a black or minority ethnic group. In our survey, only 54% of these prisoners said that most staff treated them with respect and 70% said they had felt unsafe at some time in Wandsworth. Equality monitoring data showed that black prisoners were less favourably treated at disciplinary hearings than other prisoners. Black prisoners we spoke to did not report direct discrimination. The prison had started consulting black and minority ethnic prisoners about their treatment and had celebrated Black History Month.
- 2.35** In our survey, 7% of prisoners said they were from a traveller community, which suggested that about 100 were held. However, the prison only had records of nine Gypsies or Travellers. A focus group had been held for these prisoners in November 2017.
- 2.36** Thirty-eight per cent of the population were foreign nationals. The prison served Westminster Magistrates Court where all European Arrest Warrant extradition hearings in England and Wales were held and was the conduit through which foreign nationals were repatriated to their country of origin. In the previous six months, 62 prisoners had been repatriated. The prison held 30 immigration detainees, three of whom had been held for more than a year after completion of their sentence, the longest for three years, which was excessive. Focus groups took place with foreign nationals and the voluntary sector organisation, Bail for Immigration Detainees, delivered half-day workshops every two months. There was no other regular independent immigration legal advice. BEST, a befriending and support service for foreign nationals, regularly attended the prison. A member of the on-site immigration enforcement prisons and prosecutions team met all new arrivals. Telephone interpreting had been used 308 times in the previous six months, almost exclusively by health care staff.

- 2.37** In our survey, a third of prisoners said they had a disability but the prison had no disability data on about half the population. There was little targeted support for prisoners with disabilities. We found a wheelchair user sharing a cell designed for one person with no adaptations. His toilet lacked a lid, seat and grip rails. Five adapted cells on C wing were spacious and there was a policy for their use. However, the adapted showers for these prisoners were in poor condition with cracked tiles, broken grip rails and light switches. Communication between custodial staff, the health care department and social services was inadequate (see paragraph 2.79). Many wing officers could not easily identify prisoners who required assistance in the event of an emergency. Consultation with disabled prisoners had recently started.
- 2.38** During the previous year, two trans prisoners had been held. Records showed that good efforts had been made to meet their needs.
- 2.39** Our survey suggested that about 40 gay or bisexual prisoners were held while the prison had only identified seven. The prison celebrated LGBT history month and ran a focus group with gay prisoners on the vulnerable prisoner unit. Embryonic contact had been made with community support groups.
- 2.40** At the start of our inspection, 246 young adults were held. Equality monitoring data showed that young adults were less favourably treated than older prisoners in relation to disciplinary hearings and the incentives and earned privileges scheme. In our survey, 73% of young adults said they had felt unsafe in the prison at some point and only 43% said that most staff treated them with respect (see main recommendation S44). A focus group for young adults had been held in October 2017. The prison ran Hero's Journey, a welcome intervention to change young adults' behaviour (see paragraph 4.28).
- 2.41** Seventeen percent of the population were aged 50 and over and the oldest prisoner was 80. In our survey, 71% of prisoners aged 50 and over said there were staff they could turn to if they had a problem, and 64% said that most staff treated them with respect. The prison had run a focus group for older prisoners in November 2017 and there were regular over-50s gym sessions. Older prisoners could have clothing sent to them by relatives twice a year, more often than younger prisoners. Retired and disabled prisoners who were unable to work were locked in their cells during the core day.

Recommendations

- 2.42** **There should be a time limit on immigration detention.**
- 2.43** **Detainees should only be held in prisons in exceptional circumstances.**
- 2.44** **Professional telephone interpreting should be used to communicate with prisoners who do not speak English when confidentiality or accuracy is required.**
- 2.45** **Prisoners with disabilities should have their needs assessed and reasonable adjustments made to meet these needs.**
- 2.46** **Wing officers should know which prisoners in their care require assistance in the event of an emergency.**
- 2.47** **Older and disabled prisoners who are retired or unfit to work should not be locked in their cell during the core day.**

Faith and religion

- 2.48** At the time of the inspection, 53% of prisoners were Christian, 25% Muslim and 16% had no religion. Faith provision was good but there had been no full-time Muslim chaplain for more than a year. In our survey, only 43% of prisoners with a religion said they could speak to a chaplain of their faith in private against the comparator of 65%.
- 2.49** The chaplaincy provided services and support for a wide range of faiths. They were engaged in many aspects of prison life and had good links with community faith groups. The team worked closely with Wandsworth Community Chaplaincy Trust which employed a full-time worker to support men in prison and after release. The chaplaincy ran the Sycamore Tree programme three times a year and the Quaker chaplain delivered a money management course. Some services were held in Spanish, Russian and Polish. Faith forums were held with prisoners from different faiths. The faith facilities were dreary. The prison chapel was becoming dilapidated with a leaking roof, broken plaster on the walls and peeling paint.

Recommendation

- 2.50** **All faith facilities should be bright, well decorated and structurally sound. The main chapel should be repaired to ensure the roof does not leak and the walls are free from water damage.**

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.

- 2.51** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹⁴ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 2.52** St George's University Hospitals NHS Foundation Trust provided physical health and clinical substance misuse services and South London and Maudsley NHS Foundation Trust delivered mental health services and provided substance misuse addiction specialist psychiatrists.
- 2.53** Effective strategic and operational governance structures covered essential areas, with reasonable representation and attendance. Service delivery was informed by an up-to-date health and social needs assessment, with a specific assessment of the remand population reflecting their imminent transition to a reception prison.
- 2.54** Recruitment was taking place to increase staffing levels which had started to improve. Regular locum staff were used to mitigate vacancies.

¹⁴ 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>.

- 2.55** Comprehensive refurbishment was in progress to improve medication administration rooms, the pharmacy and some clinic rooms. The clinic rooms were clean but some fixtures and fittings did not meet infection control standards.
- 2.56** Although some health care staff felt unsupported by managers, we found that staff worked collaboratively, with reasonable access to formal managerial and clinical supervision and training opportunities. There were clear channels for staff to raise concerns and appropriate support services were available. The newly-appointed practice educator was developing a useful training matrix to inform future training and service delivery.
- 2.57** Staffing levels and an appropriate skill mix were maintained 24 hours a day. A range of effective clinical meetings, including daily handovers, identified and addressed clinical concerns.
- 2.58** Learning from audits, adverse incidents and implementation of health care recommendations from the Prisons and Probation Ombudsman's death in custody reports had informed service improvement. Feedback from patient surveys was analysed and there were examples of excellent patient involvement, including patient-led interview panels working with professional panels in the recruitment of mental health staff. This was good practice.
- 2.59** Most prisoners we spoke to were satisfied with the quality of health provision but lengthy waiting times for some appointments was a recurring theme.
- 2.60** The written responses to complaints that we sampled were timely, courteous and focused. Concerns were frequently resolved by prompt face-to-face discussion between clinicians and patients, which was positive.
- 2.61** The competence of health staff and well checked equipment ensured a coordinated and timely response to health emergencies by clinical staff.

Good practice

- 2.62** *The introduction of patient-led interview panels to work alongside a panel of health care professionals when recruiting mental health staff promoted patient participation and community involvement.*

Promoting health and well-being

- 2.63** The prison was due to become smoke free in April 2018, There was a proactive approach to smoking cessation and support was good.
- 2.64** Health promotion literature was available, some of which had been translated in the six most common languages, which was good. Telephone interpreting services were used reasonably well by health care staff.
- 2.65** Access to blood-borne virus testing and treatment was excellent. Peer workers supported by the Hepatitis C Trust helped to inform other prisoners about the condition.
- 2.66** Orange coloured boards on each wing contained health care information, including the availability of complaints and application forms. Health care prisoner representatives, who wore orange polo-shirts, informed other prisoners about services.

- 2.67** Access to screening, including chlamydia and gonorrhoea, was good. Patients waited too long for some vaccinations, including hepatitis B, which reflected the national shortage. Regular x-ray screening for tuberculosis took place and there were effective links with specialist services and Public Health England. A visiting specialist offered sexual health advice and barrier protection was available but not well advertised.
- 2.68** There was a prison-wide health promotion strategy which was likely to need adjustment if the status of the prison were to change as planned to that of a reception prison. National health promotion events were not well observed, but this was being addressed.

Good practice

- 2.69** *Access to blood-borne virus screening and treatment was very good and there was a correspondingly high uptake of the service. Peer mentors supported by the Hepatitis C Trust provided valuable education and information about the condition to other prisoners.*

Primary care and inpatient services

- 2.70** Recent refurbishment had significantly improved the health care reception rooms. Over the previous six months, there had been approximately 49 new arrivals a week. They were assessed by a primary care nurse and were seen by a substance misuse nurse and/or GP if necessary. Appropriate referrals were made. Interactions that we observed were good but the door was left open during some consultations which compromised patient confidentiality. A comprehensive secondary health screen was completed within the first few days and a leaflet about health services was provided. Attendance rates at secondary screening had improved, with over 70% attending in February 2018, but further improvement was needed to ensure that all health needs were identified promptly.
- 2.71** Five GPs ran regular clinics every weekday and on Saturdays. The waiting time for a routine GP appointment was about two weeks and urgent on-the-day appointments were available. Nursing staff operated an efficient daily triage clinic and other clinics with waiting times of about a week. We saw evidence of effective nurse-led interventions, including wound care, with good use of care plans.
- 2.72** An advanced nurse practitioner managed patients with long-term conditions supported by the GP. Appropriate care planning and treatment were noted in clinical records.
- 2.73** The range of primary care services and visiting specialists was appropriate, with the continuing exception of on-site physiotherapy. Waiting times for the podiatrist and optician were excessive at up to 39 and 17 weeks respectively. Although non-attendance rates had reduced, the average across all clinics in February 2018 was approximately 35% which remained too high.
- 2.74** External hospital appointments were well managed and cancellations in the previous year because officers were not available had been infrequent.
- 2.75** The inpatient units comprised a six-bed physical care unit (Jones) staffed by primary care practitioners and a 12-bed mental health unit (Addison) staffed by mental health practitioners, with shared discipline staff and association room. The demand for mental health beds remained high and there was a waiting list. Delays occurred in transferring patients to community mental health beds. Admissions and discharges were for clinical reasons. Assessment and care planning were good and we observed some positive care. The environment was adequate. Patients had satisfactory access to showers and exercise. Weekly

art therapy and a hearing voices group were positive initiatives, but there were still too few therapeutic activities and many patients spent too long locked in their cells.

Recommendations

- 2.76 Prisoners should have timely access to all primary care services, equivalent to the community.**
- 2.77 The failure-to-attend rate for all clinics should continue to be monitored and appropriate remedial action taken to reduce it.**
- 2.78 All patients on the inpatient units should have access to a therapeutic regime.**

Social care

- 2.79** Despite a memorandum of understanding, joint working between the prison, local authority and health services was underdeveloped. For example, clinical records indicated that prison staff had refused to unlock a patient to receive full social care as they did not believe he needed it. His social care support had therefore ceased more than two months previously and no subsequent reassessment or safeguards had been carried out to ensure that his needs were met. This was unacceptable. Health staff were not reviewing patients with disabilities and/or social care needs, although the matron addressed this when we raised our concerns during the inspection.
- 2.80** Health staff identified social care needs during reception screening, but systems to identify and refer prisoners who developed problems while in custody were weak. A social worker attended to complete assessments and care plans. Wandsworth Council funded a support worker on site for eight hours a day, which gave the three men receiving packages of care excellent access to support. However, governance was inadequate. A prisoner peer worker provided good support, but he was assisting with aspects of personal care, including lifting patients, which was not appropriate.
- 2.81** Access to mobility aids and adaptations was sometimes delayed. Arrangements to ensure continuity on transfer or release were appropriate.

Recommendation

- 2.82 Effective joint working between the prison, local authority and health providers should ensure prisoners with social care needs are promptly identified, assessed and given appropriate and safe support by staff and peers.**

Mental health care

- 2.83** The South London and Maudsley Trust team delivered primary and secondary mental health services from 9am to 5pm Monday to Friday. They worked closely with the primary care team and shared some staff resources. The in-reach team provided a very good range of services for patients with moderate to severe mental health problems but there were some gaps in primary mental health provision. A volunteer service provided formal, supervised counselling and psychotherapy, which was positive.

- 2.84** All new referrals were discussed at a daily joint meeting and allocated to the appropriate service. About 450 referrals a month were received via an open referral system. Mental health assessments were completed within four working days. More urgent referrals were carried out within 24 hours by Addison unit staff.
- 2.85** The caseload at the time of the inspection was about 130, 77 of whom were effectively managed under the care programme approach¹⁵ with useful links with community mental health teams. Appropriate physical health checks were completed to monitor patients who were prescribed certain medication.
- 2.86** Two primary mental health team nurses undertook assessments and symptom management work and an assistant psychologist offered post-traumatic stress sessions one day a week. An additional nurse was due to start. An anxiety management group was being planned. The forensic psychiatrist cover for both teams and the inpatient unit was very good. Regular multidisciplinary team meetings supported effective care.
- 2.87** The in-reach team consisted of experienced mental health nurses and clinical psychologists, and a social worker was due to start. A weekday duty professional rota facilitated prompt responses to urgent calls and contributions to ACCT¹⁶ procedures, including first case reviews. This was a positive initiative.
- 2.88** Patients with learning disabilities and other neurodevelopmental conditions received good support from a learning disability nurse and a specialist visiting psychiatrist. There was also support for veterans. A specialist psychiatrist for older adults attended fortnightly to see patients on the wings and support the team.
- 2.89** About a quarter of officers had received mental health awareness training in the past three years, principally as a component of basic training for new officers. There was otherwise limited training in this area.
- 2.90** Communication with other departments in the prison was good and a clinical psychologist was working with the violence reduction team. This was a very positive initiative (see paragraph 1.13).
- 2.91** Most of the 12 transfers to secure mental health units since June 2017 had exceeded the transfer guideline of 14 days, with the longest wait of nine weeks. At the time of the inspection, a patient had been waiting for an available bed for more than 14 weeks, which was too long.

Recommendations

- 2.92** **The range of primary mental health services should be extended to support prisoners with mild and moderate mental health problems more fully.**
- 2.93** **All discipline officers should receive mental health awareness training to enable them to identify and support prisoners with mental health conditions.**
- 2.94** **Patients requiring a transfer under the Mental Health Act should be transferred expeditiously and within the current transfer guidelines.** (Repeated recommendation 2.112)

¹⁵ Mental health services for individuals diagnosed with a mental illness.

¹⁶ Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

Substance misuse treatment¹⁷

- 2.95** Aspects of the strategic approach to substance misuse were weak (see paragraph 1.37), but they were being addressed. The substance misuse strategy was not informed by a needs assessment, had no action plan and did not focus sufficiently on demand reduction. Monthly drug and alcohol strategy meetings were poorly attended.
- 2.96** Clinical and psychosocial support was good overall. Prisoners dependent on substances received specialist assessment and clinical treatment on the first night and effective monitoring for the first five days and nights. At the time of the inspection, 121 prisoners (9% of the population) were receiving Methadone or Buprenorphine for opiate dependence. Prescribing was flexible and consistent and reflected individual patient need. Two senior addiction psychiatrists delivered eight clinics a week with a nurse and psychosocial worker, and reviews were timely. About 35 patients a month required alcohol detoxification, but medication was generally administered three times a day instead of four because of regime restrictions (see paragraph 2.106).
- 2.97** The Forward Trust provided psychosocial support to more than a third of the population. In our survey, 68% of prisoners with an alcohol problem and 50% of those with a drug problem said they were being helped. All new arrivals received prompt harm reduction advice and a brief assessment. New referrals were seen quickly. Prisoners could access one-to-one support, a four-session Living Safely course, anger management workshops, a 16-session drug and alcohol course and mutual aid groups. However, there were not enough suitable rooms for these initiatives on some wings which restricted access for prisoners and extended waiting times. A weekly support group delivered in the Romanian language was an excellent initiative. A family worker provided one-to-one and group support. Most prisoners could access well trained and supervised peer supporters easily, except for the first night centre which was a significant omission.
- 2.98** The six-month abstinence-based treatment programme on unit K1 provided excellent support for up to 23 prisoners and was very highly regarded by participants and graduates. The programme was to cease in June 2018 and other interventions were being developed for the re-role to a primarily remand population.
- 2.99** The psychosocial and clinical services were well integrated and worked effectively with wider health care and prison staff. Psychosocial workers attended all ACCT reviews, which was impressive. Patients with co-existing mental health and substance misuse conditions could access all mental health services and a pathway was being developed.
- 2.100** Partnership working with community services and pre-release planning were good, and community workers from four boroughs delivered clinics in the prison. Harm reduction advice was given before release and there were plans to introduce Naloxone (training and a medication to manage opiate overdose).

¹⁷ In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

Recommendations

- 2.101** The substance misuse strategy, including supply reduction, should be informed by a current needs assessment and supported by a comprehensive action plan. It should be reviewed at well-attended monthly substance misuse strategy meetings.
- 2.102** Prisoners on all wings should have easy access to the full range of psychosocial support services in a suitable environment.

Good practice

- 2.103** *The attendance of psychosocial workers at all ACCT reviews and the provision of a weekly group in the Romanian language gave vulnerable prisoners improved access to support.*

Medicines optimisation and pharmacy services

- 2.104** Medicines were dispensed by the in-house pharmacy and most were individually labelled. Despite regular recorded stock and date checks in the main pharmacy and wing treatment rooms, we found a significantly expired medicine on D wing and a few recently expired items in the dispensary.
- 2.105** A contemporary in-possession policy considered the patient and medication and this was being updated with other pharmacy policies. Pharmacy staff completed the risk assessment during the secondary screen and most patients were assessed within 48 hours of arriving in the prison. About 55% of patients received medication as monthly in possession.
- 2.106** Medicines were administered by trained pharmacy technicians and nurses each day from 8 to 11am, 1.15 to 3.15pm and 4.15 to 6.45pm with a late shift between 7.45 and 8.15pm on most wings. Therapeutic dose times could be compromised by the regime and lengthy medication rounds. On one wing a patient received three separate doses of medication within a six-hour period and another patient received sedating medication at about 4pm, which was poor practice.
- 2.107** We observed crowding around medication hatches and inconsistent observation by officers, including during opiate substitution administration. This created the potential for diversion of medication and a lack of privacy. There was no in-cell facility to store medication securely.
- 2.108** Nurses could only administer a very limited range of medicines without a prescription which increased the demand for prescriber input. Patients were able to buy Paracetamol from the canteen list, but this was not recorded or monitored. The pharmacist was reviewing this.
- 2.109** Most drug cabinets were properly secured except one in the dispensary, which was being addressed. On the Jones unit, the fridge temperature records showed that they were regularly out of range, with no record of action taken.
- 2.110** There were audits to highlight the prescribing of medication which could be abused.

Recommendations

- 2.111 All medicines should be administered at the required time and officers should manage and supervise all medicine queues effectively, to protect patient confidentiality and reduce opportunities for bullying and diversion.**
- 2.112 Patients should be provided with a facility to store their medication securely.**
(Repeated recommendation 2.94)
- 2.113 The pharmacy should provide effective oversight and governance of the purchase of Paracetamol from the canteen list to ensure safe use.**

Dental services and oral health

- 2.114** Two dentists, supported by two dental nurses from NHS Dentist, held sessions every weekday and provided a range of treatments equivalent to the community. At the time of our inspection, there was a waiting list of about nine weeks for an appointment, which was too long. Patients who needed urgent treatment were seen quickly. Non-attendance rates had improved in recent months (averaging 21% in January and February 2018, compared to 45% for the same period in 2017). Patients were triaged to prioritise appointments according to need.
- 2.115** There was no separate decontamination room, but the well-stocked and clean dental suite met current infection control standards. Recently-installed dental equipment was well maintained and certificated. Clinical records were comprehensive and shared electronically with the wider health care team. Oral health promotion was good, with plans to develop this further.

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 Time out of cell was poor, particularly for prisoners on the Heathfield unit, where over half the men were unemployed and had about two hours outside their cells each day. Almost all other prisoners in Heathfield worked part time and were scheduled to have about 5.5 hours outside their cell. During our spot checks, an average of 42% of prisoners were locked in their cells during the working day across both sites (see main recommendations S45 and S46).
- 3.2 Time out of cell was better for category C prisoners in the Trinity unit. Prisoners in full-time work could expect eight hours out of cell and prisoners in part-time work about six hours. Unemployed prisoners in the Trinity unit were only scheduled to be outside their cell for about three hours a day.
- 3.3 Prisoners were only scheduled to have one period of outside exercise and one association period at weekends. Optional attendance at corporate worship was also available. Prisoners and staff told us that the times of daily activities were unreliable and subject to slippage. A new schedule of daily activities had recently been introduced and the prison was confident that this schedule and increased staffing levels would ensure a more predictable regime. It was too early to assess this.
- 3.4 Exercise periods were unpredictable in length, but generally lasted about 45 minutes. Only 13% of prisoners in our survey said they could go outside to exercise more than five days in a typical week if they wanted to against the comparator of 44%. Outdoor exercise was regularly cancelled in bad weather, although a number of prisoners said they were content to go outside in such weather.
- 3.5 The environment in Trinity exercise yard was particularly good, with murals and raised beds. Most exercise yards contained fitness equipment.
- 3.6 The library was a reasonable resource for prisoners' learning and legal needs, but too few prisoners used it. Published opening hours were satisfactory, although prisoners on each wing were only scheduled to visit once a week. This had been compounded by recent staff shortages which often prevented prisoners from attending the library on their scheduled day, although attendance was now improving. However, there were still significant discrepancies in attendance by different wings, which had not been addressed. For example, in the previous six months, attendance by prisoners on D wing was more than three times higher than that of A wing.
- 3.7 The library offered a wide range of fiction and non-fiction books, including easy readers and foreign language materials. There was a reasonable supply of legal text books, Prison Service Instructions and textbooks to support the vocational training courses delivered at

Wandsworth. There was a second smaller library on Trinity unit where prisoners had access to the prison catalogue and could order books from the main library.

- 3.8** Library staff visited the wings regularly with books and resources for older prisoners and men with disabilities. Weekly book clubs were held on the wings and a creative writing course in the library itself.
- 3.9** Library staff promoted literacy through the Shannon Trust¹⁸ mentoring scheme and reading through reading clubs and visits by published authors. They also ran creative writing groups in conjunction with the learning and skills provider. Four orderlies provided good support. They received accredited training, but not in librarianship.
- 3.10** Prisoners were positive about gym provision. PE instructors were enthusiastic and committed, but staff shortages had restricted the range of activities.
- 3.11** For much of 2017, only about half the full complement of PE instructors had been in place. There was a limited range of team sport activities, no weight loss sessions and no vocational PE courses. There were too few active links with community groups and sports teams. Prisoners were not given a personal plan to monitor their performance. Nevertheless, dedicated sessions were still delivered for prisoners with a history of substance misuse, older and vulnerable prisoners. Most PE instructor posts were now filled and plans were in place to expand the range of activities.
- 3.12** The shortage of PE and other staff had led to the regular cancellation of gym sessions, although data showed that this was improving. Induction was adequate, but was not formally linked to the health screening of prisoners. There was no longer any promotion of healthy living during induction.
- 3.13** One of the three gyms had been closed and, although reasonably well equipped, conditions in the remaining two gyms were cramped. Shower facilities were adequate, and modesty screens had been fitted since the previous inspection. There was no defibrillator in either gym and not all staff knew the location of the nearest defibrillator.

Recommendation

- 3.14 Available data on the number and category of prisoners borrowing books and other resources should be better used, to ensure full equitable access to the library and to promote the benefits of using library services to all prisoners.**

¹⁸ Provides peer-mentored reading plan resources and training to prisons.

Education, skills and work activities (Ofsted)¹⁹

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.²⁰

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

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

Management of education, skills and work

3.16 The time and energy of senior leaders and managers had been diverted by many organisational and operational challenges since the previous inspection and the pace of improvement in education, skills and work had been slow. While senior managers recognised clearly the key areas of weakness, most of these had been identified as areas for improvement at the previous inspection. However, in the past six months the pace of improvement had accelerated and there was solid evidence of the implementation of well-considered actions to solve longstanding problems.

3.17 Prison managers had recently introduced a range of useful practical advice and guidance courses in living and employability skills. These were valued by prisoners approaching release, but most courses were offered infrequently and few prisoners had benefited from them thus far. Formal qualifications were now available in most areas of work.

3.18 The range of provision and the number of activity places had increased significantly since the previous inspection but still only about a third of prisoners had access to full-time activities, increasing to nearly three-quarters when part-time places were included (see main recommendation S46). Fifty prisoners were being supported well by the education provider to follow distance learning courses, 20 of which were Open University (OU) degree-level courses. OU learners had good access to the virtual campus²¹ for study purposes, but it was not used by other prisoners for learning or job search. The small number of vulnerable prisoners had more education opportunities than at the previous inspection, but the range remained small. Library orderlies could gain qualifications, but not in library-related skills. No

¹⁹ 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.

²⁰ In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

²¹ Prisoner access to community education, training and employment opportunities via the internet.

courses were offered in physical education or fitness-related subjects. Pay rates were equitable and under review.

- 3.19** Prison managers recognised the value of seeking the views and skills of prisoners to help improve the provision; prisoners had started to contribute some constructive ideas. A prison-wide needs analysis had been completed recently using a well-structured and carefully-analysed questionnaire to acquire useful insights into the profile and needs of Wandsworth prisoners. One common concern of prisoners was the lack of vocational qualifications above level 2.
- 3.20** Actions had been taken to improve weaknesses in the efficiency of induction and initial assessment and low attendance and engagement by prisoners in purposeful activities. These had not had sufficient impact by the time of the inspection. The evaluation of the quality of provision in the prison self-assessment report was thorough and largely accurate, but managers were better at identifying and evaluating weaknesses than strengths in the provision.
- 3.21** The education and vocational provision by Novus (The Manchester College) was inadequate. Since November 2017, prison managers had started holding the Novus team to account by regular challenge and review meetings, but most improvements were at an early stage of implementation. A recently appointed Novus interim education manager was working increasingly effectively with prison leaders and managers. At the end of 2017, prison managers had conducted useful research on the reasons for the withdrawal of a high proportion of prisoners from their courses. They had identified some errors in practice and had asked the new Novus manager to develop new protocols to ensure that the administration of withdrawals was consistent and accurate; the draft protocols were completed during the inspection.
- 3.22** The use of performance management tools to monitor and manage the provision was improving but prison managers recognised that there were still too few accurate and informative datasets to work with.
- 3.23** The community rehabilitation company could not provide validated data indicating clearly whether prisoners progressed to employment, education or training on release. Although meeting contractual responsibilities, the service offered by the National Careers Service (NCS) through Prospects required improvement; links between induction and activities allocations were not strong enough. Prospects could only demonstrate nine confirmed job or learning outcomes since May 2017.

Recommendations

- 3.24** Prison managers should ensure that the allocation process is equitable and efficient and that prisoners always attend a course of direct benefit to them.
- 3.25** Prison managers should ensure that all positive outcomes arising from the resolution of weaknesses in induction, initial assessment, attendance and engagement in purposeful activities can be tracked and measured using accurate data.
- 3.26** Prison and Novus managers should ensure that protocols for the administration of learner withdrawals from courses are applied consistently and accurately, leading to a significant and measurable reduction in withdrawals.
- 3.27** Agencies involved in coordinating and organising prisoners' progress to education, training or employment (ETE) on release should have accurate data on the numbers progressing to ETE.

Quality of provision

- 3.28** During the previous three months, more than half the prisoners had not received an initial assessment of their English and mathematics skills during induction or subsequently. Education managers and teachers did not keep accurate records of the outcomes of prisoners who had completed their initial assessments and could not be confident that all prisoners were on the correct course or level of education. In too many lessons, teachers did not know the previous educational attainment of prisoners and their planning for individual teaching and learning was ineffective.
- 3.29** The pace of prisoners' progress in education sessions was too often slow or pedestrian. In too many vocational training sessions, the pace and purposefulness of learning were not sufficiently challenging to ensure that prisoners worked at the right level or achieved the intended outcome.
- 3.30** The majority of teachers and trainers did not use individual learning plans (ILPs) well enough to promote prisoners' progress. Most ILPs lacked clear, well-defined and time-constrained targets. Consequently, prisoners and teachers found it difficult to measure the progress prisoners had made from their starting points.
- 3.31** Teaching and prison training staff had received useful professional development from Novus staff, but the improvements identified were not always detailed or focused enough to eliminate weaknesses in teaching, learning and assessment.
- 3.32** The conclusions reached by Novus managers about the quality of teaching and learning observed over the past year were over-generous and the observation process required improvement.
- 3.33** The quality of support that teachers gave during classroom sessions to prisoners with learning support plans required improvement. The lack of an additional specialist support teacher prevented teachers from always spending enough time with all learners.
- 3.34** Most prisoners whom inspectors observed in education sessions were enjoying their learning and were keen to learn. Prisoners interviewed by inspectors were very complimentary about their teachers. Most prisoners could identify the skills they were acquiring during education

sessions. The standards of prisoners' work in most education sessions were at expected levels, but not exceptional.

- 3.35** In work environments, most prisoners who had jobs had developed relevant employment skills for use after release. In the best cases, they were working accurately and at speed in the clothing exchange, fulfilling orders efficiently in the prison's busy cafe and producing a good standard of work in the textiles workshop. Most instructors and supervisors provided effective practical tuition in work areas.
- 3.36** Vocational training staff were well qualified. They used their subject knowledge and vocational experience well to ensure prisoners were able to understand and apply theory and practice. Prisoner mentors were deployed effectively to help prisoners with practical tasks during most work and training sessions.

Recommendations

- 3.37** **Prison and Novus managers should ensure that all prisoners receive a timely and effective induction to education, skills and work which includes an accurate assessment of their English and mathematics skills. The outcomes of initial assessment should be recorded promptly and made available to teachers so that they can plan and promote individuals' learning and track their progress effectively.**
- 3.38** **Prison and Novus managers should ensure that teachers' professional practice improves so that all teaching, learning and assessment becomes at least good.**
- 3.39** **Prison and Novus managers should ensure that prisoners with learning support plans receive adequate and effective support during education and training sessions without detriment to other prisoners' learning.**

Personal development and behaviour

- 3.40** Prisoners did not develop key employability skills because too few of them had attended or engaged in purposeful activities. Few prisoners had had the opportunity to work in teams, problem solve, develop communication skills or understand health and safety in practice. At the time of the inspection, attendance at most education, work and training sessions was too low and punctuality varied. Prisoners' average attendance at sessions during the previous three months showed some improvement from a very low base (see main recommendation S46).
- 3.41** Prisoners' behaviour was good in most of the sessions that inspectors observed. They treated each other respectfully and listened carefully when their peers expressed opinions, extending the same courtesy to teachers. Prisoners very rarely used inappropriate language in education or vocational training sessions. Most prisoners said they felt safe in these sessions.
- 3.42** Teachers' and trainers' references to and exploration of fundamental values such as democracy, equality, mutual respect and tolerance in sessions were not all effective. Prisoners' understanding of how these values related to life in prison and on release varied from good to scant.

Outcomes and achievements

- 3.43** Too many prisoners who remained on a course made slow progress. Too few prisoners who started a course went on to complete it and gain a formal qualification. Between 2015 and 2017, the proportion of prisoners who completed any course and achieved a qualification was too often no better than a fifth to a half of those who started it. Too many left the prison no better qualified than when they arrived. This applied to all subjects, including English, mathematics and information communication technology. In a small minority of courses, no starters completed at all (see main recommendation S46).
- 3.44** So far during the current contract year 2017 to 2018, the proportion of prisoners starting, completing a course and achieving a vocational training qualification ranged from high through to low in most subject areas. Too few prisoners had completed and achieved in construction, catering and business administration courses.
- 3.45** There was no significant difference in the completion and achievement rates of different groups of prisoners, for example by ethnicity.
- 3.46** Data on prisoners' achievements in ESOL (English for speakers of other languages), English and mathematics in the current year provided an ambiguous picture of whether the proportion of prisoners starting, completing and achieving a qualification was improving.

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 was operated by Prison Advice and Care Trust (PACT). Visitors spoke of friendly and welcoming staff, although the centre itself was worn and scheduled for refurbishment. Some consultation had taken place with visitors and a monthly surgery in the visitors' centre had recently started.
- 4.2 Visits arrangements were reasonably good. The telephone visit booking line was often engaged but visitors were positive about the helpfulness of staff. While the online booking facility was much criticised by visitors, the maximum delay we found was 48 hours. Visits ran six days a week. During the mornings, new arrivals could receive an induction visit. The visits hall was functional and prisoners and visitors were allowed reasonable physical contact. Most visits started on time or with minimal delay. The children's play area was reasonably well equipped but its use was restricted to occasions when a PACT play worker was in attendance. Visitors were only able to buy food from vending machines and no hot food was available.
- 4.3 Monthly family days took place with innovative planning and the involvement of community stakeholders such as Learn2love2read (a literacy charity) and Paradise Co-op (a local charity that promotes sustainable urban gardening and works with local schools and children to connect them with food and nature). Eligibility to attend family days was too restrictive, including reference to a prisoner's incentives and earned privileges status. A full-time PACT family engagement worker provided meaningful engagement with prisoners' families and other interested stakeholders and facilitated visits outside the main visits room to cater for individual needs or special circumstances.
- 4.4 Storybook Dads (a project enabling prisoners to record a story for their children) was managed by the library. A number of courses had been delivered to maintain family ties and improve prisoners' parenting skills, often by community organisations such as Safe Ground (a charity that uses drama to educate and help reduce risk of reoffending), Kingston Welcare and Kids Matter (both charities that help to provide parenting support). Funding for future courses had yet to be confirmed.
- 4.5 In our survey, 57% of prisoners said they had problems sending or receiving mail. The correspondence office was suitably resourced, and staff strove to ensure that all mail was processed and delivered to wings promptly. All cells now had phone sockets, although not all cells had a telephone because of a stock shortage (see paragraph 2.9).

Recommendations

- 4.6 Family days and other opportunities for prisoners to rebuild and maintain relationships with their families should not be restricted by IEP status or adjudication history.**
- 4.7 A wide range of hot and cold food and drinks should be available for visitors to buy.**

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.

- 4.8** The strategic approach to rehabilitation and release planning was reasonable but undermined by staff shortages. The probation department had a shortfall of one officer and the community rehabilitation company (London CRC, owned by MTCNovo, with core resettlement services delivered by Penrose) had two vacancies out of nine staff. The offender management unit (OMU) only had nine offender supervisors instead of the 12 allocated and this was compounded by an average of 207 hours a month lost to redeployment.
- 4.9** An up-to-date needs analysis based on survey responses of 119 prisoners was limited in its usefulness by a lack of offender assessment system (OASys) data relating to offending. The offender management policy had been updated in October 2017 and the reducing reoffending strategy in April 2017. Managers in the OMU were committed to developing the service effectively and the head of reducing reoffending had a clear strategic approach to improving provision and service delivery.
- 4.10** The reducing reoffending strategy group was appropriately constituted and met every other month. It was well attended by all key prison departments and many community service providers. Despite this, some provision of support continued to operate in isolation and integration among departments was underdeveloped.
- 4.11** We carried out a detailed analysis of the cases of 12 prisoners managed by the National Probation Service or CRCs through the offender management and probation units at Wandsworth. A further 22 cases were examined in less detail, primarily of prisoners due to be released within the following two weeks.
- 4.12** On arrival at Wandsworth, newly remanded or sentenced prisoners were seen initially by offender supervisors for the completion of the basic custody screening tool (BCST 1). All prisoners whom we reviewed had a BCST 1 of limited value. These assessments were invariably undertaken the evening a prisoner arrived, when prisoners were often tired and disengaged. If a prisoner was missed, the document was completed without an interview, using information on file. Part 2 of the document was undertaken by resettlement staff (employed by Penrose, which provides services for MTCNovo, the London CRC) within five days. Plans developed from Part 2 varied in quality and focused on signposting and referrals to departments providing support with, for example, housing, drugs and alcohol use. This was effectively the sentence or custody plan for prisoners on remand or serving less than 12 months. There was no routine follow-up until shortly before release to ensure that referrals had been picked up and actions taken.

- 4.13** A backlog of OASys assessments remained, although it had reduced since the previous inspection. There were still 160 prisoners with no assessment at the time of the inspection, representing a quarter of prisoners who should have had an OASys. All prisoners should have had some form of custody plan (OASys or BCST 2), but in our survey only 30% of respondents said that they were aware of such a plan.
- 4.14** OMU managers had prioritised work appropriately in the absence of a full team of offender supervisors and to reflect the relative inexperience and restricted case loads of some of those new in post. The primary focus was to reduce the backlog of OASys. All high and very high-risk prisoners, indeterminate sentenced prisoners and those subject to integrated offender management were allocated to probation staff. All other sentenced prisoners were managed by band 4 officer offender supervisors. Over 200 prisoners were not allocated to an offender supervisor and were only seen as required. These prisoners were all assessed as low risk of harm (or assumed to be low in the absence of an OASys).
- 4.15** The quality of OASys that were completed and their related sentence plans varied. Documents completed by offender supervisors did not always have clear targets and in some cases risk management plans needed strengthening. We were, however, encouraged by the quality assurance arrangements: one case that we reviewed had been returned three times to the originator before a satisfactory standard was reached. The higher risk cases were of significantly better quality, focused on identified need and risk factors and with clear risk management plans. Despite the relatively few prisoners in our survey who said they had a custody plan, it was encouraging that almost three-quarters of those who did know they had a plan said they knew what they needed to do to achieve their targets.
- 4.16** There remained considerable variations in the levels of contact offender supervisors had with prisoners beyond OASys and sentence planning. Probation offender supervisors saw the prisoners they were responsible for each month and, in many cases that we reviewed, there was evidence that such contact was appropriately focused on addressing risk factors and reducing the risk of harm or reoffending. However, this applied much less to lower risk prisoners. In some cases that we reviewed, prisoners had not been seen for some months. Offender supervisors whom we spoke to were often unclear about what they should focus on when they did see prisoners. The introduction of OMU surgeries on the Trinity unit in recent months had helped to identify and resolve the practical concerns of prisoners.
- 4.17** Home detention curfew (HDC) arrangements were good. Throughout 2017, 394 prisoners had been eligible for HDC of whom 115 (29%) were released. We were told that delays were a significant feature and very few men went out on their eligibility date. Since January 2018, this had improved significantly: 140 prisoners had been considered, 99 of whom (71%) had been successful. Men were far more likely than previously to be released on HDC on their eligibility date and, at the time of the inspection, a number of men had been approved some weeks in advance of their eligibility date. In the cases we reviewed, there was good evidence for decisions to decline applications for HDC.
- 4.18** There was no longer a backlog of initial categorisation reviews. Reviews were undertaken on time and there were few delays. In most cases decisions to downgrade prisoners were justified but the criteria applied were unclear and resulted in some inconsistency.
- 4.19** Despite the lack of offending behaviour programmes (see paragraph 4.27), the management of more high-risk prisoners back to the community via public protection arrangements was good. All high and very high-risk prisoners in the last three months of their sentence were reviewed each month at the interdepartmental risk management meeting. Offender supervisors took responsibility for ensuring appropriate liaison with community officers and meeting minutes were comprehensive. MAPPA F reports (multi-agency public protection arrangements reports prepared for community MAPPA meetings) were of a good standard and the senior probation officer attended MAPPA level 3 review meetings.

- 4.20** The monitoring of communications by prisoners subject to child protection or harassment/restraining restrictions required attention. Although 79 men were subject to restricted child contact (65 at level one) and 155 to restraining orders or harassment procedures, only six men's letters and phone calls were being continuously monitored. Men subject to restrictions were not routinely monitored on arrival at the prison and were only subject to such monitoring if they were identified as in breach through the routine random monitoring that was in place. Once subject to active monitoring, this would continue until attempts to breach ceased. We did not find any specific evidence, but there was a potential for breaches in the first few weeks at Wandsworth, especially if a prisoner was unknown and not informed that he was subject to restrictions.

Recommendations

- 4.21** Offender supervisors should be redeployed only in exceptional circumstances.
- 4.22** The reducing reoffending needs analysis should incorporate OASys data to reflect effectively need relating to the reduction of risk and harm.
- 4.23** All prisoners meeting the criteria should have an up-to-date OASys which is appropriately orientated towards managing and addressing risk of harm and reoffending.
- 4.24** The criteria for downgrading prisoners' security category should be clarified and applied consistently.
- 4.25** All men identified as presenting a risk to children and/or who are subject to harassment restrictions should be informed at the earliest opportunity and restrictions should be explained.
- 4.26** The monitoring of mail and telephone calls should be consistently applied in line with national guidelines.

Interventions

Expected outcomes:

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

- 4.27** Since the previous inspection, all offending behaviour programmes had been decommissioned. Despite this, over 38% of the sentenced population had been at Wandsworth for more than six months and almost half that group had been at the prison for over a year. There were problems in moving prisoners to other prisons, particularly category B prisoners for whom there had been virtually no moves for more than six months. This was a considerable frustration for offender supervisors who were struggling to identify appropriate sentence plan targets in the absence of offending behaviour courses. There was no strategy for managing the significant sex offender population and the prison needs analysis had identified a need for anger management work based on prisoners' own self-assessments.
- 4.28** Despite these limitations, good individual work was undertaken by probation offender supervisors. Several non-accredited support courses had been introduced, including the Sycamore Tree victim awareness programme, a mindfulness programme and the cognitive skills based Getting-it-Right programme delivered by the CRC. More than 90 prisoners had completed these programmes in the previous 12 months, although the mindfulness

programme and Getting-it-Right had not been fully evaluated. The 'Hero's Journey' course to help younger people change their behaviour was promising (see paragraph 2.40).

- 4.29** The needs analysis indicated that 47% of respondents wanted help or advice with debt problems. The range of provision by the resettlement team was limited. Some support and debt advice was available in the form of debt packs which prisoners were expected to complete themselves. We saw examples of fines lodged for prisoners by resettlement workers. Prisoners had free access to the national debt helpline. Bank accounts and identity cards could be provided. No outcome data were available on the effectiveness of these services.
- 4.30** St Mungo's provided accommodation advice and referral. The range of support was good. One worker focused on helping to maintain tenancies for prisoners when they first came into custody. In the previous six months, 99 tenancies had been successfully saved for the 104 prisoners needing help. Success was more difficult to judge with prisoners released at the end of a sentence. During the previous six months, 358 prisoners had been referred as likely to be no-fixed-abode (NFA) on release: 38 (about 6% of all releases) were released as NFA and another 169 (about 27% of all releases) were technically NFA as they walked out of the gate but with a housing appointment. Outcomes for these 169 prisoners were not known and there was no formal follow-up to determine effectiveness.

Recommendations

- 4.31 All prisoners with an identified need should be able to access appropriate interventions to address their offending behaviour.**
- 4.32 Outcome data on debt management and sustainable housing should be made available routinely, analysed through the reducing reoffending strategy group and used to determine the most effective interventions for prisoners.**

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.

- 4.33** An average of 103 prisoners released each month were subject to resettlement support through the resettlement team (Penrose, sub-contracted by the London CRC, MTCNovo). All prisoners were expected to be seen and a resettlement plan completed to help structure support before release. Our review of cases showed that this was variable. Some resettlement plans appropriately outlined post-release plans, but others lacked detail. Two prisoners were due to be released within 10 days with no form of resettlement plan. In other cases, referrals had been made to services in the prison such as drugs and alcohol, mental health and housing, but there was no indication of whether the referral had been acted on or even if a referral had been made to a community provider. Such information was important to community responsible officers to ensure effective post-release support and continuity.
- 4.34** Release planning for high and very high risk prisoners was better, primarily because of their higher profile and management through the interdepartmental risk management meeting and better support from the National Probation Service.

- 4.35** Despite the limitations, a recent attempt to improve integration and information sharing through the reducing reoffending strategy group appeared to be improving matters. A shared database ensured that information was available but still depended on all departments keeping information up to date. It was also planned that pre-release boards would be introduced for some prisoners, primarily those assessed as a medium risk of harm or with complex/multiple needs.
- 4.36** Release arrangements were adequate. Licence conditions were explained in detail in reception to prisoners due to be released. Anonymous black nylon bags were available for prisoners requiring them. In the previous weeks of particularly cold weather, prisoners were given bags with clean clothes and a sleeping bag in case of housing difficulty. Staff had also donated old clothes for prisoners being released.

Recommendations

- 4.37** All sentenced prisoners should have a clear resettlement plan outlining all work that has been undertaken to reduce the risk of reoffending and what is outstanding. This should include the work of all departments.
- 4.38** The reducing reoffending strategy group should ensure that all departments share activity data appropriately to facilitate pre-release engagement and through-the-gate support.

Section 5. Summary of recommendations and good practice

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

Main recommendations

To the governor

- 5.1** Prisoners should receive a private and detailed assessment of needs and vulnerability before being moved to adequately prepared first night accommodation. They should have additional checks and support on their first night. All new arrivals should receive a comprehensive induction, directly overseen by staff with attendance tracked centrally. (S40)
- 5.2** Managers should make use of detailed analysis of outcomes and trends to measure the impact of safer custody and other work, and to drive improvement. (S41)
- 5.3** A robust strategic approach to preventing suicide and self-harm should be supported by an up-to-date action plan. ACCT procedures should be thoroughly implemented. All recommendations from the Prisons and Probation Ombudsman investigations should be implemented and monitored. Officers should be clear about their responsibility to preserve life, when to enter a locked cell and what to do in an emergency. Officers should carry anti-ligature knives. (S42)
- 5.4** The living conditions should be improved to an acceptable standard. Managers and staff should ensure that a culture of institutional self-respect is firmly established, supporting a clean and decent environment for staff and prisoners alike. (S43)
- 5.5** The prison should systematically identify prisoners' protected characteristics. Equality monitoring data should be up to date, cover all key areas of prison life, and lead to thorough investigation and action where necessary. All prisoners should know how to report discrimination incidents. (S44)
- 5.6** The time unlocked should be increased and prisoners should have daily access to association and outside exercise provided at publicised scheduled times. (S45)
- 5.7** There should be enough activity places to provide educational, vocational and work places for the whole population. Participation and attendance in activities should be consistently high, and punctuality should be good, ensuring that working time is fully productive. A high proportion of prisoners who start on any course should complete it and achieve the qualification. (S46)

Recommendations

To the Home Office

- 5.8** There should be a time limit on immigration detention. (2.42)
- 5.9** Detainees should only be held in prisons in exceptional circumstances. (2.43)

Recommendation

To HMPPS and the governor

- 5.10** The most effective and dignified methods that are available should be used to identify contraband on prisoners being received into the establishment. Strip-searching should only be used where it is clearly justified by evidence of effectiveness or individual risk. (1.10)

Recommendations

To the governor

Early days in custody

- 5.11** All prisoners should be able to access their personal property on their first night in custody. (1.11)

Managing behaviour

- 5.12** Managers should ensure that the IEP scheme is an effective tool for behaviour management. (1.16)
- 5.13** Reports of the use of force should be completed by every officer involved and should provide a detailed explanation for the use of force and a full description of the experience of the member of staff. (1.26)
- 5.14** All trained staff should wear body cameras. (1.27)
- 5.15** Paperwork authorising the use of special accommodation should provide clear justification for its use and should demonstrate regular reviews by a senior manager. (1.28)
- 5.16** Segregated prisoners should have the opportunity to spend at least one hour in the open air and make a telephone call every day. (1.33)

Security

- 5.17** A full intelligence picture should be gathered, acted on without delay and used effectively to prioritise and manage identified risks. (1.42)
- 5.18** The mandatory drug testing programme should be adequately resourced to complete the required level of target testing and all requested suspicion tests within required timeframes. (1.43)

Safeguarding

- 5.19** The Listener rota should provide adequate cover across the prison at all times, and Listener suites should be prepared and ready for use. (1.49, repeated recommendations 1.36 and 1.37)

Staff-prisoner relationships

- 5.20** Managers should ensure that staff learn and practise habits of positive interaction with prisoners. (2.5)

Daily life

- 5.21** All prisoners should be able to have a shower every day in clean and well-maintained facilities with adequate privacy. (2.11, repeated recommendation 2.8)
- 5.22** Cell call bells should always be answered within five minutes. (2.12)
- 5.23** Breakfast should be served in the mornings, rather than being issued in packs the previous night, and lunch should be served between noon and 1.30pm. (2.17)
- 5.24** Newly arrived prisoners who are waiting for a shop order should be able to purchase enough goods to avoid debt to other prisoners. (2.18, repeated recommendation 2.125)
- 5.25** Complaints and applications should be acknowledged and answered promptly, with reliable tracking and monitoring to ensure good use of and confidence in these systems. (2.26)
- 5.26** Prisoners should have swift and easy access to legal visits, bail information and advice. (2.27)

Equality, diversity and faith

- 5.27** Professional telephone interpreting should be used to communicate with prisoners who do not speak English when confidentiality or accuracy is required. (2.44)
- 5.28** Prisoners with disabilities should have their needs assessed and reasonable adjustments made to meet these needs. (2.45)
- 5.29** Wing officers should know which prisoners in their care require assistance in the event of an emergency. (2.46)
- 5.30** Older and disabled prisoners who are retired or unfit to work should not be locked in their cell during the core day. (2.47)
- 5.31** All faith facilities should be bright, well decorated and structurally sound. The main chapel should be repaired to ensure the roof does not leak and the walls are free from water damage. (2.50)

Health, well-being and social care

- 5.32** Prisoners should have timely access to all primary care services, equivalent to the community. (2.76)
- 5.33** The failure-to-attend rate for all clinics should continue to be monitored and appropriate remedial action taken to reduce it. (2.77)
- 5.34** All patients on the inpatient units should have access to a therapeutic regime. (2.78)
- 5.35** Effective joint working between the prison, local authority and health providers should ensure prisoners with social care needs are promptly identified, assessed and given appropriate and safe support by staff and peers. (2.82)
- 5.36** The range of primary mental health services should be extended to support prisoners with mild and moderate mental health problems more fully. (2.92)
- 5.37** All discipline officers should receive mental health awareness training to enable them to identify and support prisoners with mental health conditions. (2.93)

- 5.38** Patients requiring a transfer under the Mental Health Act should be transferred expeditiously and within the current transfer guidelines. (2.94, repeated recommendation 2.112)
- 5.39** The substance misuse strategy, including supply reduction, should be informed by a current needs assessment and supported by a comprehensive action plan. It should be reviewed at well-attended monthly substance misuse strategy meetings. (2.101)
- 5.40** Prisoners on all wings should have easy access to the full range of psychosocial support services in a suitable environment. (2.102)
- 5.41** All medicines should be administered at the required time and officers should manage and supervise all medicine queues effectively, to protect patient confidentiality and reduce opportunities for bullying and diversion. (2.111)
- 5.42** Patients should be provided with a facility to store their medication securely. (2.112, repeated recommendation 2.94)
- 5.43** The pharmacy should provide effective oversight and governance of the purchase of Paracetamol from the canteen list to ensure safe use. (2.113)

Time out of cell

- 5.44** Available data on the number and category of prisoners borrowing books and other resources should be better used, to ensure full equitable access to the library and to promote the benefits of using library services to all prisoners. (3.14)

Education, skills and work activities

- 5.45** Prison managers should ensure that the allocation process is equitable and efficient and that prisoners always attend a course of direct benefit to them. (3.24)
- 5.46** Prison managers should ensure that all positive outcomes arising from the resolution of weaknesses in induction, initial assessment, attendance and engagement in purposeful activities can be tracked and measured using accurate data. (3.25)
- 5.47** Prison and Novus managers should ensure that protocols for the administration of learner withdrawals from courses are applied consistently and accurately, leading to a significant and measurable reduction in withdrawals. (3.26)
- 5.48** Agencies involved in coordinating and organising prisoners' progress to education, training or employment (ETE) on release should have accurate data on the numbers progressing to ETE. (3.27)
- 5.49** Prison and Novus managers should ensure that all prisoners receive a timely and effective induction to education, skills and work which includes an accurate assessment of their English and mathematics skills. The outcomes of initial assessment should be recorded promptly and made available to teachers so that they can plan and promote individuals' learning and track their progress effectively. (3.37)
- 5.50** Prison and Novus managers should ensure that teachers' professional practice improves so that all teaching, learning and assessment becomes at least good. (3.38)
- 5.51** Prison and Novus managers should ensure that prisoners with learning support plans receive adequate and effective support during education and training sessions without detriment to other prisoners' learning. (3.39)

Children and families and contact with the outside world

- 5.52** Family days and other opportunities for prisoners to rebuild and maintain relationships with their families should not be restricted by IEP status or adjudication history. (4.6)
- 5.53** A wide range of hot and cold food and drinks should be available for visitors to buy. (4.7)

Reducing risk, rehabilitation and progression

- 5.54** Offender supervisors should be redeployed only in exceptional circumstances. (4.21)
- 5.55** The reducing reoffending needs analysis should incorporate OASys data to reflect effectively need relating to the reduction of risk and harm. (4.22)
- 5.56** All prisoners meeting the criteria should have an up-to-date OASys which is appropriately orientated towards managing and addressing risk of harm and reoffending. (4.23)
- 5.57** The criteria for downgrading prisoners' security category should be clarified and applied consistently. (4.24)
- 5.58** All men identified as presenting a risk to children and/or who are subject to harassment restrictions should be informed at the earliest opportunity and restrictions should be explained. (4.25)
- 5.59** The monitoring of mail and telephone calls should be consistently applied in line with national guidelines. (4.26)

Interventions

- 5.60** All prisoners with an identified need should be able to access appropriate interventions to address their offending behaviour. (4.31)
- 5.61** Outcome data on debt management and sustainable housing should be made available routinely, analysed through the reducing reoffending strategy group and used to determine the most effective interventions for prisoners. (4.32)

Release planning

- 5.62** All sentenced prisoners should have a clear resettlement plan outlining all work that has been undertaken to reduce the risk of reoffending and what is outstanding. This should include the work of all departments. (4.37)
- 5.63** The reducing reoffending strategy group should ensure that all departments share activity data appropriately to facilitate pre-release engagement and through-the-gate support. (4.38)

Examples of good practice

- 5.64** The violence reduction element of the safer custody strategy had been developed collaboratively and was informed by prisoner and staff perceptions, opinions and experiences. This made it meaningful and relevant. (1.17)
- 5.65** The multidisciplinary violence reduction complex case meeting was a useful way of sharing information about individual men, ensuring they were managed coherently and allocating resources based on need. The involvement of psychologists to support this work was a commendable use of a valuable resource. (1.18)
- 5.66** A prison-wide consultation meeting was attended by the governor, deputy governor and other senior managers, with prisoner representatives from all wings. There was a good atmosphere, and clear evidence of action following these meetings. (2.28)
- 5.67** The introduction of patient-led interview panels to work alongside a panel of health care professionals when recruiting mental health staff promoted patient participation and community involvement. (2.62)
- 5.68** Access to blood-borne virus screening and treatment was very good and there was a correspondingly high uptake of the service. Peer mentors supported by the Hepatitis C Trust provided valuable education and information about the condition to other prisoners. (2.69)
- 5.69** The attendance of psychosocial workers at all ACCT reviews and the provision of a weekly group in the Romanian language gave vulnerable prisoners improved access to support. (2.103)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Jeanette Hall	Inspector
Deri Hughes-Roberts	Inspector
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Tamara al Janabi	Lead researcher
Natalie-Anne Hall	Researcher
Catherine Shaw	Researcher
Beth Wilson	Researcher
Maureen Jamieson	Lead health and social care inspector
Majella Pearce	Health and social care inspector
Peter Gibbs	Pharmacist
Tim Byrom	Care Quality Commission inspector
Nick Crombie	Ofsted inspector
Andy Fitt	Ofsted inspector
Ken Merry	Ofsted inspector
Trevor Worsfold	Offender management inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2015, reception processes were efficient. Peer workers played a valuable role in first night support but risk assessments were not adequately focused on vulnerability. The prison was not sufficiently sighted on the level and nature of violence. There had been four self-inflicted deaths since the previous inspection and we were not assured that the quality of care for those at risk was adequate. Security arrangements were mostly proportionate, drug use was not high and supply reduction measures were good. The number of adjudications had increased but was similar to that at other prisons. Use of force had also increased and was high, but oversight was poor. The use of segregation had increased. Substance misuse arrangements were adequate. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

Incidents of violence and self-harm should be recorded and analysed, and action taken to make the prison safer. Victims of violence and prisoners at risk of self-harm should be identified, monitored and supported effectively. (S51)

Partially achieved

Recommendations

Prisoners' property should accompany them in transit. (1.6)

Achieved

Prisoners should be able to check and select property to be held in possession and be able to retrieve telephone numbers, if required, on the day of arrival. (1.15)

Not achieved

Night staff should be aware of the location of newly arrived prisoners, introduce themselves and ensure that they are aware of any specific needs that these prisoners may have. (1.16)

Not achieved

The second-day cell sharing risk assessment screening should be completed wherever necessary. (1.17)

Partially achieved

The induction process should be updated, and all prisoners requiring it should attend and complete it. (1.18)

Not achieved

There should be a robust risk assessment to inform the location of vulnerable young prisoners. (1.26)

Not achieved

All recommendations from Prisons and Probation Ombudsman death in custody reports should be implemented and monitored to ensure consistency and continuity of practice. (1.34)

Not achieved

The quality of assessment, care in custody and teamwork (ACCT) procedures should be monitored and remedial action taken wherever necessary. (1.35)

Not achieved

The Listener rota should provide adequate cover across the prison at all times. (1.36)

Not achieved (Recommendation repeated, 1.49)

Listener suites should be prepared and maintained ready for use at all times. (1.37)

Not achieved (Recommendation repeated, 1.49)

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. (1.40)

Achieved

Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (1.45)

Not achieved

The mandatory drug testing programme should be sufficiently resourced to undertake suspicion testing within the required time. (1.46)

Not achieved

Prisoners on the basic level of the incentives and earned privileges scheme should have daily unlock periods and be able to take a shower every day. (1.51)

Achieved

The quality of adjudications should be improved, and this should be reflected in adjudication records, and adjudications should be subject to formal quality assurance. (1.55)

Partially achieved

The adjudication standardisation meeting should be held more regularly, analyse data to identify trends and patterns, and take action to address identified shortfalls. (1.56)

Partially achieved

Governance of the use of force, particularly the completion of documentation, use of special accommodation and use of batons, should be improved. (1.62)

Partially achieved

The use of segregation should be monitored and segregation should only be used when warranted. (1.68)

Not achieved

The regime and environment the segregation unit should be improved. (1.69)

Achieved

Segregation review documentation should be completed thoroughly and include meaningful targets. (1.70)

Achieved

All new arrivals who require substance misuse support should have five days' stabilisation and monitoring in an appropriate environment. (1.79)

Achieved

Medication administration procedures should be reviewed to ensure prisoner safety and to minimise the risk of diversion of medication. (1.80)

Not achieved

Substance misuse support services and programmes should be reviewed to ensure that they meet the needs of all prisoners with drug and/or alcohol problems, including remand prisoners and those serving short sentences. (1.81)

Achieved

Clinical and psychosocial substance misuse services should provide fully integrated care, and a dual diagnosis service and pathway should be developed for prisoners experiencing both mental health and substance-related problems. (1.82)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2015, most areas were clean and litter free but too many prisoners shared single cells. Access to showers, clothing, cleaning materials and property was problematic. Staff were very busy and interactions with prisoners were often functional. Equality arrangements had deteriorated and despite a very diverse population too little was done to understand and meet the needs of minority groups, particularly the foreign national prisoners who made up about 40% of the population. Faith provision was mostly good. The number of complaints submitted had risen considerably and prisoners had little confidence in the system. No legal or bail advice was available. Health services had deteriorated overall, although mental health provision was very good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

The needs of prisoners with protected characteristics should be identified and met promptly through individual assessment, regular and direct consultation with minority groups, and effective care planning and monitoring. (S52)

Partially achieved

Recommendations

All prisoners should be able to have a shower every day in clean and well maintained facilities with adequate privacy. (2.8)

Not achieved (Recommendation repeated, 2.11)

Cells designed to hold one prisoner should not be used to hold two. (2.9)

Not achieved

Prisoners' applications should be dealt with reliably and promptly. (2.10)

Not achieved

Incoming mail should be received by prisoners within 24 hours of its arrival at the prison, including registered and recorded mail. (2.11)

Achieved

Personal officers should be actively engaged with offender supervisors to support prisoners in achieving sentence planning or resettlement targets where appropriate. (2.16)

Not achieved

The prison should maintain a foreign national prisoner policy, based on a regular review of the needs of this group. Action plans should ensure that these needs are met. (2.37)

Not achieved

Immigration detainees should not be held in prisons, other than in exceptional circumstances, following a risk assessment. (2.38)

Not achieved

Equality monitoring data should cover the treatment of foreign national prisoners. (2.39)

Not achieved

Older prisoners and those with disabilities should, where necessary, have an up-to-date personal evacuation plan, with which all wing staff should be familiar. (2.40)

Partially achieved

Sufficient dedicated activities should be provided for older prisoners and those with disabilities, and those who are retired or unfit to work should not be locked in their cell during the core day. (2.41)

Not achieved

The prison should, in consultation with young adults, develop provision for them in line with an analysis of their needs and monitoring data on their treatment. (2.42)

Not achieved

Prisoners should be able to attend corporate worship. (2.46)

Achieved

Responses to complaints should answer the issue raised, which should be investigated sufficiently, and quality assurance should lead to further improvement. (2.51)

Not achieved

Legal service provision, including access to legal visits, should be improved. (2.55)

Not achieved

The health promotion initiatives for all health services, including the pharmacy and dentist, should be developed, include the provision of information in foreign languages, and involve development of the roles of health care representatives and/or wing health trainers. (2.65)

Achieved

All clinical staff should receive regular clinical supervision to ensure safe and consistent practice. (2.66)

Partially achieved

All clinical areas should be clean and comply with infection control standards. (2.67)

Partially achieved

All officers should know how to access and use emergency equipment in a timely manner. (2.68)

Partially achieved

Nurses conducting patient consultations and health assessments should ensure they act professionally and listen attentively to the patient to encourage disclosure of sensitive or worrying issues. Nurses should always dress appropriately for a professional consultation. (2.79)

Achieved

Waiting times for the optician, podiatrist and smoking cessation clinics should reflect those in the community and be suitably prioritised. (2.80)

Not achieved

The health care application system should be audited to identify and address the reasons for men having difficulty getting appointments and attending appointments. (2.81)

Achieved

Prisoners should be escorted to external hospital appointments in a timely manner. (2.78)

Achieved

All medicines, including night-time doses, should be given at the correct prescribed time and the reason for any missed dose recorded, with suitable follow-up by clinical staff. (2.93)

Partially achieved

Patients should be provided with a facility to store their medication securely. (2.94)

Not achieved (Recommendation repeated, 2.112)

Controlled drug procedures should ensure compliance with the legal requirements and established good practice (2.87)

Achieved

Therapeutic day care services should be provided for prisoners on the Addison Unit and those with mental health needs and finding it difficult to cope on the residential wings. (2.111)

Not achieved

Transfers under the Mental Health Act should occur expeditiously and within the current Department of Health transfer time guidelines. (2.112)

Not achieved (Recommendation repeated, 2.94)

Breakfast should be served in the mornings, rather than being issued in packs the previous night. (2.118)

Not achieved

Prisoners should be unlocked to collect their lunch and lunch should be served between noon and 1.30pm. (2.119)

Not achieved

Newly arrived prisoners who are waiting for a shop order should be able to purchase enough goods to avoid debt to other prisoners. (2.125)

Not achieved (Recommendation repeated, 2.18)

Purposeful activity

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

At the last inspection in 2015, acute staff shortages had considerably reduced the time unlocked and this was inadequate for most prisoners. The leadership and management of learning and skills and work were weak. There were too few activity places, attendance was poor and a third of the population was unemployed. Some teaching and learning sessions were good but too many required improvement. Some good vocational training and workshop resources were available. Too few prisoners completed their courses, although those who did mostly achieved well. Access to the library and PE was very poor due to staff shortages. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

Staff shortages should be addressed as a matter of urgency, the amount of time unlocked should be increased and prisoners should have daily access to association provided at publicised scheduled times. (S53)

Not achieved

There should be enough activity places to provide sufficient educational, vocational and work places for the population. Participation, attendance and punctuality in all activities should be increased to ensure that working time is fully productive. (S54)

Not achieved

Recommendations

All prisoners should be able to receive at least one hour's outside exercise every day. (3.6)

Not achieved

The learning provider should implement an effective strategy for the continuing professional development of teaching staff, including through its observation of teaching and learning procedure. (3.14)

Partially achieved

Tutors should make better use of the results of initial assessment to plan learning, and should record learners' targets, achievements and progress accurately on individual learning plans. (3.27)

Not achieved

An effective strategy for the promotion of English, mathematics, and equality and diversity in learning sessions and in vocational training should be developed and implemented. (3.28)

Partially achieved

Learners with identified learning needs should be provided with adequate support. (3.29)

Not achieved

The reasons for the poor outcomes for learners in English at levels 1 and 2 should be identified and swift corrective actions taken. (3.34)

Not achieved

Prisoners should be able to attend scheduled library sessions. (3.38)

Partially achieved

The prison should use the available data on the volume and category of prisoners borrowing books and other resources better, to promote the benefits to all prisoners of using library services. (3.39)

Not achieved

Library assistants should be provided with accredited training which leads to a qualification. (3.40)

Not achieved

The prison should ensure that there are sufficient gym staff to provide the range of health and fitness programmes that prisoners need. (3.47)

Not achieved

Prisoners should have the opportunity to gain gym and sports qualifications. (3.48)

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 2015, the strategic management of resettlement was reasonably good. Offender management work had been undermined by acute staff shortages. Some higher-risk prisoners received a good offender management service but too many prisoners did not have an offender supervisor or sentence plan. Home detention curfew processes were weak. Prisoners were frustrated by long delays in recategorisation processes. Restrictions and monitoring of communications for prisoners who presented a risk to the public were not always implemented. Reintegration planning was weak. Resettlement pathway provision was very mixed. Accommodation provision, support for prisoners with drug issues, and family work were good, but too little was done to provide debt advice and support prisoners into employment and training. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

The backlog of initial categorisations should be addressed, and all pending recategorisation reviews should be completed and prisoners informed of the outcome. (S55)

Achieved

Recommendations

The reducing reoffending strategy should be updated, in consultation with the Community Rehabilitation Company, to ensure that the resettlement needs of the population have been identified, that a suitable range of services are provided and that provision is closely monitored. (4.7)

Partially achieved

Probation case notes should be linked to P-Nomis, so that information is shared adequately with other departments in the prison. (4.18)

Achieved

The backlog of offender assessment system (OASys) assessments should be cleared, including those completed by external offender managers. (4.12)

Not achieved

The quality of OASys assessments and sentence plans should be of an adequate standard. (4.20)

Partially achieved

Integrated offender management prisoners and prolific or priority offenders should be managed effectively, in partnership with community-based agencies. (4.21)

Achieved

All prisoners eligible for home detention curfew should be assessed before their eligibility date. (4.22)

Achieved

There should be robust systems, involving the offender management unit and security department, to ensure that high-risk prisoners' communications are monitored. (4.25)

Not achieved

Remanded prisoners likely to receive an indeterminate sentence if convicted should be contacted before sentence, to explain to them the implications of this sentence and to deal with any concerns they might have. (4.32)

Achieved

The resettlement needs of all prisoners should be assessed on arrival, with referrals made to appropriate helping services so that their needs are met in good time to resolve problems before release. (4.37)

Partially achieved

Learning and skills assessments should be reflected in sentence plans. (4.47)

Not achieved

Links with employers should be improved to provide further opportunities for prisoners to gain vocational and employability skills to support their progression into employment on release. (4.48)

Achieved

Data on the proportion of prisoners who progress into sustained employment or further education and training on release should be collated. (4.49)

Not achieved

Foreign national prisoners being deported directly back to their country of origin should receive relevant medication. (4.52)

Achieved

Prisoners should be able to obtain advice and assistance about debt problems. (4.56)

Partially achieved

Prisoners and their families should have access to a prompt and efficient system for booking visits. (4.62)

Not achieved

The prison should run a sufficient number of family days and courses to meet need. (4.63)

Achieved

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	31	726	53
Recall	2	99	7.1
Convicted unsentenced	9	87	6.7
Remand	16	293	21.6
Civil prisoners	0	10	1.4
Detainees	2	137	9.7
Total	60	1368	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	29	547	40.3
Less than six months	6	98	7.3
six months to less than 12 months	5	84	6.2
12 months to less than 2 years	0	82	5.7
2 years to less than 4 years	10	161	12
4 years to less than 10 years	6	232	16.7
10 years and over (not life)	4	138	9.9
ISPP (indeterminate sentence for public protection)	0	11	0.8
Life	0	15	1.0
Total	60	1368	100

Age	Number of prisoners	%
Please state minimum age here:	18	
Under 21 years	60	4.2
21 years to 29 years	444	31.1
30 years to 39 years	457	32
40 years to 49 years	280	19.6
50 years to 59 years	147	10.3
60 years to 69 years	30	2.1
70 plus years	10	0.7
Please state maximum age here:	80	
Total	1428	100

Nationality	18–20 yr olds	21 and over	%
British	46	795	58.9
Foreign nationals	12	526	37.7
Not stated	2	47	3.4
Total	60	1368	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	34	571	42.4
Uncategorised sentenced	1	56	4.0
Category A	0	0	0
Category B	0	126	8.8
Category C	0	587	41.1
Category D	0	27	1.9
Other (YOI closed)	25	1	1.8
Total	60	1368	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British	11	397	28.6
Irish	1	22	1.6
Gypsy/Irish Traveller	1	8	0.6
Other white	7	378	27.0
Mixed			
White and black Caribbean	3	33	2.5
White and black African	1	8	0.6
White and Asian	1	7	0.6
Other mixed	1	26	1.9
Asian or Asian British			
Indian	2	23	1.8
Pakistani	1	28	2.0
Bangladeshi	0	10	0.7
Chinese	0	0	0
Other Asian	5	67	5.0
Black or black British			
Caribbean	6	123	9.0
African	8	82	6.3
Other black	8	78	6.0
Other ethnic group			
Arab	0	5	0.4
Other ethnic group	1	36	2.6
Not stated	3	37	2.8
Total	60	1368	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	3	0.2
Church of England	3	200	14.2
Roman Catholic	8	368	26.3
Other Christian denominations	11	169	12.6
Muslim	27	323	24.5
Sikh	1	12	0.9
Hindu	0	15	1.1
Buddhist	0	10	0.7
Jewish	0	12	0.8
Other	0	12	0.8
Not stated	1	24	1.8
No religion	9	220	16.0
Total	60	1368	100

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	Not given	Not given	
Total			

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	11	0.8	139	9.7
1 month to 3 months	8	0.6	200	14.0
3 months to six months	8	0.6	168	11.8
six months to 1 year	3	0.2	170	11.9
1 year to 2 years	1	0.1	113	7.9
2 years to 4 years	0	0	28	2.0
4 years or more	0	0	3	0.2
Total	31	2.2	821	57.5

Sentenced prisoners only

	18–20 yr olds	21 and over	%
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
Total			

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	6	1	192	33.3
1 month to 3 months	17	3.0	153	26.6
3 months to six months	5	0.9	118	20.5
six months to 1 year	1	0.2	62	10.8
1 year to 2 years	0	0	19	3.3
2 years to 4 years	0	0	3	0.5
4 years or more	0	0	0	0
Total	29	2.0	547	38.3

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

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.²²

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

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

Sampling

On the day of the survey a stratified random sample is drawn by HMIP researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula HMIP researchers calculate the minimum sample size required to ensure that the survey findings are representative of the entire population of the establishment.²³

Distributing and collecting questionnaires

HMIP 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.²⁴ 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 26 February 2018 the prisoner population at HMP Wandsworth was 1,428. We excluded the 13 prisoners on the health care wing from our sample as prisoners on this wing were too unwell to participate in the survey. Using the sampling method described above, questionnaires were distributed to 227 prisoners. We received a total of 177 completed questionnaires, a response rate of 78%. This included one questionnaire completed via face-to-face interviews. Nineteen prisoners declined to participate in the survey and 31 questionnaires were either not returned at all, or returned blank.

²² Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

²³ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

²⁴ 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/>

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Wandsworth. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.²⁵ Missing responses have been excluded from all analyses and for some questions responses from a sub-group of the sample are reported (as indicated in the data)..

Full survey results

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

Responses from HMP Wandsworth 2018²⁶ compared with those from other HMIP surveys²⁷

- Survey responses from HMP Wandsworth in 2018 compared with survey responses from the most recent inspection at all other local prisons.
- Survey responses from HMP Wandsworth in 2018 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP Wandsworth in 2018 compared with survey responses from HMP Wandsworth in 2015.

Comparisons between different residential locations within HMP Wandsworth 2018

- Responses of prisoners on the category C unit (G, H and K wings) compared with those from the rest of the establishment.

Comparisons between sub-populations of prisoners within HMP Wandsworth 2018²⁸

- White prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- British nationals' responses compared with those of foreign nationals.
- 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.²⁹

In the comparator analyses, statistically significant differences are indicated by shading.³⁰ 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

²⁵ Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

²⁶ Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

²⁷ 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.

²⁸ These analyses are carried out on summary data from selected survey questions only.

²⁹ A minimum of 10 responses which must also represent at least 10% of the total response.

³⁰ 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.

the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there are 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.

Survey summary

Background information

I.1	What wing or houseblock are you currently living on?	
	A Wing.....	23 (13%)
	B Wing	27 (15%)
	C Wing	25 (14%)
	D Wing	33 (19%)
	E Wing	19 (11%)
	G Wing	16 (9%)
	H Wing	18 (10%)
	K Wing	15 (8%)
	Segregation unit.....	1 (1%)
I.2	How old are you?	
	Under 21	6 (4%)
	21 - 25.....	29 (17%)
	26 - 29.....	22 (13%)
	30 - 39.....	56 (33%)
	40 - 49.....	32 (19%)
	50 - 59.....	21 (12%)
	60 - 69.....	3 (2%)
	70 or over	1 (1%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British	55 (32%)
	White - Irish.....	4 (2%)
	White - Gypsy or Irish Traveller.....	0 (0%)
	White - any other White background	35 (21%)
	Mixed - White and Black Caribbean.....	3 (2%)
	Mixed - White and Black African	3 (2%)
	Mixed - White and Asian.....	1 (1%)
	Mixed - any other Mixed ethnic background	5 (3%)
	Asian/ Asian British - Indian.....	1 (1%)
	Asian/ Asian British - Pakistani.....	4 (2%)
	Asian/ Asian British - Bangladeshi.....	3 (2%)
	Asian/ Asian British - Chinese.....	2 (1%)
	Asian - any other Asian Background	2 (1%)
	Black/ Black British - Caribbean.....	12 (7%)
	Black/ Black British - African	15 (9%)
	Black - any other Black/ African/ Caribbean background.....	7 (4%)
	Arab.....	5 (3%)
	Any other ethnic group	13 (8%)
I.4	How long have you been in this prison?	
	Less than 6 months.....	96 (59%)
	6 months or more	66 (41%)
I.5	Are you currently serving a sentence?	
	Yes	93 (55%)
	Yes - on recall	16 (9%)
	No - on remand or awaiting sentence.....	47 (28%)
	No - immigration detainee.....	13 (8%)

1.6	How long is your sentence?	
	Less than 6 months.....	21 (12%)
	6 months to less than 1 year.....	14 (8%)
	1 year to less than 4 years.....	26 (15%)
	4 years to less than 10 years.....	28 (16%)
	10 years or more.....	18 (11%)
	IPP (indeterminate sentence for public protection).....	1 (1%)
	Life.....	2 (1%)
	Not currently serving a sentence.....	60 (35%)

Arrival and reception

2.1	Were you given up-to-date information about this prison before you came here?	
	Yes.....	18 (11%)
	No.....	140 (82%)
	Don't remember.....	12 (7%)
2.2	When you arrived at this prison, how long did you spend in reception?	
	Less than 2 hours.....	55 (32%)
	2 hours or more.....	107 (62%)
	Don't remember.....	11 (6%)
2.3	When you were searched in reception, was this done in a respectful way?	
	Yes.....	124 (72%)
	No.....	39 (23%)
	Don't remember.....	10 (6%)
2.4	Overall, how were you treated in reception?	
	Very well.....	28 (16%)
	Quite well.....	86 (50%)
	Quite badly.....	31 (18%)
	Very badly.....	19 (11%)
	Don't remember.....	9 (5%)
2.5	When you first arrived here, did you have any of the following problems?	
	Problems getting phone numbers.....	84 (49%)
	Contacting family.....	92 (53%)
	Arranging care for children or other dependants.....	11 (6%)
	Contacting employers.....	21 (12%)
	Money worries.....	58 (34%)
	Housing worries.....	47 (27%)
	Feeling depressed.....	69 (40%)
	Feeling suicidal.....	26 (15%)
	Other mental health problems.....	31 (18%)
	Physical health problems.....	29 (17%)
	Drug or alcohol problems (e.g. withdrawal).....	31 (18%)
	Problems getting medication.....	38 (22%)
	Needing protection from other prisoners.....	13 (8%)
	Lost or delayed property.....	53 (31%)
	Other problems.....	24 (14%)
	Did not have any problems.....	20 (12%)
2.6	Did staff help you to deal with these problems when you first arrived?	
	Yes.....	32 (20%)
	No.....	110 (68%)
	Did not have any problems when I first arrived.....	20 (12%)

First night and induction

3.1	Before you were locked up on your first night here, were you offered any of the following things?			
	Tobacco or nicotine replacement.....			114 (67%)
	Toiletries / other basic items			88 (52%)
	A shower.....			23 (14%)
	A free phone call.....			54 (32%)
	Something to eat			123 (72%)
	The chance to see someone from health care.....			86 (51%)
	The chance to talk to a Listener or Samaritans.....			26 (15%)
	Support from another prisoner (e.g. Insider or buddy).....			22 (13%)
	Wasn't offered any of these things			7 (4%)
3.2	On your first night in this prison, how clean or dirty was your cell?			
	Very clean			2 (1%)
	Quite clean			33 (19%)
	Quite dirty			43 (25%)
	Very dirty			92 (53%)
	Don't remember			3 (2%)
3.3	Did you feel safe on your first night here?			
	Yes			86 (50%)
	No.....			70 (40%)
	Don't remember			17 (10%)
3.4	In your first few days here, did you get:			
		Yes	No	Don't remember
	Access to the prison shop / canteen?	48 (29%)	113 (69%)	2 (1%)
	Free PIN phone credit?	110 (65%)	55 (33%)	3 (2%)
	Numbers put on your PIN phone?	47 (30%)	99 (64%)	9 (6%)
3.5	Did your induction cover everything you needed to know about this prison?			
	Yes			38 (22%)
	No.....			74 (44%)
	Have not had an induction.....			57 (34%)

On the wing

4.1	Are you in a cell on your own?	
	Yes	34 (20%)
	No, I'm in a shared cell or dormitory.....	137 (80%)
4.2	Is your cell call bell normally answered within 5 minutes?	
	Yes	18 (11%)
	No.....	139 (81%)
	Don't know.....	13 (8%)
	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?	77 (45%)	88 (52%)	5 (3%)
Can you shower every day?	88 (51%)	83 (48%)	2 (1%)
Do you have clean sheets every week?	114 (68%)	47 (28%)	6 (4%)
Do you get cell cleaning materials every week?	55 (32%)	112 (65%)	5 (3%)
Is it normally quiet enough for you to relax or sleep at night?	68 (40%)	97 (58%)	3 (2%)
Can you get your stored property if you need it?	27 (16%)	97 (59%)	40 (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	20 (12%)
Quite clean	73 (43%)
Quite dirty	41 (24%)
Very dirty	37 (22%)

Food and canteen

5.1 What is the quality of food like in this prison?

Very good.....	5 (3%)
Quite good.....	65 (38%)
Quite bad	56 (33%)
Very bad	43 (25%)

5.2 Do you get enough to eat at mealtimes?

Always.....	17 (10%)
Most of the time.....	31 (18%)
Some of the time.....	70 (40%)
Never	55 (32%)

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

Yes	100 (58%)
No.....	55 (32%)
Don't know.....	17 (10%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	96 (58%)
No.....	70 (42%)

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

Yes	104 (64%)
No.....	59 (36%)

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

Yes	34 (20%)
No.....	136 (80%)

6.4	How helpful is your personal or named officer?	
	Very helpful.....	12 (7%)
	Quite helpful.....	17 (10%)
	Not very helpful.....	9 (6%)
	Not at all helpful.....	13 (8%)
	Don't know.....	12 (7%)
	Don't have a personal / named officer	99 (61%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly.....	11 (6%)
	Sometimes.....	27 (16%)
	Hardly ever.....	102 (60%)
	Don't know.....	30 (18%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes.....	54 (33%)
	No.....	108 (67%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change.....	27 (16%)
	Yes, but things don't change.....	46 (27%)
	No.....	62 (37%)
	Don't know.....	33 (20%)

Faith

7.1	What is your religion?	
	No religion.....	36 (21%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations).....	92 (53%)
	Buddhist.....	2 (1%)
	Hindu.....	1 (1%)
	Jewish.....	1 (1%)
	Muslim.....	36 (21%)
	Sikh.....	0 (0%)
	Other.....	4 (2%)
7.2	Are your religious beliefs respected here?	
	Yes.....	91 (54%)
	No.....	19 (11%)
	Don't know.....	21 (13%)
	Not applicable (no religion).....	36 (22%)
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	
	Yes.....	58 (34%)
	No.....	26 (15%)
	Don't know.....	51 (30%)
	Not applicable (no religion).....	36 (21%)
7.4	Are you able to attend religious services, if you want to?	
	Yes.....	101 (59%)
	No.....	20 (12%)
	Don't know.....	15 (9%)
	Not applicable (no religion).....	36 (21%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	32 (19%)
	No	133 (81%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	95 (57%)
	No	73 (43%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	135 (81%)
	No	32 (19%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	16 (9%)
	Quite easy	34 (20%)
	Quite difficult	47 (28%)
	Very difficult	52 (31%)
	Don't know	20 (12%)
8.5	How often do you have visits from family or friends?	
	More than once a week	11 (7%)
	About once a week	31 (19%)
	Less than once a week	67 (41%)
	Not applicable (don't get visits)	56 (34%)
8.6	Do visits usually start and finish on time?	
	Yes	41 (39%)
	No	64 (61%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	63 (61%)
	No	41 (39%)

Time out of cell

9.1	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)?	
	Yes, and these times are usually kept to	58 (35%)
	Yes, but these times are not usually kept to	71 (42%)
	No	39 (23%)
9.2	How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?	
	Less than 2 hours	96 (57%)
	2 to 6 hours	48 (28%)
	6 to 10 hours	9 (5%)
	10 hours or more	5 (3%)
	Don't know	11 (7%)

9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	133 (80%)
	2 to 6 hours.....	21 (13%)
	6 to 10 hours	3 (2%)
	10 hours or more	0 (0%)
	Don't know.....	9 (5%)
9.4	How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?	
	None	9 (5%)
	1 or 2	35 (21%)
	3 to 5.....	62 (36%)
	More than 5.....	49 (29%)
	Don't know.....	15 (9%)
9.5	How many days in a typical week do you get association, if you want it?	
	None	20 (12%)
	1 or 2	24 (14%)
	3 to 5.....	51 (30%)
	More than 5.....	49 (29%)
	Don't know.....	25 (15%)
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?	
	None	17 (10%)
	1 or 2	63 (38%)
	3 to 5.....	50 (30%)
	More than 5.....	21 (13%)
	Don't know.....	16 (10%)
9.7	Typically, how often do you go to the gym?	
	Twice a week or more	31 (19%)
	About once a week.....	43 (26%)
	Less than once a week.....	26 (16%)
	Never	65 (39%)
9.8	Typically, how often do you go to the library?	
	Twice a week or more	8 (5%)
	About once a week.....	60 (36%)
	Less than once a week.....	25 (15%)
	Never	72 (44%)
9.9	Does the library have a wide enough range of materials to meet your needs?	
	Yes	33 (22%)
	No.....	48 (31%)
	Don't use the library	72 (47%)

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?	
	Yes	98 (59%)
	No.....	52 (31%)
	Don't know.....	17 (10%)

10.2	If you have made any applications here, please answer the questions below:			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	52 (34%)	86 (57%)	14 (9%)
	Are applications usually dealt with within 7 days?	35 (24%)	99 (67%)	14 (9%)
10.3	Is it easy for you to make a complaint?			
	Yes			80 (47%)
	No			42 (25%)
	Don't know.....			48 (28%)
10.4	If you have made any complaints here, please answer the questions below:			
		Yes	No	Not made any complaints
	Are complaints usually dealt with fairly?	22 (14%)	66 (43%)	67 (43%)
	Are complaints usually dealt with within 7 days?	9 (6%)	68 (47%)	67 (47%)
10.5	Have you ever been prevented from making a complaint here when you wanted to?			
	Yes			31 (20%)
	No			73 (47%)
	Not wanted to make a complaint			50 (32%)
10.6	In this prison, is it easy or difficult for you to...			
		Easy	Difficult	Don't know
	Communicate with your solicitor or legal representative?	49 (30%)	78 (48%)	26 (16%)
	Attend legal visits?	64 (42%)	45 (30%)	31 (21%)
	Get bail information?	14 (10%)	58 (40%)	40 (28%)
				Don't need this
				9 (6%)
				11 (7%)
				32 (22%)
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?			
	Yes			57 (35%)
	No			64 (40%)
	Not had any legal letters			41 (25%)

Health care

11.1	How easy or difficult is it to see the following people?					
		Very easy	Quite easy	Quite difficult	Very difficult	Don't know
	Doctor	10 (6%)	26 (16%)	50 (30%)	60 (36%)	21 (13%)
	Nurse	13 (8%)	48 (29%)	41 (25%)	41 (25%)	20 (12%)
	Dentist	3 (2%)	7 (4%)	35 (22%)	78 (48%)	38 (24%)
	Mental health workers	9 (6%)	13 (8%)	28 (18%)	42 (26%)	67 (42%)
11.2	What do you think of the quality of the health service from the following people?					
		Very good	Quite good	Quite bad	Very bad	Don't know
	Doctor	27 (16%)	60 (36%)	24 (14%)	27 (16%)	28 (17%)
	Nurse	22 (13%)	63 (38%)	29 (18%)	27 (16%)	23 (14%)
	Dentist	15 (10%)	23 (15%)	17 (11%)	35 (22%)	67 (43%)
	Mental health workers	12 (8%)	13 (8%)	19 (12%)	21 (14%)	90 (58%)
11.3	Do you have any mental health problems?					
	Yes					52 (31%)
	No					114 (69%)

11.4	Have you been helped with your mental health problems in this prison?	
	Yes	14 (8%)
	No	37 (22%)
	Don't have any mental health problems	114 (69%)
11.5	What do you think of the overall quality of the health services here?	
	Very good.....	10 (6%)
	Quite good.....	48 (29%)
	Quite bad	46 (28%)
	Very bad	38 (23%)
	Don't know.....	21 (13%)

Other support needs

12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?	
	Yes	53 (33%)
	No	109 (67%)
12.2	If you have a disability, are you getting the support you need?	
	Yes	11 (7%)
	No	37 (24%)
	Don't have a disability	109 (69%)
12.3	Have you been on an ACCT in this prison?	
	Yes	22 (14%)
	No	132 (86%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes	7 (5%)
	No	15 (10%)
	Have not been on an ACCT in this prison	132 (86%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	23 (14%)
	Quite easy	42 (26%)
	Quite difficult	21 (13%)
	Very difficult	12 (7%)
	Don't know.....	56 (34%)
	No Listeners at this prison	9 (6%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	37 (22%)
	No	131 (78%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	25 (15%)
	No	12 (7%)
	Did not / do not have an alcohol problem	131 (78%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	55 (33%)
	No	113 (67%)

13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	25 (15%)
	No	138 (85%)
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	26 (16%)
	No	138 (84%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	28 (18%)
	No	28 (18%)
	Did not / do not have a drug problem.....	96 (63%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	48 (29%)
	Quite easy	17 (10%)
	Quite difficult	7 (4%)
	Very difficult	3 (2%)
	Don't know.....	88 (54%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	27 (16%)
	Quite easy	22 (13%)
	Quite difficult	12 (7%)
	Very difficult	12 (7%)
	Don't know.....	91 (55%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	104 (63%)
	No	60 (37%)
14.2	Do you feel unsafe now?	
	Yes	43 (28%)
	No	112 (72%)
14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)	
	Verbal abuse	39 (25%)
	Threats or intimidation.....	41 (26%)
	Physical assault.....	24 (15%)
	Sexual assault.....	2 (1%)
	Theft of canteen or property.....	53 (34%)
	Other bullying / victimisation	27 (17%)
	Not experienced any of these from prisoners here.....	82 (52%)
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	56 (36%)
	No	101 (64%)

14.5	Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)	
	Verbal abuse	46 (29%)
	Threats or intimidation.....	35 (22%)
	Physical assault.....	12 (8%)
	Sexual assault.....	1 (1%)
	Theft of canteen or property.....	24 (15%)
	Other bullying / victimisation	19 (12%)
	Not experienced any of these from staff here.....	89 (56%)

14.6	If you were being bullied / victimised by staff here, would you report it?	
	Yes	83 (52%)
	No.....	78 (48%)

Behaviour management

15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	
	Yes	56 (35%)
	No.....	46 (28%)
	Don't know what the incentives / rewards are	60 (37%)

15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	
	Yes	38 (23%)
	No.....	60 (37%)
	Don't know.....	25 (15%)
	Don't know what this is	41 (25%)

15.3	Have you been physically restrained by staff in this prison in the last 6 months?	
	Yes	20 (12%)
	No.....	143 (88%)

15.4	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?	
	Yes	5 (3%)
	No.....	13 (8%)
	Don't remember	1 (1%)
	Not been restrained here in last 6 months	143 (88%)

15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	
	Yes	17 (10%)
	No.....	147 (90%)

15.6	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:		
		Yes	No
	Were you treated well by segregation staff?	8 (50%)	8 (50%)
	Could you shower every day?	4 (27%)	11 (73%)
	Could you go outside for exercise every day?	7 (47%)	8 (53%)
	Could you use the phone every day (if you had credit)?	2 (13%)	13 (87%)

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	51 (33%)	55 (36%)	43 (28%)	5 (3%)
Vocational or skills training	27 (18%)	62 (41%)	58 (38%)	4 (3%)
Prison job	25 (16%)	83 (55%)	42 (28%)	2 (1%)
Voluntary work outside of the prison	7 (5%)	45 (31%)	61 (43%)	30 (21%)
Paid work outside of the prison	6 (4%)	43 (30%)	64 (44%)	31 (22%)

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	61 (40%)	30 (20%)	62 (41%)
Vocational or skills training	42 (29%)	26 (18%)	79 (54%)
Prison job	38 (26%)	36 (25%)	71 (49%)
Voluntary work outside of the prison	32 (22%)	17 (12%)	94 (66%)
Paid work outside of the prison	36 (25%)	14 (10%)	95 (66%)

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

Yes	45 (30%)
No.....	87 (57%)
Not applicable (e.g. if you are retired, sick or on remand)	20 (13%)

Planning and progression

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

Yes	47 (30%)
No.....	109 (70%)

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

Yes	34 (74%)
No.....	6 (13%)
Don't know what my objectives or targets are.....	6 (13%)

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

Yes	9 (21%)
No.....	27 (64%)
Don't know what my objectives or targets are.....	6 (14%)

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	13 (30%)	7 (16%)	24 (55%)
Other programmes	10 (23%)	8 (19%)	25 (58%)
One to one work	8 (19%)	7 (17%)	27 (64%)
Being on a specialist unit	5 (12%)	5 (12%)	31 (76%)
ROTL - day or overnight release	4 (10%)	4 (10%)	34 (81%)

Preparation for release

18.1	Do you expect to be released in the next 3 months?			
	Yes			55 (33%)
	No			77 (46%)
	Don't know			34 (20%)
18.2	How close is this prison to your home area or intended release address?			
	Very near			8 (15%)
	Quite near			15 (29%)
	Quite far			19 (37%)
	Very far			10 (19%)
18.3	Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?			
	Yes			20 (39%)
	No			31 (61%)
18.4	Are you getting help to sort out the following things for when you are released?			
		Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
	Finding accommodation	6 (13%)	21 (44%)	21 (44%)
	Getting employment	6 (13%)	21 (45%)	20 (43%)
	Setting up education or training	2 (4%)	21 (47%)	22 (49%)
	Arranging benefits	2 (4%)	26 (54%)	20 (42%)
	Sorting out finances	1 (2%)	26 (54%)	21 (44%)
	Support for drug or alcohol problems	5 (11%)	16 (36%)	23 (52%)
	Health / mental health support	4 (9%)	20 (43%)	23 (49%)
	Social care support	2 (4%)	16 (36%)	27 (60%)
	Getting back in touch with family or friends	5 (11%)	16 (36%)	24 (53%)

More about you

19.1	Do you have children under the age of 18?		
	Yes		81 (49%)
	No		86 (51%)
19.2	Are you a UK / British citizen?		
	Yes		112 (67%)
	No		54 (33%)
19.3	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?		
	Yes		12 (7%)
	No		151 (93%)
19.4	Have you ever been in the armed services (e.g. army, navy, air force)?		
	Yes		21 (13%)
	No		145 (87%)
19.5	What is your gender?		
	Male		167 (100%)
	Female		0 (0%)
	Non-binary		0 (0%)
	Other		0 (0%)

19.6	How would you describe your sexual orientation?	
	Straight / heterosexual.....	154 (97%)
	Gay / lesbian / homosexual.....	1 (1%)
	Bisexual.....	3 (2%)
	Other.....	0 (0%)
19.7	Do you identify as transgender or transsexual?	
	Yes.....	0 (0%)
	No.....	151 (100%)

Final questions about this prison

20.1	Do you think your experiences in this prison have made you more or less likely to offend in the future?	
	More likely to offend.....	25 (16%)
	Less likely to offend.....	82 (51%)
	Made no difference.....	53 (33%)

HMP Wandsworth 2018

Survey responses compared with those from other HMIP surveys of local prisons and with those from the previous survey

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

- Summary statistics from most recent surveys of all other local prisons (33 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.
- Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (7 prisons). Please note that this does not include all local prisons.
- Summary statistics from HMP Wandsworth in 2018 are compared with those from HMP Wandsworth in 2015. 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

n=number of valid responses to question (HMP Wandsworth 2018)

HMP Wandsworth 2018	All other local prisons	HMP Wandsworth 2018	All other local prisons surveyed since September 2017	HMP Wandsworth 2018	HMP Wandsworth 2015
177	5,950	177	1,238	177	194

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION									
1.2	Are you under 21 years of age?	<i>n=170</i>	4%	6%	4%	4%	4%	4%	
	Are you 25 years of age or younger?	<i>n=170</i>	21%		21%	22%	21%		
	Are you 50 years of age or older?	<i>n=170</i>	15%	12%	15%	12%	15%	13%	
	Are you 70 years of age or older?	<i>n=170</i>	1%	2%	1%	1%	1%	2%	
1.3	Are you from a minority ethnic group?	<i>n=170</i>	45%	23%	45%	25%	45%	40%	
1.4	Have you been in this prison for less than 6 months?	<i>n=162</i>	59%		59%	62%	59%		
1.5	Are you currently serving a sentence?	<i>n=169</i>	65%	71%	65%	72%	65%	64%	
	Are you on recall?	<i>n=169</i>	10%	11%	10%	13%	10%	8%	
1.6	Is your sentence less than 12 months?	<i>n=170</i>	21%	21%	21%	21%	21%	14%	
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n=170</i>	1%	3%	1%	4%	1%	0%	
7.1	Are you Muslim?	<i>n=172</i>	21%	12%	21%	13%	21%	22%	
11.3	Do you have any mental health problems?	<i>n=166</i>	31%		31%	50%	31%		
12.1	Do you consider yourself to have a disability?	<i>n=162</i>	33%	32%	33%	39%	33%	20%	
19.1	Do you have any children under the age of 18?	<i>n=167</i>	49%	53%	49%	55%	49%	45%	
19.2	Are you a foreign national?	<i>n=166</i>	33%	11%	33%	8%	33%	35%	
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n=163</i>	7%	5%	7%	5%	7%	7%	
19.4	Have you ever been in the armed services?	<i>n=166</i>	13%	6%	13%	6%	13%	6%	
19.5	Is your gender female or non-binary?	<i>n=167</i>	0%		0%	1%	0%		
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n=158</i>	3%	4%	3%	4%	3%	2%	
19.7	Do you identify as transgender or transsexual?	<i>n=151</i>	0%		0%	2%	0%		
ARRIVAL AND RECEPTION									
2.1	Were you given up-to-date information about this prison before you came here?	<i>n=170</i>	11%		11%	17%	11%		
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n=173</i>	32%	40%	32%	40%	32%	58%	
2.3	When you were searched in reception, was this done in a respectful way?	<i>n=173</i>	72%	77%	72%	76%	72%	70%	
2.4	Overall, were you treated very / quite well in reception?	<i>n=173</i>	66%		66%	74%	66%		

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2.5	When you first arrived, did you have any problems?	<i>n=172</i>	88%	81%	88%	89%	88%	83%
2.5	Did you have problems with:							
	- Getting phone numbers?	<i>n=172</i>	49%	36%	49%	46%	49%	36%
	- Contacting family?	<i>n=172</i>	54%	38%	54%	47%	54%	43%
	- Arranging care for children or other dependents?	<i>n=172</i>	6%		6%	5%	6%	
	- Contacting employers?	<i>n=172</i>	12%	6%	12%	7%	12%	10%
	- Money worries?	<i>n=172</i>	34%	25%	34%	28%	34%	27%
	- Housing worries?	<i>n=172</i>	27%	24%	27%	25%	27%	32%
	- Feeling depressed?	<i>n=172</i>	40%		40%	48%	40%	
	- Feeling suicidal?	<i>n=172</i>	15%		15%	18%	15%	
	- Other mental health problems?	<i>n=172</i>	18%		18%	28%	18%	
	- Physical health problems	<i>n=172</i>	17%	19%	17%	19%	17%	19%
	- Drugs or alcohol (e.g. withdrawal)?	<i>n=172</i>	18%		18%	24%	18%	
	- Getting medication?	<i>n=172</i>	22%		22%	31%	22%	
	- Needing protection from other prisoners?	<i>n=172</i>	8%	10%	8%	12%	8%	6%
	- Lost or delayed property?	<i>n=172</i>	31%	18%	31%	19%	31%	25%
	<i>For those who had any problems when they first arrived:</i>							
2.6	Did staff help you to deal with these problems?	<i>n=142</i>	23%	32%	23%	31%	23%	23%
FIRST NIGHT AND INDUCTION								
3.1	Before you were locked up on your first night, were you offered:							
	- Tobacco or nicotine replacement?	<i>n=170</i>	67%	70%	67%	73%	67%	76%
	- Toiletries / other basic items?	<i>n=170</i>	52%	57%	52%	56%	52%	67%
	- A shower?	<i>n=170</i>	14%	30%	14%	40%	14%	18%
	- A free phone call?	<i>n=170</i>	32%	51%	32%	58%	32%	37%
	- Something to eat?	<i>n=170</i>	72%	72%	72%	79%	72%	77%
	- The chance to see someone from health care?	<i>n=170</i>	51%	65%	51%	66%	51%	62%
	- The chance to talk to a Listener or Samaritans?	<i>n=170</i>	15%	31%	15%	30%	15%	20%
	- Support from another prisoner (e.g. Insider or buddy)?	<i>n=170</i>	13%		13%	24%	13%	
	- None of these?	<i>n=170</i>	4%		4%	4%	4%	
3.2	On your first night in this prison, was your cell very / quite clean?	<i>n=173</i>	20%		20%	27%	20%	
3.3	Did you feel safe on your first night here?	<i>n=173</i>	50%	65%	50%	62%	50%	64%
3.4	In your first few days here, did you get?							
	- Access to the prison shop / canteen?	<i>n=163</i>	29%	25%	29%	35%	29%	16%
	- Free PIN phone credit?	<i>n=168</i>	66%		66%	52%	66%	
	- Numbers put on your PIN phone?	<i>n=155</i>	30%		30%	35%	30%	
3.5	Have you had an induction at this prison?	<i>n=169</i>	66%	78%	66%	85%	66%	59%
	<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=112</i>	34%		34%	48%	34%	

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ON THE WING						
4.1	Are you in a cell on your own?	<i>n=171</i>	20%		20%	
4.2	Is your cell call bell normally answered within 5 minutes?	<i>n=171</i>	11%	21%	11%	16%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	<i>n=170</i>	45%	48%	45%	41%
	- Can you shower every day?	<i>n=173</i>	51%	74%	51%	29%
	- Do you have clean sheets every week?	<i>n=167</i>	68%	59%	68%	56%
	- Do you get cell cleaning materials every week?	<i>n=172</i>	32%	48%	32%	32%
	- Is it normally quiet enough for you to relax or sleep at night?	<i>n=168</i>	41%	53%	41%	49%
	- Can you get your stored property if you need it?	<i>n=164</i>	17%	18%	17%	16%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	<i>n=171</i>	54%		54%	
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	<i>n=169</i>	41%		41%	
5.2	Do you get enough to eat at meal-times always / most of the time?	<i>n=173</i>	28%		28%	
5.3	Does the shop / canteen sell the things that you need?	<i>n=172</i>	58%	51%	58%	46%
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	<i>n=166</i>	58%	71%	58%	59%
6.2	Are there any staff here you could turn to if you had a problem?	<i>n=163</i>	64%	68%	64%	59%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	<i>n=170</i>	20%	28%	20%	21%
6.4	Do you have a personal officer?	<i>n=162</i>	39%		39%	
<i>For those who have a personal officer:</i>						
6.4	Is your personal or named officer very / quite helpful?	<i>n=63</i>	46%		46%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	<i>n=170</i>	7%		7%	
6.6	Do you feel that you are treated as an individual in this prison?	<i>n=162</i>	33%		33%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	<i>n=168</i>	44%		44%	
	If so, do things sometimes change?	<i>n=73</i>	37%		37%	
FAITH						
7.1	Do you have a religion?	<i>n=172</i>	79%	68%	79%	86%
<i>For those who have a religion:</i>						
7.2	Are your religious beliefs respected here?	<i>n=131</i>	70%		70%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	<i>n=135</i>	43%		43%	
7.4	Are you able to attend religious services, if you want to?	<i>n=136</i>	74%		74%	

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CONTACT WITH FAMILY AND FRIENDS								
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=165	19%		19%	24%	19%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=168	57%	49%	57%	58%	57%	58%
8.3	Are you able to use a phone every day (if you have credit)?	n=167	81%		81%	71%	81%	
8.4	Is it very / quite easy for your family and friends to get here?	n=169	30%		30%	47%	30%	
8.5	Do you get visits from family/friends once a week or more?	n=165	26%		26%	23%	26%	
For those who get visits:								
8.6	Do visits usually start and finish on time?	n=105	39%		39%	51%	39%	
8.7	Are your visitors usually treated respectfully by staff?	n=104	61%		61%	73%	61%	
TIME OUT OF CELL								
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=168	77%		77%	80%	77%	
For those who know what the unlock and lock-up times are supposed to be:								
9.1	Are these times usually kept to?	n=129	45%		45%	45%	45%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=169	57%	31%	57%	35%	57%	47%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=169	3%	7%	3%	5%	3%	6%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=166	80%		80%	60%	80%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=166	0%		0%	1%	0%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=170	29%		29%	37%	29%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=169	29%		29%	39%	29%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=167	13%		13%	44%	13%	
9.7	Do you typically go to the gym twice a week or more?	n=165	19%		19%	38%	19%	
9.8	Do you typically go to the library twice a week or more?	n=165	5%	6%	5%	12%	5%	4%
For those who use the library:								
9.9	Does the library have a wide enough range of materials to meet your needs?	n=81	41%	54%	41%	52%	41%	25%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS								
10.1	Is it easy for you to make an application?	n=167	59%	70%	59%	67%	59%	60%
For those who have made an application:								
10.2	Are applications usually dealt with fairly?	n=138	38%	46%	38%	42%	38%	35%
	Are applications usually dealt with within 7 days?	n=134	26%	31%	26%	26%	26%	17%
10.3	Is it easy for you to make a complaint?	n=170	47%	49%	47%	54%	47%	39%
For those who have made a complaint:								
10.4	Are complaints usually dealt with fairly?	n=88	25%	26%	25%	25%	25%	21%
	Are complaints usually dealt with within 7 days?	n=77	12%	21%	12%	18%	12%	8%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=104	30%		30%	31%	30%	

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<i>For those who need it, is it easy to:</i>					
10.6	Communicate with your solicitor or legal representative?	n=153	32%		
	Attend legal visits?	n=140	46%		
	Get bail information?	n=112	13%		
<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=121	47%	49%	
HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	n=167	22%		
	- Nurse?	n=163	37%		
	- Dentist?	n=161	6%		
	- Mental health workers?	n=159	14%		
11.2	Do you think the quality of the health service is very / quite good from:				
	- Doctor?	n=166	52%		
	- Nurse?	n=164	52%		
	- Dentist?	n=157	24%		
	- Mental health workers?	n=155	16%		
11.3	Do you have any mental health problems?	n=166	31%		
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	n=51	28%		
11.5	Do you think the overall quality of the health services here is very / quite good?	n=163	36%		
OTHER SUPPORT NEEDS					
12.1	Do you consider yourself to have a disability?	n=162	33%	32%	
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	n=48	23%		
12.3	Have you been on an ACCT in this prison?	n=154	14%		
<i>For those who have been on an ACCT:</i>					
12.4	Did you feel cared for by staff?	n=22	32%		
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=163	40%		
ALCOHOL AND DRUGS					
13.1	Did you have an alcohol problem when you came into this prison?	n=168	22%	22%	
<i>For those who had / have an alcohol problem:</i>					
13.2	Have you been helped with your alcohol problem in this prison?	n=37	68%	55%	
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=168	33%	35%	
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=163	15%	13%	
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=164	16%		
<i>For those who had / have a drug problem:</i>					
13.6	Have you been helped with your drug problem in this prison?	n=56	50%	55%	
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=163	40%		

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QID	Question	n	HMP Wandsworth 2018	All other local prisons	HMP Wandsworth 2018	All other local prisons surveyed since September 2017	HMP Wandsworth 2018	HMP Wandsworth 2015
13.8	Is it very / quite easy to get alcohol in this prison?	n=164	30%		30%	26%	30%	
SAFETY								
14.1	Have you ever felt unsafe here?	n=164	63%	54%	63%	61%	63%	47%
14.2	Do you feel unsafe now?	n=155	28%	26%	28%	30%	28%	22%
14.3	Have you experienced any of the following from other prisoners here:							
	- Verbal abuse?	n=157	25%		25%	39%	25%	
	- Threats or intimidation?	n=157	26%		26%	37%	26%	
	- Physical assault?	n=157	15%		15%	20%	15%	
	- Sexual assault?	n=157	1%		1%	2%	1%	
	- Theft of canteen or property?	n=157	34%		34%	29%	34%	
	- Other bullying / victimisation?	n=157	17%		17%	20%	17%	
	- Not experienced any of these from prisoners here	n=157	52%	64%	52%	48%	52%	71%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=157	36%		36%	33%	36%	
14.5	Have you experienced any of the following from staff here:							
	- Verbal abuse?	n=158	29%		29%	36%	29%	
	- Threats or intimidation?	n=158	22%		22%	27%	22%	
	- Physical assault?	n=158	8%		8%	15%	8%	
	- Sexual assault?	n=158	1%		1%	2%	1%	
	- Theft of canteen or property?	n=158	15%		15%	11%	15%	
	- Other bullying / victimisation?	n=158	12%		12%	19%	12%	
	- Not experienced any of these from staff here	n=158	56%	66%	56%	53%	56%	65%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=161	52%		52%	44%	52%	
BEHAVIOUR MANAGEMENT								
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=162	35%		35%	37%	35%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=164	23%		23%	34%	23%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=163	12%	13%	12%	15%	12%	14%
<i>For those who have been restrained in the last 6 months:</i>								
15.4	Did anyone come and talk to you about it afterwards?	n=19	26%		26%	18%	26%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=164	10%	19%	10%	9%	10%	18%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>								
15.6	Were you treated well by segregation staff?	n=16	50%		50%	52%	50%	
	Could you shower every day?	n=15	27%		27%	48%	27%	
	Could you go outside for exercise every day?	n=15	47%		47%	56%	47%	
	Could you use the phone every day (if you had credit)?	n=15	13%		13%	46%	13%	

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EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education?	n=154	33%		33%
	- Vocational or skills training?	n=151	18%		18%
	- Prison job?	n=152	16%		16%
	- Voluntary work outside of the prison?	n=143	5%		5%
16.2	In this prison, have you done the following activities:				
	- Education?	n=153	60%	68%	60%
	- Vocational or skills training?	n=147	46%	55%	46%
	- Prison job?	n=145	51%	72%	51%
	- Voluntary work outside of the prison?	n=143	34%		34%
<i>For those who have done the following activities, do you think they will help you on release:</i>					
	- Education?	n=91	67%	49%	67%
	- Vocational or skills training?	n=68	62%	43%	62%
	- Prison job?	n=74	51%	39%	51%
	- Voluntary work outside of the prison?	n=49	65%		65%
	- Paid work outside of the prison?	n=50	72%		72%
16.3	Do staff encourage you to attend education, training or work?	n=132	34%		34%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	n=156	30%		30%
<i>For those who have a custody plan:</i>					
17.2	Do you understand what you need to do to achieve your objectives or targets?	n=46	74%		74%
17.3	Are staff helping you to achieve your objectives or targets?	n=42	21%		21%
17.4	In this prison, have you done:				
	- Offending behaviour programmes?	n=44	46%		46%
	- Other programmes?	n=43	42%		42%
	- One to one work?	n=42	36%		36%
	- Been on a specialist unit?	n=41	24%		24%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>					
	- Offending behaviour programmes?	n=20	65%		65%
	- Other programmes?	n=18	56%		56%
	- One to one work?	n=15	53%		53%
	- Being on a specialist unit?	n=10	50%		50%
	- ROTL - day or overnight release?	n=8	50%		50%

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PREPARATION FOR RELEASE								
18.1	Do you expect to be released in the next 3 months?	<i>n=166</i>	33%		33%	32%	33%	
<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=52</i>	44%		44%	64%	44%	
18.3	Is anybody helping you to prepare for your release?	<i>n=51</i>	39%		39%	42%	39%	
18.4	Do you need help to sort out the following for when you are released:							
	- Finding accommodation?	<i>n=48</i>	56%		56%	65%	56%	
	- Getting employment?	<i>n=47</i>	57%		57%	61%	57%	
	- Setting up education or training?	<i>n=45</i>	51%		51%	47%	51%	
	- Arranging benefits?	<i>n=48</i>	58%		58%	67%	58%	
	- Sorting out finances?	<i>n=48</i>	56%		56%	56%	56%	
	- Support for drug or alcohol problems?	<i>n=44</i>	48%		48%	51%	48%	
	- Health / mental Health support?	<i>n=47</i>	51%		51%	60%	51%	
	- Social care support?	<i>n=45</i>	40%		40%	42%	40%	
- Getting back in touch with family or friends?	<i>n=45</i>	47%		47%	41%	47%		
18.4	Are you getting help to sort out the following for when you are released, if you need it:							
	- Finding accommodation?	<i>n=27</i>	22%		22%	30%	22%	
	- Getting employment?	<i>n=27</i>	22%		22%	19%	22%	
	- Setting up education or training?	<i>n=23</i>	9%		9%	16%	9%	
	- Arranging benefits?	<i>n=28</i>	7%		7%	24%	7%	
	- Sorting out finances?	<i>n=27</i>	4%		4%	19%	4%	
	- Support for drug or alcohol problems?	<i>n=21</i>	24%		24%	45%	24%	
	- Health / mental Health support?	<i>n=24</i>	17%		17%	22%	17%	
	- Social care support?	<i>n=18</i>	11%		11%	18%	11%	
- Getting back in touch with family or friends?	<i>n=21</i>	24%		24%	23%	24%		
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?	<i>n=160</i>	51%		51%	47%	51%	

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

Number of completed questionnaires returned

Black and minority ethnic	White
76	94

Muslim	Non-Muslim
36	136

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	5%	2%	8%	2%
	Are you 50 years of age or older?	15%	15%	6%	16%
1.3	Are you from a minority ethnic group?			83%	35%
7.1	Are you Muslim?	40%	7%		
11.3	Do you have any mental health problems?	37%	27%	37%	28%
12.1	Do you consider yourself to have a disability?	38%	28%	35%	30%
19.2	Are you a foreign national?	31%	34%	37%	32%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	4%	9%	9%	7%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	69%	74%	75%	72%
2.4	Overall, were you treated very / quite well in reception?	60%	73%	69%	66%
2.5	When you first arrived, did you have any problems?	92%	84%	89%	88%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	27%	18%	29%	22%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	36%	60%	37%	55%
3.5	Have you had an induction at this prison?	64%	68%	68%	65%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	32%	34%	35%	34%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	8%	13%	14%	10%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	44%	49%	40%	47%
	- Can you shower every day?	43%	59%	43%	53%
	- Do you have clean sheets every week?	70%	69%	68%	69%
	- Do you get cell cleaning materials every week?	29%	36%	31%	31%
	- Is it normally quiet enough for you to relax or sleep at night?	38%	46%	47%	39%
	- Can you get your stored property if you need it?	20%	15%	24%	15%

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Number of completed questionnaires returned

Black and minority ethnic	White
76	94

Muslim	Non-Muslim
36	136

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	24%	33%	22%	30%
5.3	Does the shop / canteen sell the things that you need?	51%	66%	44%	62%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	54%	61%	53%	60%
6.2	Are there any staff here you could turn to if you had a problem?	56%	71%	59%	65%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	23%	19%	24%	20%
6.6	Do you feel that you are treated as an individual in this prison?	37%	31%	48%	31%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	72%	67%	69%	69%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	46%	41%	42%	42%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	18%	21%	23%	19%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	55%	57%	50%	59%
8.3	Are you able to use a phone every day (if you have credit)?	76%	84%	75%	82%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	55%	66%	46%	65%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	59%	54%	65%	55%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	2%	3%	3%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	39%	41%	33%	42%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	51%	65%	50%	62%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	31%	44%	33%	40%
10.3	Is it easy for you to make a complaint?	43%	51%	47%	47%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	19%	28%	11%	30%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	43%	18%	32%	29%

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Number of completed questionnaires returned

Black and minority ethnic	White
76	94

Muslim	Non-Muslim
36	136

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	20%	20%	23%	22%
	- Nurse?	40%	35%	44%	36%
	- Dentist?	7%	6%	11%	5%
	- Mental health workers?	14%	13%	21%	12%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	24%	29%	17%	31%
11.5	Do you think the overall quality of the health services here is very / quite good?	40%	31%	41%	35%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	17%	29%	25%	24%
SAFETY					
14.1	Have you ever felt unsafe here?	70%	58%	71%	60%
14.2	Do you feel unsafe now?	33%	24%	35%	25%
14.3	Not experienced bullying / victimisation by other prisoners	52%	54%	58%	52%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	37%	36%	32%	37%
14.5	Not experienced bullying / victimisation by members of staff	57%	58%	61%	55%
14.6	If you were being bullied / victimised by staff here, would you report it?	49%	55%	49%	52%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	29%	38%	31%	35%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	17%	27%	17%	25%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	21%	7%	21%	10%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	15%	7%	18%	9%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	40%	29%	39%	33%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	28%	34%	24%	33%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	16%	26%	13%	24%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	27%	48%	9%	46%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	51%	51%	57%	51%

HMP Wandsworth 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
 - Responses of foreign national prisoners are compared with those of British national 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:

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Number of completed questionnaires returned

Foreign national	British national
54	112

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	4%	3%
	Are you 50 years of age or older?	9%	17%
1.3	Are you from a minority ethnic group?	42%	45%
7.1	Are you Muslim?	24%	20%
11.3	Do you have any mental health problems?	23%	37%
12.1	Do you consider yourself to have a disability?	25%	36%
19.2	Are you a foreign national?		
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	9%	6%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	76%	70%
2.4	Overall, were you treated very / quite well in reception?	65%	66%
2.5	When you first arrived, did you have any problems?	79%	93%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	28%	21%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	49%	50%
3.5	Have you had an induction at this prison?	68%	65%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	32%	31%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	17%	8%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	56%	39%
	- Can you shower every day?	50%	50%
	- Do you have clean sheets every week?	79%	63%
	- Do you get cell cleaning materials every week?	39%	28%
	- Is it normally quiet enough for you to relax or sleep at night?	50%	35%
	- Can you get your stored property if you need it?	25%	13%

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

	Foreign national	British national
Number of completed questionnaires returned	54	112

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	36%	23%
5.3	Does the shop / canteen sell the things that you need?	56%	60%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	56%	61%
6.2	Are there any staff here you could turn to if you had a problem?	65%	65%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	21%	19%
6.6	Do you feel that you are treated as an individual in this prison?	51%	26%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	75%	68%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	34%	48%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	29%	15%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	44%	63%
8.3	Are you able to use a phone every day (if you have credit)?	80%	83%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	58%	59%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	57%	55%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	4%	3%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	32%	44%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	50%	64%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	44%	33%
10.3	Is it easy for you to make a complaint?	33%	55%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	30%	23%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	35%	28%

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

	Foreign national	British national
Number of completed questionnaires returned	54	112

HEALTH CARE		
11.1	Is it very / quite easy to see:	
	- Doctor?	21% 21%
	- Nurse?	35% 37%
	- Dentist?	10% 5%
	- Mental health workers?	15% 14%
<i>For those who have mental health problems:</i>		
11.4	Have you been helped with your mental health problems in this prison?	9% 33%
11.5	Do you think the overall quality of the health services here is very / quite good?	35% 35%
OTHER SUPPORT NEEDS		
<i>For those who have a disability:</i>		
12.2	Are you getting the support you need?	27% 20%
SAFETY		
14.1	Have you ever felt unsafe here?	53% 68%
14.2	Do you feel unsafe now?	20% 31%
14.3	Not experienced bullying / victimisation by other prisoners	65% 45%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	46% 29%
14.5	Not experienced bullying / victimisation by members of staff	73% 47%
14.6	If you were being bullied / victimised by staff here, would you report it?	62% 45%
BEHAVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	31% 37%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	21% 24%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	14% 12%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	6% 13%
EDUCATION, SKILLS AND WORK		
16.3	Do staff encourage you to attend education, training or work?	33% 34%
PLANNING AND PROGRESSION		
17.1	Do you have a custody plan?	21% 33%
<i>For those who have a custody plan:</i>		
17.3	Are staff helping you to achieve your objectives or targets?	25% 19%
PREPARATION FOR RELEASE		
<i>For those who expect to be released in the next 3 months:</i>		
18.3	Is anybody helping you to prepare for your release?	27% 44%
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?	48% 53%

HMP Wandsworth 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.

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Number of completed questionnaires returned

Mental health problems	No mental health problems
52	114

Have a disability	Do not have a disability
53	109

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	6%	2%	6%	2%
	Are you 50 years of age or older?	10%	16%	18%	12%
1.3	Are you from a minority ethnic group?	50%	39%	50%	39%
7.1	Are you Muslim?	27%	19%	24%	20%
11.3	Do you have any mental health problems?			68%	13%
12.1	Do you consider yourself to have a disability?	72%	15%		
19.2	Are you a foreign national?	23%	37%	24%	35%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6%	8%	10%	7%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	58%	79%	57%	79%
2.4	Overall, were you treated very / quite well in reception?	58%	70%	59%	69%
2.5	When you first arrived, did you have any problems?	98%	84%	98%	84%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	32%	17%	29%	17%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	41%	55%	42%	53%
3.5	Have you had an induction at this prison?	78%	61%	73%	62%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	41%	30%	40%	31%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	12%	11%	8%	11%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	36%	48%	26%	51%
	- Can you shower every day?	47%	53%	40%	55%
	- Do you have clean sheets every week?	65%	72%	66%	69%
	- Do you get cell cleaning materials every week?	35%	29%	39%	28%
	- Is it normally quiet enough for you to relax or sleep at night?	33%	44%	37%	40%
	- Can you get your stored property if you need it?	20%	15%	17%	16%

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

Number of completed questionnaires returned

Mental health problems	No mental health problems
52	114

Have a disability	Do not have a disability
53	109

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	22%	31%	19%	29%
5.3	Does the shop / canteen sell the things that you need?	64%	58%	54%	60%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	51%	61%	45%	63%
6.2	Are there any staff here you could turn to if you had a problem?	63%	65%	56%	67%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	25%	18%	17%	21%
6.6	Do you feel that you are treated as an individual in this prison?	34%	32%	31%	33%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	75%	69%	72%	70%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	46%	42%	43%	42%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	22%	18%	15%	20%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	61%	56%	60%	57%
8.3	Are you able to use a phone every day (if you have credit)?	86%	78%	74%	83%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	68%	56%	52%	63%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	63%	53%	65%	53%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	5%	0%	5%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	41%	42%	57%	36%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	62%	59%	62%	58%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	35%	39%	36%	38%
10.3	Is it easy for you to make a complaint?	67%	40%	64%	40%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	28%	24%	27%	23%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	30%	30%	31%	27%

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

Number of completed questionnaires returned

Mental health problems	No mental health problems
52	114

Have a disability	Do not have a disability
53	109

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	31%	17%
	- Nurse?	47%	33%
	- Dentist?	10%	5%
	- Mental health workers?	18%	12%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	28%	
11.5	Do you think the overall quality of the health services here is very / quite good?	38%	35%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	25%	19%
SAFETY			
14.1	Have you ever felt unsafe here?	80%	55%
14.2	Do you feel unsafe now?	48%	16%
14.3	Not experienced bullying / victimisation by other prisoners	31%	62%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	31%	39%
14.5	Not experienced bullying / victimisation by members of staff	38%	64%
14.6	If you were being bullied / victimised by staff here, would you report it?	42%	57%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	48%	29%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	35%	19%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	22%	8%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	22%	5%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	44%	30%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	32%	30%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	13%	27%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	46%	35%
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?	50%	52%

27%	18%
35%	37%
8%	6%
13%	15%
31%	20%
37%	34%
23%	
72%	60%
44%	20%
36%	59%
31%	37%
40%	63%
42%	56%
35%	35%
30%	20%
14%	12%
15%	8%
36%	34%
31%	31%
7%	29%
47%	34%
44%	56%

HMP Wandsworth 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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	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		
	35		135		
		50 and over		Under 50	
		25		145	

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.3	Are you from a minority ethnic group?	54%	42%	44%	44%
7.1	Are you Muslim?	34%	19%	9%	24%
11.3	Do you have any mental health problems?	34%	30%	22%	32%
12.1	Do you consider yourself to have a disability?	36%	30%	41%	30%
19.2	Are you a foreign national?	29%	34%	22%	35%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	10%	7%	5%	8%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	66%	74%	75%	72%
2.4	Overall, were you treated very / quite well in reception?	63%	68%	58%	69%
2.5	When you first arrived, did you have any problems?	86%	89%	83%	89%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	12%	23%	20%	21%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	37%	53%	50%	49%
3.5	Have you had an induction at this prison?	51%	70%	54%	68%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	39%	31%	31%	33%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	6%	12%	8%	11%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	46%	47%	57%	45%
	- Can you shower every day?	51%	52%	54%	52%
	- Do you have clean sheets every week?	65%	70%	71%	69%
	- Do you get cell cleaning materials every week?	31%	32%	35%	32%
	- Is it normally quiet enough for you to relax or sleep at night?	44%	41%	39%	42%
	- Can you get your stored property if you need it?	16%	17%	9%	18%

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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
35	135

50 and over	Under 50
25	145

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	32%	27%
5.3	Does the shop / canteen sell the things that you need?	65%	57%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	43%	62%
6.2	Are there any staff here you could turn to if you had a problem?	52%	67%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	21%	21%
6.6	Do you feel that you are treated as an individual in this prison?	36%	32%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	56%	72%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	33%	45%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	12%	21%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	54%	57%
8.3	Are you able to use a phone every day (if you have credit)?	83%	80%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	50%	64%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	60%	56%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	3%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	33%	40%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	53%	60%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	29%	39%
10.3	Is it easy for you to make a complaint?	39%	49%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	6%	27%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	39%	29%

33%	27%
58%	59%
64%	57%
71%	63%
17%	21%
27%	34%
77%	67%
47%	41%
14%	20%
55%	56%
70%	83%
67%	60%
61%	56%
0%	3%
50%	38%
73%	56%
29%	38%
46%	47%
15%	24%
25%	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
35	135

50 and over	Under 50
25	145

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	25%	19%
	- Nurse?	31%	38%
	- Dentist?	16%	4%
	- Mental health workers?	16%	12%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	10%	32%
11.5	Do you think the overall quality of the health services here is very / quite good?	28%	36%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	10%	27%
SAFETY			
14.1	Have you ever felt unsafe here?	73%	61%
14.2	Do you feel unsafe now?	31%	26%
14.3	Not experienced bullying / victimisation by other prisoners	56%	51%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	31%	38%
14.5	Not experienced bullying / victimisation by members of staff	58%	56%
14.6	If you were being bullied / victimised by staff here, would you report it?	38%	56%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	38%	33%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	16%	24%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	19%	11%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	19%	8%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	31%	34%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	29%	32%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	50%	15%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	39%	37%
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?	52%	51%

13%	21%
32%	37%
0%	8%
5%	14%
20%	28%
39%	34%
13%	25%
64%	63%
29%	27%
44%	54%
29%	38%
48%	58%
59%	51%
39%	33%
26%	22%
0%	15%
0%	12%
21%	35%
14%	34%
0%	23%
0%	42%
39%	53%

HMP Wandsworth 2018

Comparison of survey responses from different residential locations

In this table responses from the category C unit (G, H and K wings) are compared with those from the rest of the establishment.

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Number of completed questionnaires returned

Category C unit (G, H and K wings)		Rest of the establishment	
	49		127

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	2%	3%
	Are you 25 years of age or younger?	27%	18%
	Are you 50 years of age or older?	9%	17%
	Are you 70 years of age or older?	0%	1%
1.3	Are you from a minority ethnic group?	32%	50%
1.4	Have you been in this prison for less than 6 months?	44%	64%
1.5	Are you currently serving a sentence?	98%	52%
	Are you on recall?	10%	9%
1.6	Is your sentence less than 12 months?	31%	17%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	0%
7.1	Are you Muslim?	14%	23%
11.3	Do you have any mental health problems?	31%	32%
12.1	Do you consider yourself to have a disability?	26%	36%
19.1	Do you have any children under the age of 18?	50%	48%
19.2	Are you a foreign national?	21%	38%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	4%	9%
19.4	Have you ever been in the armed services?	9%	14%
19.5	Is your gender female or non-binary?	0%	0%
19.6	Are you homosexual, bisexual or other sexual orientation?	4%	2%
19.7	Do you identify as transgender or transsexual?	0%	0%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	9%	11%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	31%	32%
2.3	When you were searched in reception, was this done in a respectful way?	67%	73%
2.4	Overall, were you treated very / quite well in reception?	66%	66%

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Number of completed questionnaires returned

Category C unit (G, H and K wings)	49	Rest of the establishment	127
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2.5	When you first arrived, did you have any problems?	83%	90%
2.5	Did you have problems with:		
	- Getting phone numbers?	60%	45%
	- Contacting family?	47%	57%
	- Arranging care for children or other dependents?	4%	7%
	- Contacting employers?	15%	11%
	- Money worries?	36%	33%
	- Housing worries?	32%	26%
	- Feeling depressed?	45%	39%
	- Feeling suicidal?	23%	12%
	- Other mental health problems?	21%	17%
	- Physical health problems?	9%	20%
	- Drugs or alcohol (e.g. withdrawal)?	17%	19%
	- Getting medication?	17%	24%
	- Needing protection from other prisoners?	2%	10%
	- Lost or delayed property?	40%	27%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	11%	27%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	63%	69%
	- Toiletries / other basic items?	50%	53%
	- A shower?	10%	15%
	- A free phone call?	38%	30%
	- Something to eat?	73%	72%
	- The chance to see someone from health care?	40%	55%
	- The chance to talk to a Listener or Samaritans?	17%	15%
	- Support from another prisoner (e.g. Insider or buddy)?	15%	12%
	- None of these?	10%	2%
3.2	On your first night in this prison, was your cell very / quite clean?	21%	20%
3.3	Did you feel safe on your first night here?	52%	48%
3.4	In your first few days here, did you get?		
	- Access to the prison shop / canteen?	31%	28%
	- Free PIN phone credit?	68%	65%
	- Numbers put on your PIN phone?	37%	28%
3.5	Have you had an induction at this prison?	66%	67%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	32%	35%

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Number of completed questionnaires returned

Category C unit (G, H and K wings)		
	Rest of the establishment	
	49	127

ON THE WING			
4.1	Are you in a cell on your own?	30%	15%
4.2	Is your cell call bell normally answered within 5 minutes?	13%	10%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	43%	46%
	- Can you shower every day?	56%	48%
	- Do you have clean sheets every week?	75%	66%
	- Do you get cell cleaning materials every week?	19%	37%
	- Is it normally quiet enough for you to relax or sleep at night?	37%	41%
	- Can you get your stored property if you need it?	13%	17%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	45%	59%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	32%	46%
5.2	Do you get enough to eat at meal-times always / most of the time?	25%	29%
5.3	Does the shop / canteen sell the things that you need?	57%	58%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	52%	60%
6.2	Are there any staff here you could turn to if you had a problem?	62%	64%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	10%	23%
6.4	Do you have a personal officer?	28%	43%
	<i>For those who have a personal officer:</i>		
6.4	Is your personal or named officer very / quite helpful?	46%	47%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	10%	5%
6.6	Do you feel that you are treated as an individual in this prison?	34%	33%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	40%	44%
	If so, do things sometimes change?	26%	42%
FAITH			
7.1	Do you have a religion?	80%	79%
	<i>For those who have a religion:</i>		
7.2	Are your religious beliefs respected here?	72%	68%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	49%	40%
7.4	Are you able to attend religious services, if you want to?	79%	72%

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Number of completed questionnaires returned

Category C unit (G, H and K wings)		
	Rest of the establishment	
	49	127

CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	15%	21%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	65%	53%
8.3	Are you able to use a phone every day (if you have credit)?	84%	79%
8.4	Is it very / quite easy for your family and friends to get here?	40%	25%
8.5	Do you get visits from family/friends once a week or more?	23%	26%
<i>For those who get visits:</i>			
8.6	Do visits usually start and finish on time?	35%	42%
8.7	Are your visitors usually treated respectfully by staff?	60%	61%
TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	83%	74%
<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?	35%	49%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	38%	64%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	4%	3%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	73%	83%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	0%	0%
9.4	Do you have time to do domestics more than 5 days in a typical week?	38%	25%
9.5	Do you get association more than 5 days in a typical week, if you want it?	48%	22%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	9%	13%
9.7	Do you typically go to the gym twice a week or more?	31%	14%
9.8	Do you typically go to the library twice a week or more?	13%	2%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	43%	40%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	64%	57%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	34%	40%
	Are applications usually dealt with within 7 days?	19%	30%
10.3	Is it easy for you to make a complaint?	56%	44%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	22%	27%
	Are complaints usually dealt with within 7 days?	8%	14%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	23%	33%

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Number of completed questionnaires returned

Category C unit (G, H and K wings)	49	Rest of the establishment	127
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<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	39%	30%
	Attend legal visits?	53%	43%
	Get bail information?	14%	12%
<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?	44%	48%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	28%	18%
	- Nurse?	35%	38%
	- Dentist?	15%	3%
	- Mental health workers?	17%	12%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	68%	47%
	- Nurse?	63%	48%
	- Dentist?	36%	20%
	- Mental health workers?	24%	13%
11.3	Do you have any mental health problems?	31%	32%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	29%	27%
11.5	Do you think the overall quality of the health services here is very / quite good?	44%	33%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	26%	36%
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	27%	22%
12.3	Have you been on an ACCT in this prison?	13%	15%
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	33%	31%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	47%	37%
ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	25%	21%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	58%	72%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	31%	34%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	9%	18%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	13%	17%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	40%	54%
13.7	Is it very / quite easy to get illicit drugs in this prison?	57%	34%
13.8	Is it very / quite easy to get alcohol in this prison?	36%	28%

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

Number of completed questionnaires returned

Category C unit (G, H and K wings)	Rest of the establishment
49	127

SAFETY			
14.1	Have you ever felt unsafe here?	72%	61%
14.2	Do you feel unsafe now?	21%	30%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	31%	23%
	- Threats or intimidation?	24%	27%
	- Physical assault?	7%	19%
	- Sexual assault?	0%	2%
	- Theft of canteen or property?	38%	32%
	- Other bullying / victimisation?	11%	20%
	- Not experienced any of these from prisoners here	49%	53%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	32%	38%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	37%	26%
	- Threats or intimidation?	23%	22%
	- Physical assault?	2%	10%
	- Sexual assault?	0%	1%
	- Theft of canteen or property?	14%	16%
	- Other bullying / victimisation?	16%	11%
	- Not experienced any of these from staff here	49%	59%
14.6	If you were being bullied / victimised by staff here, would you report it?	40%	57%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	36%	34%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	30%	21%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	13%	12%
	<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?	20%	29%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	10%	10%
	<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?	50%	46%
	Could you shower every day?	25%	20%
	Could you go outside for exercise every day?	25%	50%
	Could you use the phone every day (if you had credit)?	0%	10%

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

Category C unit (G, H and K wings)	49	Rest of the establishment	127
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EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	42%	30%
	- Vocational or skills training?	30%	13%
	- Prison job?	30%	11%
	- Voluntary work outside of the prison?	10%	3%
	- Paid work outside of the prison?	7%	3%
16.2	In this prison, have you done the following activities:		
	- Education?	83%	50%
	- Vocational or skills training?	60%	40%
	- Prison job?	67%	44%
	- Voluntary work outside of the prison?	37%	32%
	- Paid work outside of the prison?	35%	34%
<i>For those who have done the following activities, do you think they will help you on release:</i>			
	- Education?	66%	69%
	- Vocational or skills training?	64%	62%
	- Prison job?	43%	58%
	- Voluntary work outside of the prison?	56%	72%
	- Paid work outside of the prison?	73%	74%
16.3	Do staff encourage you to attend education, training or work?	35%	34%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	44%	25%
<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?	85%	65%
17.3	Are staff helping you to achieve your objectives or targets?	32%	13%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	50%	42%
	- Other programmes?	42%	42%
	- One to one work?	37%	35%
	- Been on a specialist unit?	25%	24%
	- ROTL - day or overnight release?	5%	30%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	- Offending behaviour programmes?	70%	60%
	- Other programmes?	50%	60%
	- One to one work?	57%	50%
	- Being on a specialist unit?	60%	40%
	- ROTL - day or overnight release?	100%	43%

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Number of completed questionnaires returned

Category C unit (G, H and K wings)	49
Rest of the establishment	127

PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	36%	32%
<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?	44%	44%
18.3	Is anybody helping you to prepare for your release?	44%	37%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	60%	55%
	- Getting employment?	67%	53%
	- Setting up education or training?	60%	47%
	- Arranging benefits?	69%	53%
	- Sorting out finances?	64%	53%
	- Support for drug or alcohol problems?	53%	45%
	- Health / mental Health support?	63%	45%
	- Social care support?	60%	30%
	- Getting back in touch with family or friends?	53%	43%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	22%	22%
	- Getting employment?	30%	18%
	- Setting up education or training?	11%	7%
	- Arranging benefits?	18%	0%
	- Sorting out finances?	11%	0%
	- Support for drug or alcohol problems?	25%	23%
	- Health / mental Health support?	20%	14%
	- Social care support?	11%	11%
	- Getting back in touch with family or friends?	25%	23%
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?	61%	48%