

Report on an unannounced inspection of

# **HMP Birmingham**

by HM Chief Inspector of Prisons

**30 July–9 August 2018**

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



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### **Glossary of terms**

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

# Introduction

HMP Birmingham is a category B local prison serving courts in the country's second largest city as well as other parts of the West Midlands. Holding up to 1,450 adult men ranging from those recently remanded to others serving significant sentences, it is a large, complex and extremely important institution. For the last seven years the prison has been operated under contract by G4S. This was the fourth time we had inspected the prison while the company was in charge.

Our previous visit was in February 2017, an inspection complicated by the fact that two months earlier the prison had experienced a major disturbance. At the time, we found a prison clearly still reeling from the shock of that event, but also took encouragement from what we observed to be a clear determination to recover and rebuild. The contrast with our findings at this unannounced inspection could not have been starker. Far from recovering, the prison had deteriorated dramatically and was in an appalling state. Against all four of our healthy prison tests – safety, respect, purposeful activity and rehabilitation and release planning – we assessed outcomes as poor, our lowest assessment. This is only the second time we have made such judgements, a fact that speaks clearly to the seriousness of my concerns. Put simply, the treatment of prisoners and the conditions in which they were held at Birmingham were among the worst we have seen in recent years.

As a consequence, and in accordance with the protocol I have with the Ministry of Justice<sup>1</sup>, on 16 August 2018 I wrote to the Secretary of State invoking the Urgent Notification (UN) process regarding HMP Birmingham (see Appendix III). In that letter, and in the inspection debriefing paper that accompanied it, I set out in detail my concerns and the judgements that had caused me to follow that course of action. Under the protocol, the Secretary of State commits to respond publicly to the UN within 28 days, explaining how outcomes for those detained will be improved. The Secretary of State's response, for which I am grateful, is detailed in Appendix III of this report.

I do not intend to use this introduction to repeat the details of my concerns. Suffice to say, at this inspection, we found an institution that was fundamentally unsafe, where many prisoners and staff lived and worked in fear, where drug taking was barely concealed, delinquency was rife and where individuals could behave badly with near impunity. Control in the prison was tenuous, staff were poorly led and many lacked the confidence or the competence to set about retrieving this situation. Many prisoners were living in squalor, little was being done to adequately occupy individuals and the prison was failing in its responsibility to protect the public by preparing prisoners adequately for release. I repeat, the prison was in an appalling state.

In my letter of 16 August, I made clear that a factor in my decision to invoke the UN was my lack of confidence in the prison to make improvements. I also referred to the failure of the prison to implement previous recommendations made by this Inspectorate and, perhaps most importantly, I referred to the inertia that seemed to have gripped those responsible for monitoring and managing the contracts and those meant to be delivering action on the ground. In my letter I called for an honest appraisal of how the prison had been allowed to slip into crisis. Why was it that those with responsibility for Birmingham either did not see these problems unfolding or seemed incapable of acting decisively when they did? Through the process of improvement and rectification that I trust will now follow, I hope that this call is not lost.

The challenges facing this prison are huge. Managers and staff need support if they are to turn the establishment around. The helpful action plan published by the Secretary of State provides an important framework for progress and is a start, but there also needs to be accountability among

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<sup>1</sup> The urgent notification protocol with the Ministry of Justice states that if, during the inspection of prisons, young offender institutions and secure training centres, HM Chief Inspector of Prisons (HMCIP) identifies significant concerns regarding the treatment and conditions of those detained, HMCIP will write to the Secretary of State within seven calendar days of the end of the inspection, providing notification of and reasons for those concerns. The Secretary of State must then publish an action plan within 28 days. The protocol and the HMP Birmingham urgent notification letter can be found here: <https://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prisons/urgent-notifications/>

those implementing the plan. It is crucial for there to be transparent, open conversations about the state of the prison and the progress being made. It will undoubtedly take some time for Birmingham to make the improvements needed, and as an Inspectorate we leave the prison with a number of recommendations that set out the priorities as we see them.

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

September 2018

# Fact page

## Task of the establishment

HMP Birmingham is a local category B prison serving the courts of Birmingham and the West Midlands.

## Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 1,262

Certified normal capacity: 1,093

Operational capacity: 1,450 (but reduced to 1,334 at the time of the inspection due to the temporary closure of G wing)

## Notable features from this inspection

*71% of all prisoners said that they had felt unsafe at some point during their time at the establishment.*

*There had been more violent incidents at HMP Birmingham than at any other similar prison.*

*One in two prisoners said that it was easy to get illicit drugs at the prison, and health services staff had attended 311 incidents related to the use of new psychoactive substances in the previous six months.*

*33% of prisoner custody officers had less than 12 months' service.*

*Around 200 prisoners were released each month.*

*Most prisoners (about 60%) had been at the prison for three months or less at the time of the inspection.*

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

Private – G4S (G4S has managed the prison since 1 October 2011)

Physical health provider: Birmingham Community Healthcare NHS Foundation Trust

Mental health provider: Birmingham & Solihull Mental Health NHS Trust

Substance misuse provider: Birmingham & Solihull Mental Health NHS Foundation Trust and Inclusion Midlands Partnership Trust

Learning and skills provider: Milton Keynes College, Birmingham South City College

Community rehabilitation company (CRC): Staffordshire and West Midlands CRC, on behalf of the Reducing Reoffending Partnership

Escort contractor: GEOAmev

## Prison group

West Midlands

## Brief history

HMP Birmingham is a local prison with a total of 11 residential wings. The original Victorian wings were built in 1849 and these have been added to by more modern accommodation, most recently in 2004, which includes four new wings, a health centre, a gym, an education centre and workshops. There are specific wings for older prisoners, detoxification, sex offenders and vulnerable prisoners, and those new to the establishment.

**Short description of residential units**

- Five residential units (A, C, K, L, and M wings) accommodate remanded and convicted prisoners
- B wing provides integrated drug treatment service detoxification
- D wing is the first night centre
- J wing is a social care unit
- N and P wings accommodate sex offenders and other vulnerable prisoners
- G wing was closed at the time of the inspection.

**Name of director and date in post**

Rob Kellett; February 2018

**Independent Monitoring Board chair**

Roger Swindells

**Date of last inspection**

6–17 February 2017



# About this inspection and report

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

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

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

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

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

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

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

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

- **Outcomes for prisoners are good.**

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

- **Outcomes for prisoners are reasonably good.**

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

- **Outcomes for prisoners are not sufficiently good.**

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- **Outcomes for prisoners are poor.**  
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.
- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
  - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

## This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017)*.<sup>2</sup> The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in the appendices.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>3</sup>

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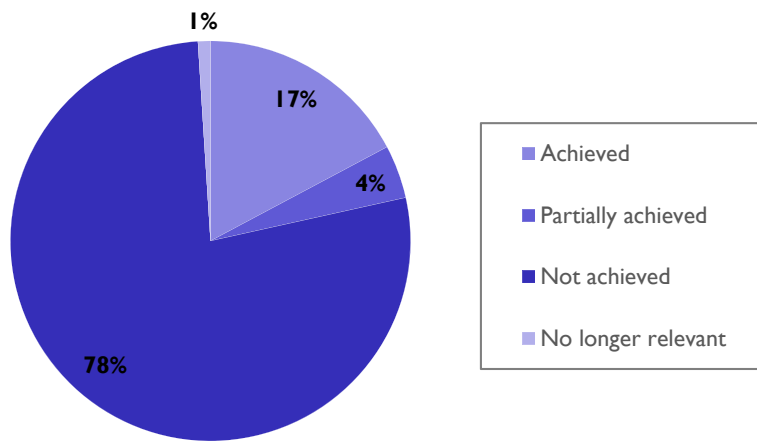
<sup>2</sup> <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>

<sup>3</sup> The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

# Summary

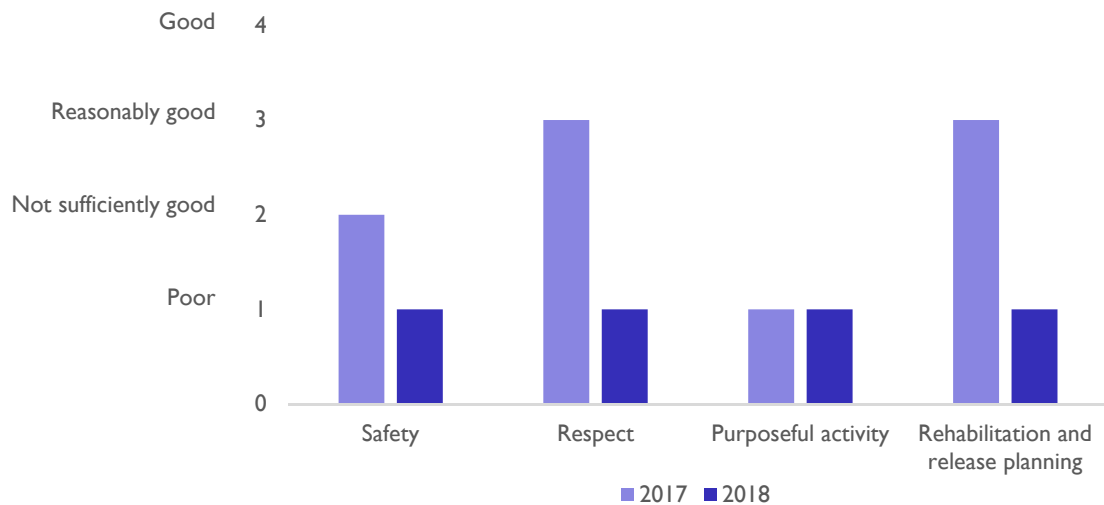
- S1 We last inspected HMP Birmingham in 2017 and made 70 recommendations overall. The prison fully accepted 63 of the recommendations and partially (or subject to resources) accepted seven. None of the recommendations were rejected.
- S2 At this follow up inspection, we found that the prison had achieved 12 of those recommendations, partially achieved three recommendations and not achieved 54 recommendations. One recommendation was no longer relevant.

Figure 1: HMP Birmingham progress on recommendations from last inspection (n=70)



- S3 Since our last inspection, outcomes for prisoners had decreased in all healthy prison areas apart from Purposeful activity, which had stayed the same. Outcomes were poor in every healthy prison area.

Figure 2: HMP Birmingham healthy prison outcomes 2017 and 2018<sup>4</sup>



<sup>4</sup> Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

## Safety

- S4** Reception and first night procedures were good and prisoners were well supported on arrival. Too many prisoners felt unsafe. Levels of violence were exceptionally high and many incidents were serious. Many perpetrators of violence did not face sanctions and not enough was being done to make the prison safer. Too many adjudications were not proceeded with. Levels of use of force were relatively low in comparison to the amount of poor behaviour and managerial oversight was good. The regime on the segregation unit was poor. There was a lack of order and control on some wings. Drugs were easily available. There had been three self-inflicted deaths since the previous inspection, and a further three deaths likely to be linked to the misuse of new psychoactive substances. Prisoners at risk of suicide and self-harm were not well cared for. **Outcomes for prisoners were poor against this healthy prison test.**
- S5** At the last inspection in February 2017 we found that outcomes for prisoners in HMP Birmingham were not sufficiently good against this healthy prison test. We made 15 recommendations in the area of safety.<sup>5</sup> At this inspection we found that three of the recommendations had been achieved, two had been partially achieved, nine had not been achieved and one was no longer relevant.
- S6** The reception area was exceptionally busy but staff were welcoming and processes were efficient. Since the previous inspection, Insiders (prisoners who introduce new arrivals to prison life) had been appointed to support and provide reassurance to new arrivals. First night processes in the dedicated first night centre were well organised and accommodation was clean and well equipped. Staff interviewed prisoners before they were locked away on their first night, and there was an appropriate emphasis on safety concerns, but these interviews were not sufficiently private.
- S7** New prisoners received useful information about prison processes from Insiders, supplemented by relevant agencies, on the next working day after arrival, but attendance at induction was not tracked. Prisoners were moved on promptly from the induction wing but there was no systematic process to induct prisoners onto their new wing.
- S8** Levels of violence had increased and were very high. When measured over 12 months, levels of violence were higher than at all other similar prisons. Many incidents were serious and this figure was rising, often resulting in the hospitalisation of prisoners and staff. In our survey, 71% of prisoners said that they had felt unsafe at the prison at some time, and over a third that they currently felt unsafe. More than half said that they had been victimised by other prisoners and too many violent incidents were not investigated. The analysis of violence-related data included a useful range of demographic information but failed to identify causal factors. As a result, the violence reduction strategy and supporting action plan were too limited, failing to consider the impact of drug activity, inadequate staff supervision and control, and lack of purposeful activity on the rising levels of violence. Some actions had been taken to make the prison safer but too many actions had yet to be implemented.
- S9** There was no formal process to challenge perpetrators of violence. Too often prisoners did not face any sanctions, such as the use of the incentives and earned privileges (IEP) scheme or adjudications, to deter and manage their poor behaviour. We found a number of prisoners across the prison self-isolating because of fears for their safety. They were entirely unsupported, with no processes to manage them, support them or provide them with any form of regime.

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

- S10 The IEP scheme was ineffective and inconsistently applied.
- S11 Despite particularly high levels of violence, the number of adjudications was lower than in similar prisons. Too many were dismissed or not proceeded with, and charges referred for police investigation were subject to long delays, all of which undermined any attempts to challenge poor prisoner behaviour.
- S12 Levels of use of force had reduced, which was surprising considering the high levels of violence and poor prisoner behaviour. Managerial oversight was good, and the records we viewed were comprehensive and evidenced a focus on de-escalation. Use of special accommodation was rare, and appropriately justified and authorised.
- S13 The oversight of segregation use was satisfactory but did not include the self-isolators who were segregated on the wings. Most stays on the segregation unit were relatively short, but the regime, especially for those staying for long periods, was extremely poor.
- S14 The accounting of prisoners' whereabouts was poor, and there was a lack of order on some wings and poor control during prisoner movement. Security-related intelligence was quickly and effectively analysed, and this had led to some successful operations and outcomes, including the disruption of organised criminal gangs, and large drug and mobile phone finds. The prison was suitably focused on the risks posed by extremism.
- S15 Drugs were too easily available, and 33% of prisoners had tested positive under the random mandatory drug testing programme in the previous six months. In our survey, half of all prisoners said that it was easy to get illegal drugs at the prison, and about one in seven that they had developed a drug problem while there. We witnessed many prisoners under the influence of drugs and some openly using and trafficking drugs around the prison. Incidents involving new psychoactive substances (NPS) were routine and we often smelt cannabis on the wings. Shockingly, staff were too often ambivalent and accepting of such incidents. There had recently been three deaths at the prison that were likely to have been drug related, and although the Prisons and Probation Ombudsman (PPO) enquiries into these had been suspended pending completion of police investigations, early indications suggested it was likely that misuse of synthetic cannabinoids was involved.
- S16 Levels of self-harm were lower than at similar prisons and at the time of the previous inspection, although we found evidence of, and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) told us about, some incidents of self-harm that were not recorded. Analysis of self-harm incidents at the monthly safer custody meeting was not good enough to identify patterns and trends, to inform action.
- S17 Assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was poor. In many cases there was no care map, or relevant issues had not been included. The contact recorded was not sufficiently interactive and often did not comply with planned intervals. Care was undermined by the extremely poor living conditions and lack of constructive activity, and the prisoners we spoke to who were subject to ACCT procedures did not feel well cared for.
- S18 There had been three self-inflicted deaths (in addition to the three potentially drug-related deaths; see above) since the previous inspection. Although not all the PPO investigations were complete at the time of the inspection, early indications suggested serious concerns about standards of care at the prison. The action plan in response to PPO recommendations was incomplete and not kept under review, so some actions were not sustained. Investigations of serious incidents of self-harm were not sufficiently detailed and did not identify lessons learned. In our survey, only 31% of prisoners, far worse than the

comparator, said that it was easy to speak to a Listener when they wanted to, and Listeners told us that prisoners were often refused access to them.

## Respect

**S19** *Staff–prisoner relationships had deteriorated markedly. Many staff lacked confidence and did not exert appropriate authority or challenge blatant poor behaviour. Some staff ignored vulnerable prisoners being openly bullied. The prison was dirty and many prisoners were living in exceptionally poor cells, some of which were not fit for habitation. Consultation arrangements were inconsistent and applications were poorly administered. Some serious complaints were not adequately tracked or progressed. Equality and diversity were given insufficient priority and more needed to be done to meet the needs of prisoners with disabilities. The food provided was adequate, but some servery areas were filthy. Health and substance misuse services were reasonable overall but there were some significant gaps. **Outcomes for prisoners were poor against this healthy prison test.***

**S20** *At the last inspection in February 2017 we found that outcomes for prisoners in HMP Birmingham were reasonably good against this healthy prison test. We made 25 recommendations in the area of respect. At this inspection we found that six of the recommendations had been achieved and 19 had not been achieved.*

**S21** Staff–prisoner relationships had deteriorated markedly. Some staff were clearly competent and we observed some relaxed and effective relationships, but only on a minority of wings. Elsewhere, a lack of confidence and inexperience in the workforce were having a negative impact. A series of incidents, most recently an arson attack on cars in the staff car park, inevitably had taken a toll on staff, many of whom told us that they felt unsafe. Some wings were poorly supervised. At times, it was difficult to find staff on the wings, and we found some locked in their office. We also found staff asleep in wing offices during patrol periods. Boundaries between staff and prisoners were blurred, and some prisoners undertook work which should have been the domain of staff. Some prisoners routinely disregarded rules and appropriate standards of behaviour, without challenge from staff. We regularly saw evidence of open drug taking, prisoners expected to endure intolerable living conditions, and some vulnerable prisoners being openly bullied, with staff failing to take action.

**S22** Living conditions on most wings were very poor, and some of the worst we have seen. Many cells were dirty, cramped and overcrowded. Many were poorly furnished and had broken windows and observation panels, and damaged flooring and plasterwork. There was much graffiti, some of it offensive. Most toilets were poorly screened, many leaked and some were filthy. We saw one cell with exposed electrical wires.

**S23** Some particularly vulnerable prisoners were living in squalid cells which were not fit for habitation. Blood had not been cleaned from the cell floor of a prisoner who had self-harmed two days previously.

**S24** Communal areas in most wings were filthy and access to cleaning materials was problematic. Rubbish was not always removed promptly and there were problems with fleas, cockroaches and rodents. Vomit had been left overnight on the landing of one wing. External areas and most exercise yards were stark. Debris that had been thrown out of cell windows in older wings was gathering in gullies and on lower rooftops. Many showers were dirty and poorly maintained.

- S25 Conditions in some of the newer wings were better. Some were reasonably clean and cells there were often in better condition, but many were poorly ventilated and uncomfortably hot.
- S26 Monitoring data, and our observations, showed unacceptable delays in answering cell call bells, with one prisoner on an ACCT waiting almost an hour, and another 45 minutes for a member of staff to respond to their call bell.
- S27 During the inspection, we received numerous complaints about the standard of the food provided, and in our survey, only 35% of prisoners said that the food was quite or very good. Despite this, the quality of the food we sampled was reasonable. Some of the food trolleys were dirty and the central servery area for A, B and C wings was in an unacceptable state, with dirty standing water in sinks containing dirty utensils, extensive rubbish left lying around and filthy toilets adjacent to it. Most prisoners said that they could buy what they needed from the prison shop, and placed their orders via the electronic wing kiosks.
- S28 Consultation arrangements with prisoners were inconsistent. Prisoners had made some interesting and creative proposals, but there was little evidence that these ideas were being put into practice.
- S29 Only 55% of prisoners in our survey said that it was easy to make an application, which was far worse than at the time of the previous inspection (71%). There were too many delays in responding to applications.
- S30 Most complaints related to property and other administrative problems, and the replies that we examined were timely and mostly helpful. However, we were concerned that some serious allegations by prisoners, made through the confidential complaints system, were not being adequately tracked or progressed.
- S31 Equality and diversity issues were not given sufficient priority or prominence. The equality action team met regularly, but senior staff with designated lead roles for protected characteristics did not always attend. Discussions at this meeting were descriptive rather than analytical. Equality data were available but not used effectively. Prisoner equality representatives provided useful individual support to other prisoners, but there were no focus groups to help to extend the range of their work. Although diversity investigations were usually carried out reasonably well, many of them were completed late.
- S32 In our survey, prisoners from minority groups generally reported similarly to mainstream prisoners. Prisoners from a black and minority ethnic background made up around a third of the overall population. There was no formal support for this group but we did not see or find evidence of any obvious direct racial discrimination. Some helpful work was being carried out with Travellers and LGBT prisoners. Foreign national prisoners, who made up just over 12% of the population, had regular access to Home Office officials but many did not have access to free independent immigration advice. Little help was provided for those who did not speak English, and they were potentially isolated.
- S33 There were good arrangements for older prisoners and those with disabilities who were located on the social care wing and who presented higher levels of need. Other prisoners with disabilities struggled to get their needs met. There was still no formal prisoner carer scheme and the personal emergency evacuation plan arrangements were badly organised and unreliable. Prisoners in wheelchairs had difficulty in accessing services, such as the chapel and the dentist.
- S34 Prisoners had good access to religious services, and their spiritual needs were adequately met.

- S35 Health services had improved but there were still some areas of concern, including the complaints process. An appropriate range of primary care services met patient need, but did-not-attend rates were very high and the management of long-term conditions required improvement. Health services staff were often called to attend to prisoners under the influence of NPS, which had an impact on their routine activities. The inpatient unit provided an impressive environment for up to 30 physically and mentally unwell prisoners. Too many outside hospital appointments were cancelled by the prison and we found examples of prisoners with broken bones not receiving prompt hospital treatment.
- S36 Social care services had improved, and the eight prisoners receiving social care from an external provider were complimentary about their care.
- S37 A well-integrated mental health team offered an appropriate range of primary and secondary support. Referrals were seen promptly and care planning was generally good.
- S38 Psychosocial services for those with substance misuse issues provided a reasonable range of interventions, and joint working with clinical services had improved, but more needed to be done to engage with prisoners using NPS. The clinical management of drug- and alcohol-dependent prisoners had improved but, for those being monitored, visibility through observation panels was restricted. Most prisoners with drug and alcohol problems were located on B wing, which did not provide a recovery-focused, safe environment.
- S39 Some aspects of medicines management, including in-possession risk assessments, required improvement. Medication administration was not confidential and the quality of officer supervision was poor. Dental provision was good and waiting times had reduced.

## Purposeful activity

**S40** *The core day was complicated and unreliable. The amount of time unlocked was reasonable for a minority of prisoners but far too little for most. During the day, many prisoners were on the wings with nothing purposeful to do. Library and PE facilities were good but access was not adequately monitored. The provision of education, skills and work was poor. Too many prisoners did not have an education, work or training place and those who did often failed to attend. The quality of teaching and learning was inadequate. Too few prisoners completed their courses or achieved their qualification. **Outcomes for prisoners were poor against this healthy prison test.***

**S41** *At the last inspection in February 2017 we found that outcomes for prisoners in HMP Birmingham were poor against this healthy prison test. We made 15 recommendations in the area of purposeful activity. At this inspection we found that one of the recommendations had been achieved, one had been partially achieved and 13 had not been achieved.*

**S42** The amount of time out of cell was adequate, at around nine hours each weekday, for the minority of prisoners in education, training and work. Most prisoners had around four to five hours a day unlocked on the wings, with nothing purposeful to do, spending most of their time milling around and associating in groups in cells. Prisoners who were self-isolating were sometimes unlocked for a shower but even this was not guaranteed. The published core day was confusing, unnecessarily complex and often not followed. The regular delays in the regime had an impact on prisoners' access to activity places. Exercise sessions were sometimes cancelled and only 27% of respondents to our survey said that they could go on exercise more than five days a week.



- S43 The library was well run, welcoming and offered a wide range of material. Prisoners valued the facility. Attendance was variable due to problems with the redeployment of escorting staff, although this had improved recently. An appropriate range of gym equipment and facilities was provided. The range of planned activities and sports was adequate, including activities for the over-40s and for those recovering from injury.
- S44 The monitoring of access and usage of both the library and gym was weak and it was difficult to determine who used them and whether access was equitable.
- S45 Prison leaders and managers gave insufficient strategic priority to the promotion of education and its role in reducing reoffending. Leaders and managers had been slow in taking effective actions to improve provision and achieve the recommendations from the previous inspection. Formal quality assurance measures required further development.
- S46 There were enough full-time-equivalent activity places for about two-thirds of the population. Places were not used effectively, leaving many prisoners without an activity at all. Prisoners allocated to an activity often failed to attend or attended late. We found only 40% of prisoners in work, training or education at any one time. Training and education were often interrupted because of regime demands, including large numbers of prisoners leaving work or education classes to attend PE. The range of higher-level qualifications was too limited and there was insufficient accredited training in work settings. Not enough programmes were structured to meet the needs of short-stay prisoners. The provision of careers advice was inadequate.
- S47 The quality of teaching, learning and assessment was inadequate. A large proportion of learners did not receive a suitably timed assessment of their English and mathematics development needs. This meant that a small minority of prisoners were on inappropriate education courses or received delayed help. The identification of prisoners with learning difficulties and/or disabilities was weak and there was insufficient provision of subsequent support. In the better sessions, tutors designed and used teaching strategies and exercises that helped learners to gain confidence and achieve to their potential. However, prisoners' personal and social development needs were not routinely established and used to aid their successful rehabilitation. Tutors' management of peer mentors was not always effective. Prisoners' development of literacy and mathematics skills in work settings required improvement.
- S48 Work and lessons routinely started late and ended earlier than the planned times, undermining the development of important work skills, attitudes and behaviour. Overall, prisoners did not demonstrate a consistently positive attitude to learning and the value of self-development. For those prisoners who did attend, good, respectful behaviour was observed in work and education classes. Rapport between the prisoners and staff during activities was good. However, a few prisoners behaved badly. Those in education sessions made appropriate improvements in their speaking and listening skills, which helped them to participate more effectively in their activities.
- S49 Too few prisoners completed their courses and achieved their qualifications. Mathematics qualification achievement rates had not improved sufficiently since the previous inspection and were still low. Achievement of English qualifications was very low.

## Rehabilitation and release planning

**S50** *Visits provision was adequate. The strategic management of reducing reoffending was very weak. Too few prisoners had an up-to-date offender assessment system (OASys) assessment. Too many offender supervisors lacked the confidence and skills to undertake their role, particularly with high-risk offenders, and contact with prisoners was poor. Opportunities for progression were far too limited for the many sex offenders held at the prison. Public protection arrangements were very poor. Around 200 prisoners were released each month but their release planning was often weak. Some good support was provided for prisoners needing help with finance or finding accommodation, but only if their need was identified. **Outcomes for prisoners were poor against this healthy prison test.***

**S51** *At the last inspection in February 2017 we found that outcomes for prisoners in HMP Birmingham were reasonably good against this healthy prison test. We made 15 recommendations in the area of resettlement.<sup>6</sup> At this inspection we found that two of the recommendations had been achieved and 13 had not been achieved.*

**S52** The visits centre provided a supportive and helpful service for people visiting the prison, and this was reflected in positive findings from a recent visitor survey. The visits hall was large and spacious, with a relaxed atmosphere, but the furnishing and decoration were poor and in need of refurbishment. Family days took place monthly but there were no formal programmes or interventions, or family engagement staff to help prisoners who had difficulties in maintaining positive relationships with their family. It was encouraging that a social group had recently been set up to support vulnerable prisoners who did not receive visits.

**S53** The strategic management of reducing reoffending had deteriorated and was poor. The reducing reoffending committee had not met in the year to date, the strategy was unfinished and there was no action plan to measure progress. Joint working between the offender management unit and community rehabilitation company (CRC) was extremely limited.

**S54** The prison held a complex population. Most prisoners stayed for three months or less but about 350 men were assessed as presenting a high risk of harm to others, and 50 of these were due for release in the next three months.

**S55** A third of eligible prisoners did not have an initial or up-to-date OASys assessment and 60% of men were transferred on without one, so progression was not informed by need. Uniformed offender supervisors managed most of the high-risk prisoners but lacked the confidence and skills to undertake this role effectively. The recorded level of contact between offender supervisors and many prisoners, including high risk of harm men due for release, was poor and offender supervisors often failed to encourage and motivate prisoners to address their offending behaviour. Not enough men were being released under the new national home detention curfew processes, and the reasons for this needed to be explored and addressed.

**S56** Overall, public protection arrangements were very poor. The scope and effectiveness of the interdepartmental risk management team were too limited and there was too little contact with community offender managers to inform risk management planning for prisoners due

<sup>6</sup> This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

for release. Mail and telephone monitoring and child contact arrangements were poorly managed and potentially exposed victims to further contact from perpetrators.

- S57 The population of sex offenders had doubled since the previous inspection and we were told by some managers that this had been done to try to stabilise the prison, but there had been no consideration of their needs. Progression opportunities were much too limited and many had been stuck at the prison for over a year without any intervention to challenge their offending behaviour.
- S58 The delivery of accredited offending behaviour programmes to prisoners from the general population was appropriate and sustained, but the lack of interventions for long-staying sex offenders remained a serious gap. There was very little other provision to address attitudes, thinking and behaviour.
- S59 Where need was identified, there was good support to help prisoners to secure accommodation, but the prison still did not monitor closely enough the proportion of prisoners going to permanent and sustained housing on release.
- S60 Finance, benefit and debt support was reasonably good but few prisoners were able to open a bank account before release.
- S61 Many prisoners were serving short sentences, and the demand for resettlement services remained very high, with around 200 releases each month. Support for those approaching release had deteriorated. Staff shortages made it difficult for the CRC to cope, and resettlement plans were either not completed or completed too close to release to be effective. Pre-release courses and resettlement fairs were poorly attended, which were significant missed opportunities.

## Main concerns and recommendations

- S62 Concern: The number of violent incidents had increased substantially and were higher than at any other local prison, and many prisoners felt unsafe. Incidents were often serious and this figure was rising. There was no consultation with prisoners to explore the reasons for violence, and investigations were rarely completed. This meant that the prison lacked an understanding about the causes of violence that might inform strategic decisions or any supporting action plan.

**Recommendation: All steps, including consultation with prisoners, should be taken to understand and analyse the causes of violence and antisocial behaviour. Actions should be taken to reduce violence, and the effectiveness of these should be monitored over time.**

- S63 Concern: Prisoners rarely faced any sanctions when they committed violent acts or were involved in antisocial behaviour, fostering a culture of near impunity.

**Recommendation: Perpetrators of violence and antisocial behaviour should be subject to appropriate administrative or disciplinary actions.**

- S64 Concern: Drugs were easily available; half of the population said that it was easy to get illicit drugs at the prison, and one in seven that they had developed a drug problem while there. We witnessed many prisoners openly using and under the influence of drugs around the site. A cluster of three deaths earlier in the year were potentially linked to the abuse of drugs. Strategic efforts were undermined by an almost widespread ambivalence by staff to challenging drug use on the wings.

**Recommendation: The prison's drug supply and demand strategy should be further developed, to identify additional practical measures to stop the ingress of drugs and reduce demand more robustly. It should include measures to develop a culture that does not tolerate drug use and actively supports those who are using to stop.**

- S65 Concern: Care for prisoners in crisis and at risk of self-harm was poor. Too often, their needs were ignored, and many lived in squalid conditions, without access to activities and locked in their cells for long periods. ACCT procedures to meet the needs of those most at risk were poorly managed and were ineffective.

**Recommendation: There should be a fundamental improvement in the quality of care for prisoners in distress. Those at risk of self-harm should be properly supported, and triggers such as poor living conditions and isolation should be addressed. The care of those most at risk under assessment, care in custody and teamwork (ACCT) procedures should focus on their assessed needs through a well-managed and effective casework approach.**

- S66 Concern: Staff–prisoner relationships had deteriorated markedly and were a major concern. Some wings were very poorly supervised and some prisoners routinely disregarded rules and appropriate standards of behaviour. Some vulnerable prisoners were openly bullied, with staff failing to take action.

**Recommendation: Staff should be effectively supervised, coached and trained to maintain appropriate professional standards and provide a proper balance of care and control.**

- S67 Concern: Living conditions were very poor, and some of the worst we have seen.

**Recommendation: All prisoners should live in decent, humane conditions.**

- S68 Concern: There were not enough education, training and work places. Even those prisoners allocated to an activity failed to attend, leaving many prisoners on the wings with nothing purposeful to do.

**Recommendation: All prisoners should have the opportunity to engage in education, training and work. All sentenced prisoners should be required to attend.**

- S69 Concern: The number of sex offenders had doubled since the previous inspection and about a quarter of the total population was now assessed as presenting a high risk of harm to others. The prison had not developed a strategy to manage these prisoners. For example, there were no offending behaviour interventions to challenge sex offenders and many were stuck at the establishment with little prospect of progression and few opportunities to reduce their risk. Uniformed offender supervisors lacked the skills and confidence to manage and progress the sex offenders on their caseloads, and levels of contact were poor.

**Recommendation: The prison should implement a strategy to manage and progress sex offenders in order to address their offending behaviour. If they cannot be appropriately progressed, specific and sufficient offending behaviour work should be provided at Birmingham. The skills mix in the offender management unit should be improved, to reflect the need to work effectively with a large high-risk population.**

S70 Concern: Basic public protection arrangements were very poor and potentially exposed victims to further contact from perpetrators. Telephone monitoring had become unmanageable, with calls routinely not listened to for several months, so risks were not promptly identified. Some mail monitoring was being carried out the without proper authority. Staff who booked visits were not informed about all prisoners with child contact restrictions.

**Recommendation: Gaps and weaknesses in public protection arrangements should be identified and urgent remedial action should be taken to protect victims and potential victims.**



# 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 The reception area was exceptionally busy, with large numbers of court productions, new arrivals, transfers and releases, totalling an average of 2,000 prisoners going through reception each month.
- I.2 The reception area provided a welcoming environment, with friendly, experienced staff, and in our survey 79% of respondents said that they had been treated well there. All new arrivals were given the opportunity to shower while in reception and were offered food at mealtimes. They were interviewed in private, to address any safety concerns, and health care interviews assessed immediate medical and substance misuse issues.
- I.3 Insiders (prisoners who introduce new arrivals to prison life) had been appointed since the previous inspection and they met all new arrivals, focusing on those who had not been in prison before. The prisoners we met confirmed that the Insiders provided valuable reassurance and had reduced their anxieties about prison life.
- I.4 Reception processes were efficient and all new prisoners were quickly moved to the first night centre on D wing. There, they had an induction interview with staff which addressed practical matters and explored any safety concerns with the prisoner; however, this interview was conducted in the hearing of others, which could have inhibited a frank and open discussion. Insiders provided further support during this time and gave information about practical matters. A free two-minute telephone call was facilitated.
- I.5 Accommodation on the first night centre was adequately prepared and equipped. Vulnerable prisoners received the same first night service as other new arrivals but were often accommodated on other wings for their first night.
- I.6 A full induction was available through Insiders, staff and various prison departments. However, there was no collated record to track the completion of induction, so we were not confident that all new arrivals received the full programme. In our survey, 76% of respondents said that they had undergone an induction, but only 34% that it had covered everything they needed to know.
- I.7 On the first working day after arrival, an education assessment and induction was provided but too many chose not to attend, and those who missed it were not followed up (see section on purposeful activity). Other elements of induction were carried out during the first week.
- I.8 After the first night, prisoners were moved within the induction wing and then, within a week, to their allocated wing. There was no systematic process to induct prisoners onto their new wing, and prisoners were often located in dirty and unprepared cells. One young

man, new to custody, was about to be located in a flooded cell until inspection staff intervened (see Appendix V, photograph I and paragraph 2.7).

## Recommendation

- I.9 The delivery of induction should be monitored centrally, to ensure that all new arrivals have completed it.**

## 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.10** Levels of violence had increased and were very high. In the previous 12 months, there had been more assaults at the establishment than at any other local prison. The frequency of serious assaults was high and rising, often resulting in the hospitalisation of prisoners and staff. In our survey, many more prisoners than at other local prisons we had inspected recently, and than at the time of the previous inspection said that they had felt unsafe at the prison at some time (71% versus 60% and 59%, respectively). Over a third said that they currently felt unsafe and over half (56%) said that they had been victimised by other prisoners (see main recommendation S62).
- I.11** Too many violent incidents were not investigated. During June and July 2018, 191 investigations had been required but only 13 had been completed. This meant that the prison was not protecting all victims or challenging perpetrators, and was missing opportunities to identify causal factors and establish patterns and trends, to learn important lessons (see main recommendation S62).
- I.12** The monthly safer custody meeting paid little attention to violence and, although a recently introduced weekly stability meeting had begun to reflect on and compare a useful range of demographic information and other data, there was little evidence of any identification of the causes of violence. The violence reduction strategy and action plan had been revised and relaunched very recently but because of insufficient analysis of causal factors, they lacked sufficient depth and did not identify obvious factors such as the high levels of drug-related activity, the absence of supervision by staff, the inadequate control and challenge on some wings, and too few prisoners attending purposeful activity. There was little knowledge of the strategy by staff on the wings and, although some actions had been taken to make the prison safer, too many had either not yet been implemented or were scheduled for action later in the year (see main recommendations S62 and S66).
- I.13** Most wings had prisoner violence reduction representatives. There was a published job description which outlined responsibilities and boundaries. However, there was insufficient oversight of, and consultation with, these prisoners, and we were concerned that they took on roles which should have been the domain of staff. Violence reduction representatives said that they regularly addressed violence- and conflict-related issues on the wing but would not then tell staff about these (see main recommendation S66). In addition, there was evidence that they helped to lock other prisoners up on the wings.



- I.14** All too often, prisoners who perpetrated acts of violence did not face any sanctions. The tackling antisocial behaviour (TAB) scheme had lapsed and there was no formal process to challenge perpetrators of violence and bullying, other than by using formal disciplinary procedures or sanctions under the incentives and earned privileges (IEP) scheme. However, a substantial proportion of violent incidents did not result in an adjudication, and the IEP scheme was ineffective and inconsistently applied (see main recommendation S63 and paragraph I.19).
- I.15** Some prisoners who were victims of violence were located on N wing, a vulnerable prisoner wing (see below), which afforded them a reasonable regime. However, we found numerous prisoners located on other wings who were living in self-isolation. These men were often unknown by the safer custody team and were entirely unsupported, with no regime or managerial oversight, and they inevitably spent almost all day locked in their cells. Some told us that they even felt unsafe behind their locked cell door, and described ongoing intimidation, including other prisoners squirting urine or throwing faeces through their broken observation panels.
- I.16** Prisoners convicted of sexual offences were located on two wings (N and P). P wing accommodated prisoners who had been remanded or convicted of a sexual offence and N wing held a mix of vulnerable prisoners, including those who had been victimised elsewhere in the prison. We were concerned at the level of violence on N wing and the continuing harassment and victimisation of some very vulnerable prisoners. We found evidence of several prisoners who had experienced ongoing bullying from other prisoners, and many examples of inadequate staff presence to deter antisocial behaviour and prevent or deal with bullying, victimisation and violence (see also section on staff–prisoner relationships and main recommendation S63).
- I.17** In our survey, few prisoners said that the IEP scheme promoted good behaviour. There were too few incentives to encourage prisoners to behave or progress. We saw many examples of poor behaviour which did not result in IEP warnings. Some IEP reviews did not take place, or did so without the prisoner being present. There were early indications that the management of the scheme was becoming more effective. At the time of the inspection, 121 prisoners were on the basic level of the scheme; although this was a very small number, considering the level of poor behaviour, it had approximately doubled in the previous month.

## Recommendation

- I.18 All victims of violence and antisocial behaviour should be identified and assisted with comprehensive support plans which include access to regime activities.**

## Adjudications

- I.19** The number of adjudications had risen, with 1,760 the previous six months, compared with 1,445 in the same period at the time of the previous inspection. Most were related to unauthorised possession of substances and positive drug tests. This was still lower than at comparator prisons, which, in light of the high levels of poor behaviour, indicated that adjudications were underused (see paragraph I.14).
- I.20** Too many adjudications were not concluded promptly, which undermined their effectiveness in maintaining order and control. In the previous three months, only 34.4% had been proven, with a further 16% dismissed or not proceeded with. Too many cases were held up by slow progress in cases referred to the police for investigation, and by the failure of staff to attend as witnesses at hearings held by the independent adjudicator. Adjudication issues were

considered at a segregation review meeting but this had not led to effective action being taken.

## Recommendation

- I.21 A regular adjudication standardisation process should be implemented to ensure adjudications are dealt with promptly and appropriately. (Repeated recommendation I.47)**

## Use of force

- I.22** Levels of use of force had reduced and were relatively low compared with those at similar prisons and at the time of the previous inspection. This was surprising, against a backdrop of high levels of violence and widespread poor behaviour by prisoners (see above).
- I.23** Uses of force were recorded well. The planned interventions we reviewed had been well organised and conducted. Body-worn cameras were widely employed to record other, more spontaneous incidents. The footage from these generally showed a good focus on de-escalation, as did the written reports.
- I.24** A weekly use of force meeting reviewed incidents from the previous seven days. The completion rate of control and restraint dossiers was impressive and most were of good quality. Special accommodation had been used only twice during 2017. Its use had been appropriately authorised and we were satisfied that it had been an appropriate response to extreme and violent behaviour.

## Segregation

- I.25** The segregation unit was austere. Communal areas on the unit were reasonably clean but the recently vacated cells we examined were smelly, contained graffiti and had stained and dirty toilets.
- I.26** Use of segregation had increased by around 20%, and the unit often ran to capacity, with most being held there to maintain good order or discipline. Lengths of stay on the unit were relatively short for most, who usually returned to normal location. The regime was very poor, especially for prisoners staying longer, with just daily access to a shower, exercise and a telephone call.
- I.27** Relationships on the unit were reasonable and we observed some good interactions between staff and prisoners. Daily records were sparse and did not reflect the interactions we observed from staff on the unit or those from other departments visiting the unit.
- I.28** There were two prisoners located on the unit who were subject to assessment, care in custody and teamwork (ACCT) case management procedures. In both cases, this had been appropriately authorised and we were satisfied that their location was appropriate.
- I.29** Managerial oversight of segregation was good but was focused solely on the physical unit. There was no consideration of those segregated elsewhere, often for their own protection (see also paragraph I.15).

## Recommendation

- I.30 Prisoners who are segregated, including those who are self-isolating, should be kept safe and have access to an adequate regime which safeguards their mental well-being.**

## 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.31** Security procedures were mostly proportionate, although effective physical security was undermined by widespread damage to cell windows and cell observation panels.
- I.32** Dynamic security was undermined by a lack of routine engagement by residential staff to build positive and healthy relationships with prisoners, a lack of a prison-wide focus on security and too much poor behaviour and illegal activity going unchallenged (see section on managing behaviour and main recommendations S63, S64 and S66 and paragraph I.39).
- I.33** The accounting of prisoners' whereabouts during the day, including at dedicated roll check times, was poor, often due to inadequate levels of control of prisoner movement. Staff did not always know where prisoners were. The lack of staff challenge on some wings enabled prisoners to disregard the most basic wing rules and also allowed them to use and traffic illegal substances (see main recommendations S63, S64 and S66).
- I.34** The prison's main security priorities were the risks posed by staff corruption and lack of professional standards, the ingress of drugs and mobile phones, and organised criminal activity. The prison was sighted on the risks posed by extremism, and monitored and managed such prisoners appropriately.
- I.35** In recent months, there had been a drive to increase the level of intelligence received from across the prison. Intelligence was quickly and effectively analysed to address any urgent and emerging issues. This had led to some successful security operations, including the disruption of organised criminal gangs, and these had led to more mobile phones and drugs being recovered in the previous six months than in the whole of 2017.
- I.36** The prison had close working relationships with the West Midlands Police and the regional intelligence unit, sharing information about organised crime both within the prison and in the community.
- I.37** Cell searching was intelligence led. Impressively, around 90% of requested searches took place and about 60% of these found contraband. Approximately 80% of all suspicion drug testing was completed.
- I.38** Drugs were too easily available. Two-thirds of suspicion drug test results were positive – mostly for new psychoactive substances (NPS)<sup>7</sup> – and 33% of prisoners had tested positive under the random mandatory drug testing programme in the previous six months. In our survey, half of all prisoners said that it was easy to get illegal drugs at the prison, and about

<sup>7</sup> NPS 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 vaporized and inhaled in e-cigarettes and other devices.

one in seven that they had developed a drug problem while there (see main recommendation S64). A quarter of prisoners said that alcohol was easily available.

- I.39** We witnessed many prisoners under the influence of drugs, and some openly using and trafficking drugs around the site. Shockingly, some staff were ambivalent and accepting of such behaviour, and failed to respond to this overt drug misuse (see also section on staff–prisoner relationships). Throughout the inspection, it was common to smell cannabis, tobacco and other substances being smoked during the day, and especially when prisoners were locked up (see main recommendations S63, S64 and S66 and paragraph I.32).
- I.40** Incidents involving NPS were routine, and health services staff had attended over 300 drug-related incidents in the previous six months. There had recently been three deaths at the prison and, although the Prisons and Probation Ombudsman (PPO) enquiries into these had been suspended pending completion of police investigations, early indications suggested that misuse of synthetic cannabinoids was likely to have been involved.
- I.41** The prison had developed a drug supply reduction strategy and action plan but many important actions had not yet been achieved or did not feature in the plan at all. There was too little focus on deterring drug use and supporting abstinence (see main recommendation S64).

## Safeguarding

### Expected outcomes:

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

### Suicide and self-harm prevention

- I.42** Levels of self-harm were lower than at similar prisons and at the time of the previous inspection. However, during the inspection we found that some incidents of self-harm had not been recorded, and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) told us that only the more serious incidents were responded to by staff.
- I.43** There was an informative policy for suicide and self-harm prevention, and recorded incidents were reported to the monthly safer custody meeting. However, incidents were not analysed adequately to identify patterns of causal factors or trends, and actions identified to reduce the number of incidents had not been fully implemented (see main recommendation S65).
- I.44** The use of ACCT procedures to support prisoners most at risk of self-harm had not improved since the previous inspection and was still poor. Although assessments were reasonable, their findings were not used well enough in most cases. In too many cases there was no care map, or relevant issues had not been included. Reviews did not always address the concerns raised in assessments, or identify and monitor relevant objectives. The frequency of contact was not always as specified, and records of contacts showed inadequate engagement with prisoners. Prisoners subject to ACCT procedures told us that staff did not always demonstrate care for them. Their feelings of distress were exacerbated by miserable living conditions, and little time out of their cell or involvement in purposeful activity (see sections on purposeful activity and living conditions, and main recommendations S65, S67 and S68).

- I.45** At the time of the inspection, a dedicated task force was seeking to address the inadequacies in the ACCT process, and promising monitoring and feedback measures had been developed, but these had yet to have an impact on the standard of care for prisoners at risk.
- I.46** Investigations into serious incidents of self-harm were not sufficiently detailed and did not identify lessons learned or propose remedial action.
- I.47** In addition to the recent potentially drug-related deaths (see paragraph I.40), there had also been three self-inflicted deaths since the previous inspection. The PPO reports included serious concerns about standards of care at the prison, such as failure to initiate ACCT procedures when appropriate, a lack of control of prescribed medication and failing to check the well-being of prisoners when unlocking them.
- I.48** There was an action plan to address the recommendations arising from PPO investigations. This described appropriate measures to be taken, although it did not include recommendations from the most recent report submitted to the prison. The action plan was not kept under review, and implementation of actions was not revisited to ensure that outcomes were embedded.
- I.49** There were sufficient Listeners but the service provided was poor. In our survey, only 31% of prisoners, far worse than the comparator, said that it was easy to speak to a Listener if they needed to. Listeners we spoke to said that the service was underused, the rota was not complied with and prisoners were often refused access to them. When Listeners were called up, there was no private space for them to use and they had to speak to prisoners through their cell door, which meant that their conversation could be heard by cellmates and other prisoners nearby. This was mitigated, in part, by Samaritan access from in-cell telephones but privacy was still compromised in shared cells.

## Recommendations

- I.50** **The safer custody meeting should analyse the reasons for self-harm (including acts of serious self-harm), monitor the actions taken and identify lessons learned.**
- I.51** **The Prisons and Probation Ombudsman death in custody action plan should be regularly monitored and action taken should be reviewed, to check that the recommendations have been thoroughly embedded.**

## Protection of adults at risk<sup>8</sup>

- I.52** There was a comprehensive adult safeguarding policy but staff we spoke to were not familiar with adult safeguarding principles and the role of local authorities. The head of safer custody had good links with the local adult safeguarding board and shared information about prisoners of concern.

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<sup>8</sup> Safeguarding duties apply to an adult who:

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



## Section 2. Respect

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

### Staff-prisoner relationships

#### Expected outcomes:

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

- 2.1 Staff–prisoner relationships had deteriorated markedly. Some staff were clearly competent and we observed some relaxed and effective relationships, but only on a few wings. Elsewhere, a lack of confidence and inexperience in the workforce were having a negative effect on relationships. Many staff were anxious and fearful as they went about their duties. A third of staff had been in the role for less than a year, and a series of incidents, most recently an arson attack on cars in the staff car park, inevitably had taken a toll on them, many of whom told us that they felt unsafe (see main recommendation S66).
- 2.2 There was poor supervision of some wings, and poor control of movements to and from activities (see paragraph 1.33). Wings often felt chaotic and rowdy, with prisoners congregating in cells or on landings and engaging in little purposeful activity. At times, there were too few staff visible to maintain a safe, ordered environment. Sometimes, when looking for staff we found that they had locked themselves in their office. We also found some staff asleep in wing offices during lock-up periods (see main recommendation S66).
- 2.3 At times, staff appeared to minimise our concerns, or show insufficient regard for the prisoners in their care. On one occasion, when we reported that we could smell illicit drugs (see also paragraph 1.39), an officer shrugged and laughed, and another said that they had ‘only just come on duty’, but they did nothing to investigate the matter. One prisoner described K-wing as: ‘a war zone, inmates walking around like zombies, high on spice [a new psychoactive substance (NPS); see paragraph 1.38], officers just laugh at them’. Some prisoners routinely disregarded rules and appropriate standards of behaviour, without challenge from staff. We also came across examples of prisoners enduring intolerable living conditions and some vulnerable prisoners being openly bullied, with staff failing to take action (see sections on managing behaviour and security, and main recommendations S63, S66 and S67). In one example, we found a vulnerable prisoner struggling with his personal hygiene, who had, on at least two occasions, experienced prisoners putting a nearby fire hose through his broken observation panel and ‘hosing him down’, soaking him and his cell. He had an offensive notice on his door, saying, ‘Say No to BO’ and some abusive comments on his cell card. It took repeated interventions by the inspection team to have him moved to a place where his needs could be met. We struggled to understand how staff could have allowed this appalling bullying to take place.
- 2.4 Boundaries between staff and prisoners were blurred and some prisoners undertook work which should have been the domain of staff (see paragraph 1.13). Prisoners sometimes called other prisoners for exercise or movement to activities, and answered emergency cell call bells when staff were not around (see main recommendation S66).
- 2.5 There was no effective personal officer scheme. There were few entries in electronic case notes from wing staff, and the few that concerned prisoner behaviour were mostly negative.

## 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** Living conditions on most wings were very poor, and some of the worst we have seen. Many cells were dirty, cramped and overcrowded, and had missing or broken furniture. Many had broken windows, damaged flooring, plasterwork, and toilets and basins (see Appendix V, photographs 2 and 3). Observation panels in cell doors were often smashed and then covered by prisoners, and this practice – which meant that staff could not assess the risk of entering a cell – went unchallenged by staff (see Appendix V, photograph 4). Most toilets were poorly screened, some leaked and some were filthy (see Appendix V, photograph 5). We saw one prisoner occupying a cell with exposed electrical wires (see Appendix V, photograph 6). There was much graffiti, some of it offensive and some gang related (see Appendix V, photograph 7). In our survey, only 31% of prisoners said that they had access to cleaning materials every week, compared with 52% at similar prisons that we have inspected recently (see main recommendations S66 and S67).
- 2.7** Some particularly vulnerable prisoners were living in squalid cells which were not fit for habitation. One prisoner on assessment, care in custody and teamwork (ACCT) case management procedures was living in a filthy, flooded cell. The blood of another prisoner, who had self-harmed two days previously, had not been cleaned from the cell floor (see main recommendation S67 and paragraph 1.8).
- 2.8** Despite the large number of wing cleaners, communal areas on many wings were filthy and access to cleaning materials was problematic. Rubbish was left lying around in bags and there were problems with fleas, cockroaches and rodents. Vomit had been left overnight on the landing of one wing. We spoke to a wing officer, who said that she knew about it, laughed and said that she would not go near it before the bio-cleaners could attend. External areas and most exercise yards were stark. Debris that had been thrown out of cell windows in the older wings was gathering in gullies and on lower rooftops (see main recommendations S66 and S67, and Appendix V, photograph 8).
- 2.9** There was poor access to basic equipment, such as plates, kettles, telephones and televisions, and there were shortages of clothing and bedding. Prisoners told us that kit change did not always happen weekly. There was no working clothes drier on A wing; we were told that laundry equipment often broke down and that it could take weeks for it to be repaired (see main recommendation S67).
- 2.10** Many showers were dirty and poorly maintained. In one shower area, there was bloodstained clothing and a pool of blood that had apparently been left there for two days. Some showers were unusable because of low water pressure, or because they ran cold (see main recommendation S67).
- 2.11** Conditions in some of the newer wings were better. Some were reasonably clean, and cells there were often in better condition. However, many were poorly ventilated and uncomfortably hot.



- 2.12** In our survey, only 11% of prisoners said that cell call bells were answered within five minutes. Monitoring data, and our observations, showed unacceptable delays in answering cells bells, with one prisoner on an ACCT waiting almost an hour, and another 45 minutes for a member of staff to respond to their call bell. Smoke alarms outside some cells were not working.

## Recommendation

- 2.13 All cell bells should be answered within five minutes.**

## Residential services

- 2.14** During the inspection, we received numerous complaints about the standard of the food provided and, in our survey, only 35% of prisoners said that the food was quite or very good. Despite this, the quality of the food we sampled was reasonable and the menu catered adequately for a range of dietary requirements.
- 2.15** Meals were served too early, at around 11.15am for lunch and 4.15pm for the evening meal. The standard of hygiene in the main kitchen was reasonable. However, some of the food trolleys were very dirty (see Appendix V, photograph 9) and the central servery area for A, B and C wings was in an unacceptable state, with dirty standing water in sinks containing dirty utensils, bags of rubbish piled high and a filthy toilet area directly adjacent to it (see Appendix V, photograph 10 and main recommendation S67).
- 2.16** All wings had electronic 'kiosks', enabling prisoners to deal effectively with most day-to-day requests and transactions. Prisoners used these to place their prison shop orders. A wide range of products was available for purchase. Catalogue orders could also be placed, and requests could be made for items not already on the prison shop list. In our survey, 61% of respondents said that the range of goods available through the prison shop met their needs. On most wings, orders were distributed securely at cell doors, to reduce the potential of bullying. New prisoners could order goods immediately.

## Prisoner consultation, applications and redress

- 2.17** Consultation arrangements with prisoners were inconsistent. Meetings involving prisoner representatives took place fairly regularly, and they had made some interesting and creative proposals, but there was little evidence that any were being put into practice.
- 2.18** Prisoners used the electronic kiosks (see above) to make applications, but only 55% of prisoners in our survey said that it was easy to make an application, which was far worse than at the time of the previous inspection (71%). Prisoners could only submit one application at a time to each department and had to wait for that to be dealt with before they could submit another. Prisoners found this particularly frustrating as there were many delays in responding to applications.
- 2.19** Around 300 general complaints were submitted each month, which was slightly higher than previously. Most of these related to property and other administrative problems. The replies that we examined were timely and mostly helpful, with evidence of reasonably careful background work being carried out to address the issues raised. However, we were concerned that some serious allegations by prisoners, made through the confidential complaints system, were not being adequately tracked or progressed. Even when we raised

concerns about three particular cases with senior staff, we failed to get an adequate response.

- 2.20** Specialist officers provided prisoners with helpful advice and guidance in relation to bail, appeals and other legal matters. Four prisoners had been given access to laptop computers, under controlled conditions, to help them to prepare their legal cases.

## Recommendation

- 2.21** **Matters, including allegations against staff, submitted through the confidential complaints system should be dealt with promptly, fairly and efficiently.**

## Equality, diversity and faith

### Expected outcomes:

**There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics<sup>9</sup> and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.**

### Strategic management

- 2.22** Equality and diversity issues were not given sufficient priority or prominence, and there was little evidence that this area of work was being promoted within the prison. Despite a recommendation made at the previous inspection, the equality and diversity policy still needed to be updated.
- 2.23** The equality action team meeting was usually chaired by the head of safer custody and took place bimonthly, but senior staff with designated lead roles for protected characteristics did not always attend. Relevant and detailed statistical information was considered at each meeting, but the data was often too out of date to be useful and discussions were descriptive rather than analytical. Agreed actions were linked to an equality action plan but there was little evidence of progress being made.
- 2.24** There were 10 prisoner equality representatives and some usually attended the equality action team meetings. Those we spoke to were positive about their role and felt able to provide useful individual support to prisoners. However, there were no focus groups for prisoners from minority groups, which limited the range and depth of the support available to them.
- 2.25** Forty-seven discrimination incident report forms (DIRFs) had been submitted in the previous six months, representing an increase of about 25% since the previous inspection. DIRFs were not freely available on the wings; prisoners had to request them from either equality representatives or a member of staff. Investigations into DIRFs were carried out reasonably well; however, many of them were completed late, and in one recent case only after the prisoner had been released. The quality of the responses to DIRFs was not checked independently.

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<sup>9</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

## Recommendation

- 2.26** **Equality and diversity should be given a higher priority within the establishment. The needs and treatment of prisoners from minority groups should be monitored, and action taken to ensure that their needs are met.**

## Protected characteristics

- 2.27** In our survey, prisoners from minority groups generally reported similarly to mainstream prisoners. However, during the inspection we received many comments from prisoners with physical disabilities who felt that their needs were not being met.
- 2.28** Prisoners from a black and minority ethnic background made up approximately a third of the overall population. There was no formal support for this group. Despite this, we did not observe or find evidence of any obvious direct racial discrimination. Black and minority ethnic prisoners we spoke to said that racial conflict was not a problem in the prison.
- 2.29** Helpful work was being carried out with a small number of prisoners from a Gypsy, Romany, Traveller background. They were able to participate in a social group and were currently organising a celebration of the Appleby Horse Fair.
- 2.30** Foreign national prisoners, who made up just over 12% of the population, had regular access to immigration officers, who were based at the prison. At the time of the inspection, there were six detainees being held beyond their sentence end date, which was less than half the number found at the time of the previous inspection, and we were confident that efforts were being made to manage these cases. However, many foreign national prisoners still did not have access to free independent immigration advice. Professional telephone interpreting services were not widely used by staff and several foreign nationals we met during the course of the inspection appeared to have difficulty in communicating in English and could have been at risk of isolation, with little help provided.
- 2.31** There were good arrangements for older prisoners and those with disabilities who were located on the social care unit (J wing) and presented higher levels of need. Staff on this wing were very helpful and eight prisoners located on J wing were receiving formal comprehensive social care packages (see also section on social care). For prisoners with disabilities on other wings and those not in receipt of formal care packages, there was still no prisoner carer scheme. These prisoners, particularly those in wheelchairs and those with mobility problems on the main wings, struggled to get their needs met and complained to us about not being able to get access to the chapel and the dentist, both of which had been problems at the time of the previous inspection. Apart from a gym class for the over-40s and some adapted cells, there was little specialist provision for older prisoners and those with disabilities.
- 2.32** Day and night staff alike had little knowledge or understanding about personal emergency evacuation plans (PEEPs) for prisoners with disabilities. We found cases where prisoners had been identified as needing a PEEP but did not have one.
- 2.33** A support group had recently been set up for LGBT prisoners located on the vulnerable prisoner wings. The second session was due to take place during the inspection, and involved a representative from the transgender community giving a talk. We met a dozen prisoners involved in this group, who spoke very positively about their experience of it.

## Recommendation

- 2.34** Prisoners requiring a personal emergency evacuation plan should have one, and all staff having contact with prisoners should be aware of their responsibilities in relation to this procedure.

## Faith and religion

- 2.35** Apart from problems experienced by prisoners with disabilities in accessing the chapel (see paragraph 2.31), prisoners had good access to religious services and their spiritual needs were adequately met. In our survey, 64% of respondents said that they thought their religious beliefs were respected, and 77% that they could attend religious services if they wished.
- 2.36** Three Christian and three Muslim services were held each week. Suitable arrangements were made for vulnerable prisoners, who had the opportunity to attend services separately from mainstream prisoners.
- 2.37** Although permanent appointments were still outstanding for Hindu and Buddhist chaplains, the range of faith provision had been extended since the previous inspection and a weekly Rastafarian group was now run. Regular Christian and Muslim study groups were held, as well as a popular weekly singing group, which was open to all prisoners.
- 2.38** The major religious festivals were celebrated, with modifications to the main food menu to recognise them.
- 2.39** The faith facilities were adequate. The main chapel was well equipped and there was a large, neutrally decorated multi-faith area close to the centre of the prison, as well as a small multi-faith area on P wing.
- 2.40** A representative from the chaplaincy attended the prison's daily morning briefing. Two of the chaplains were trained ACCT assessors and were actively involved in reviews of vulnerable prisoners.

## 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.**

- 2.41** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)<sup>10</sup> and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

<sup>10</sup> CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

## Strategy, clinical governance and partnerships

- 2.42** The CQC found no breaches of the relevant regulations.
- 2.43** Health services had improved slightly. NHS England commissioned Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) to provide health services. Birmingham Community Healthcare NHS Foundation Trust was subcontracted to deliver primary care services, including general practice and dentistry. Midlands Partnership Trust, Birmingham and Solihull Mental Health NHS Foundation Trust and G4S delivered substance misuse services.
- 2.44** Working relationships between the health providers, commissioners and the prison were good. Clinical governance systems were effective, informed by regular partnership board and quarterly contract review meetings. Recent health needs assessments informed service delivery. A comprehensive audit programme helped to monitor clinical effectiveness.
- 2.45** Patient consultation was good, with staff from the various providers attending a regular patient experience group with prisoners. The reporting of clinical incidents via the Eclipse electronic system was generally good, although there were some gaps – for example, failures to report out-of-range refrigerator temperatures. There was evidence of effective trend monitoring and learning from incidents, including deaths in custody.
- 2.46** Recruitment processes and retention of staff had improved, and the number of staff vacancies had reduced considerably. Staffing levels were generally adequate and there was sufficient cover to meet physical and mental health needs overnight and at weekends.
- 2.47** Mandatory training compliance and professional development opportunities were good, and staff had access to regular managerial and clinical supervision.
- 2.48** We observed courteous and caring interactions between health services staff and patients. The clinical records we reviewed were generally completed to a good standard, although care plans were not used consistently enough, particularly for patients with long-term conditions.
- 2.49** Prisoners accessed health appointments via electronic kiosks across the prison (see paragraph 2.16). Waiting times were generally short, although access to some clinics for prisoners with reduced mobility continued to be hampered by an intermittently broken lift. Staff prioritised these patients appropriately and conducted some treatment on the wings.
- 2.50** Infection control and communicable disease policies were appropriate. The environment in the health centre was generally good, although many wing-based clinical rooms were dirty and failed to meet infection control standards.
- 2.51** The health care emergency response was well coordinated but demand was very high, which sometimes affected service provision. Staff were often called to attend to prisoners under the influence of NPS (see paragraph 1.38). In the first six months of 2018, health services staff attended 311 such incidents, which had an impact on the time they had left to undertake their routine activities. Emergency resuscitation equipment, including automated external defibrillators, was appropriately located across the prison, in good working order and easily accessible to staff.
- 2.52** The health care complaints process was independent but most wings did not have a dedicated health complaints box, which compromised confidentiality. There was a shortage of complaints forms and little information about the process. The complaint responses we

reviewed were generally timely, courteous, addressed the issues raised and told prisoners about the options available to escalate their concerns.

## Recommendations

- 2.53 All clinical rooms should comply with infection control standards and offer a decent, safe and accessible environment for prisoners and staff.** (Repeated recommendation 2.55)
- 2.54 Prisoners should be able to complain easily, through a confidential, well-advertised health care complaints system.**

## Promoting health and well-being

- 2.55** There was no prison-wide strategy for health promotion. Although two health promotion days had been held over the previous year, there was no regular activity linked to national campaigns. There was little health-related literature available to prisoners, either in the health centre or on the residential wings.
- 2.56** Effective service user involvement was supported by a nominated lead for patient engagement, who managed the health care representatives and facilitated service developments. Ten prisoners had recently trained as ‘healthwatch volunteers’.
- 2.57** Health checks and disease prevention activity were reasonable. Prisoners had access to immunisations, and blood-borne virus testing was good. Communicable diseases were well managed.
- 2.58** Sexual health services were provided, but condoms were not well advertised or freely available.
- 2.59** Smoking cessation support was provided by both the health services team and prison officers, depending on location. Provision was too variable and we noted confusion from prisoners and officers about availability and eligibility. This resulted in a perceived disparity of access to nicotine replacement therapy among prisoners, and fuelled illicit tobacco use.

## Recommendations

- 2.60 There should be a whole-prison strategic approach to promoting health and well-being.**
- 2.61 Condoms should be well advertised and easily available to all prisoners.**
- 2.62 Smoking cessation services should meet the needs of those who require support.**

## Primary care and inpatient services

- 2.63** All prisoners received an initial health screen on arrival, and onward referrals were made. A GP was available if required. Not all prisoners received a secondary health screen within seven days of arrival but efforts were being made to clear the backlog.

- 2.64** An appropriate range of services was available, and waiting lists were within acceptable limits. Did-not-attend rates were very high across all health services. Reasons for low attendance included patients refusing to attend, difficulty in locating prisoners and the constraints of the regime. Health care managers monitored and analysed this closely, and staff followed up patients who did not attend clinics.
- 2.65** Emergency GP appointments were available every day, and access to nurses was good. The community nursing team saw prisoners on the wings, to manage minor illness and undertake routine nursing care.
- 2.66** A dedicated chronic disease and palliative care nurse managed more complex patients and supported the long-term condition service. Some long-term conditions were well managed – for example, asthma and diabetes – but the service was underdeveloped.
- 2.67** Patients with palliative care needs were well managed and there were good links with external organisations to promote coordinated care for all patients with complex needs.
- 2.68** Too many outside hospital appointments were cancelled by the prison because of security and staffing issues. However, administrative staff monitored cancellations closely, and clinicians reviewed and prioritised prisoners to be rebooked according to need.
- 2.69** An in-house X-ray clinic ran twice a week, but prisoners with fractures still had to attend outside hospital for treatment, which was not always prompt. Health care administrators kept a log to monitor those who had been referred to the emergency department but were unable to attend.
- 2.70** There was good support for prisoners with complex health needs being discharged from the prison. Those on medication received seven days' treatment on discharge and were offered a summary of their care.
- 2.71** Two inpatient wards, one providing physical and the other mental health care, were part of a regional resource, and could accommodate 30 patients in total. They provided a bright, clean and calm environment. Inpatients received a good standard of care from a well-integrated team of health care officers and nurses, and the needs of patients requiring different regimes were well managed. A full-time occupational therapist provided patients with in-cell activity packs and coordinated a broad range of therapeutic activities. The wards were well managed and monitoring systems were robust, to ensure that patients were admitted for clinical reasons. A weekly bed management meeting provided good oversight of the wards.

## Recommendations

- 2.72** **There should be systematic care planning for, and monitoring of, all prisoners with life-long conditions.**
- 2.73** **External hospital appointments should not be cancelled and custody escort arrangements should be adequate and effective to meet the health care needs of all prisoners.**

## Social care

- 2.74** Social care services had improved. There was a memorandum of understanding with Birmingham City Council, and there were good working relationships between the social care provider, health care professionals and prison services. A monthly social care meeting,

involving all key stakeholders, ensured that both operational and strategic issues could be resolved.

- 2.75** Referrals were appropriate and assessments timely. Prisoners could request social care input via the wing kiosks. A dedicated health care officer then worked with the prisoner to support their referral for assessment. Any interim care required before assessment was provided by the health services team and there was good access to occupational therapy.
- 2.76** Regular carers had good access to the eight prisoners who were receiving comprehensive care packages. Input varied from three times a day to twice a week. Prisoners we spoke to were complimentary about their care. Ongoing care records were kept by the provider but not entered onto SystmOne (the electronic clinical record). However, prisoners we spoke to had copies of their care plans in their cell. Reviews took place appropriately.

## Mental health care

- 2.77** Mental health services were good, with adequate support available for those with both mild to moderate and more enduring mental health problems. Services were delivered five days a week by a well-integrated team that included mental health nurses, specialist forensic psychiatrists, a psychologist and an occupational therapist. Ward nurses provided out-of-hours crisis support, and plans were being developed to pilot weekend working.
- 2.78** Referrals were initially identified through screening on arrival at the prison. Prisoners could also self-refer or be referred by primary health or prison staff. New referrals were triaged by nurses daily, and all those referred were seen promptly and face to face. Care planning was generally good. Cases were allocated and reviewed at the primary care meeting and multidisciplinary team meeting, both of which were held weekly.
- 2.79** Prison officers based on the inpatient unit had received training in mental health awareness and first aid, although awareness training among the wider prison staff was limited.
- 2.80** At the time of the inspection, the team had 163 patients on their caseload. Prisoners with mild to moderate problems received appropriate individual interventions for issues such as anxiety and depression, and a wide range of self-help material was available. The in-reach and forensic teams provided good support to 37 prisoners with more severe problems through Care Support and the care programme approach (CPA; mental health services for individuals diagnosed with a mental illness). Those with particularly severe needs received 24-hour support in the inpatient unit.
- 2.81** There were some service gaps, including a lack of group work and specialist support for prisoners with learning disabilities. Further improvements had also been identified concerning consistency in the management of CPA and physical health checks, and team leads had been assigned to manage improvements in performance in these areas.
- 2.82** Of the 15 transfers of prisoners for treatment in hospital under the Mental Health Act in the previous six months, only one had taken place within the recommended two-week timeframe. Although these delays were unacceptable, staff were proactive in developing links with outside agencies to help to improve the timeliness of transfers.
- 2.83** Pre-releasing planning and links with community services were effective, and a pathway was being developed to improve the management of unexpected urgent releases from custody.



## Recommendations

- 2.84 All custody officers should receive regular mental health awareness training to enable them to recognise and support prisoners with mental health problems.** (Repeated recommendation 2.86)
- 2.85 Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer guidelines.** (Repeated recommendation 2.87)

## Substance use treatment<sup>11</sup>

- 2.86** The drug strategy policy was not informed by the latest substance misuse needs analysis, and supply and demand reduction measures were insufficiently well integrated (see paragraph 1.41).
- 2.87** BSMHFT delivered clinical interventions, and psychosocial support was provided by Inclusion Midlands Partnership Trust ('Inclusion') in partnership with G4S officers.
- 2.88** Teams were co-located in the health care building, appropriately resourced and well managed. Joint working between clinical and psychosocial services had improved but Inclusion's lack of access to patient records hindered shared care planning.
- 2.89** New arrivals were given harm reduction advice at induction, but more needed to be done to engage with prisoners using NPS (see paragraph 1.38 and main recommendation S64).
- 2.90** At the time of the inspection, 309 prisoners were receiving psychosocial support, and Inclusion's range of interventions was accessible, independent of location within the prison. Group work modules of varying levels of intensity included an eight-session recovery programme supplemented by peer support, mutual aid such as Alcoholics Anonymous, and SMART (self-management and recovery training). Many prisoners commented that blatant illicit drug use in the prison undermined efforts to work towards recovery (see also section on security and main recommendation S64).
- 2.91** Prescribing protocols were now in line with national guidance, and reception processes had improved, but opiate substitute treatment for new prisoners was still delayed until the morning after arrival.
- 2.92** Drug- and alcohol-dependent prisoners were initially located on the first night centre before most moved to B wing, the drug treatment wing. On rare occasions, they were admitted to the inpatient unit. B wing did not provide a recovery-focused, safe environment as we witnessed extensive drug use there.
- 2.93** Since the previous inspection, BSMHFT had introduced 24-hour monitoring during the first five days of stabilisation, which we welcomed. However, cell hatches were too small and often blocked by prisoners, which restricted visibility and did not allow for effective observation, often resulting in entries of 'patient appeared asleep' on SystemOne. Stabilisation cells on B wing were rarely available, had only been used twice in the previous six months and were currently not fit for purpose.
- 2.94** At the time of the inspection, 212 prisoners were receiving opiate substitute treatment, mostly on a maintenance basis. Non-medical prescribers and a lead GP provided flexible treatment regimes, which were reviewed at regular intervals.

<sup>11</sup> In the previous report substance use treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

- 2.95** Patients with both substance- and mental health-related problems received a good level of care.
- 2.96** Substance misuse teams worked jointly to facilitate treatment continuation on release, and pre-release harm reduction advice included naloxone training to manage opiate overdose in the community.

## Recommendations

- 2.97** **Substance misuse services should increase efforts to engage with prisoners who use new psychoactive substances, respond promptly to referrals, target interventions and explore the use of peer support as part of a prison-wide strategy to tackle the problem.**
- 2.98** **The prison should ensure that there are sufficient, fit for purpose facilities for the unrestricted observation of prisoners during the initial five days of stabilisation.**

## Medicines optimisation and pharmacy services

- 2.99** Medicines were supplied on a named-patient basis by a recently reorganised, well-staffed in-house pharmacy. The newly appointed pharmacy manager was addressing previous leadership and training issues. The lead pharmacist position was currently vacant.
- 2.100** One independent pharmacist prescriber ran weekly clinics but appointments for these were made by nurses. Prisoners were unable to make appointments for routine medicine reviews. The pharmacy ordered repeat prescriptions, so patients were unable to take responsibility for managing their medicines.
- 2.101** Pharmacy staff checked that in-possession (IP) risk assessments were completed. However, reviews of IP status did not always take account of the medication, only the patient, which sometimes resulted in supervised medication being provided that could have been given IP. Although 49% of patients had their medicines IP, virtually none of the double-occupancy cells had lockable cupboards to ensure safe medicine storage.  
  
IP medicines were delivered by the pharmacy to the office on B wing and subsequently transported to the other wings. There was insufficient storage space for these drugs on the wings, so, if not collected, they were returned to the B wing office, where they were not stored safely.
- 2.102** Supervised medicines were administered twice a day. As a result of prison regime restrictions, evening medications were often given from 3pm, which was too early. This meant that recommended dosage schedules for effective clinical care were not adhered to, and for diabetics this was problematic.
- 2.103** There was inadequate officer supervision of medication queues and a lack of confidentiality during medicines administration.
- 2.104** There was little prescribing of the common tradeable medicines – gabapentin (an antiepileptic medication) and pregabalin (prescribed to treat neuropathic pain) – but 10% of patients were prescribed highly tradeable codeine and dihydrocodeine. Some prisoners regularly returned part of their methadone to the integrated drug treatment service (IDTS) nurses, which suggested that they were not taking the full amount because of their use of

illicit substances. This further evidenced the huge drug problem across the prison (see main recommendation S64).

- 2.105** Some medicines were available to treat minor ailments without a prescription but there were limited protocols to provide more potent medicines. There was an out-of-hours policy and a list of common emergency medicines. However, there was no procedure to monitor medicines given out of hours or those given to treat minor ailments.
- 2.106** All of the rooms used to store medicines recorded temperatures that were too high for safe storage. Refrigerator temperatures were not always recorded and remedial action was not always taken when outside the required range.
- 2.107** Well-attended monthly medicines management meetings were held and the issues raised were appropriately escalated and acted on. The pharmacy manager had set up multidisciplinary meetings to encourage better staff relationships and improve patient care but these were not attended by the doctors.

## Recommendations

- 2.108** **The in-possession policy should be adhered to and all medicines should be assessed individually.**
- 2.109** **Prisoners in shared cells should be able to store medicines securely.** (Repeated recommendation 2.74)
- 2.110** **Medicines should be prescribed and administered at clinically appropriate times to required professional standards.**
- 2.111** **There should be sufficient officer supervision to ensure privacy and reduce opportunities for bullying and diversion.**
- 2.112** **Health services staff should be able to administer a wider range of medicines without a prescription within a robust clinical framework.** (Repeated recommendation 2.76)
- 2.113** **Room and drug refrigerator temperatures should be monitored effectively and prompt remedial action taken to ensure that medicines are stored at the correct temperature.** (Repeated recommendation 2.77)

## Good practice

- 2.114** *A pharmacy-led multidisciplinary group met regularly, to promote a more integrated approach to patient care and encourage team working.*

## Dental services and oral health

- 2.115** BCHC provided a full range of NHS-equivalent dental services across sessions five days a week. The team included dentists, a dental hygienist and therapist, and two dental nurses. Access to the service had improved and waiting times had reduced to around six weeks for a routine dental appointment. Prisoners with mobility issues who had experienced delays in care because of difficulty in accessing the surgery (see also paragraph 2.31) were prioritised appropriately. There was prompt access to emergency treatment.

**2.116** The dental suite and separate decontamination room were clean and well stocked. Regular audits were undertaken to ensure that the facilities met current infection control standards. Dental equipment was suitably maintained and certificated. Clinical records were detailed and contained evidence of appropriate oral health promotion.

## 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 The amount of time out of cell was adequate for the minority of prisoners who were in education, training and work, with up to nine hours out of their cell on weekdays. However, most prisoners were not engaged in activities and had around four to five hours a day unlocked on the wings, with nothing purposeful to do, spending most of their time milling around and associating in groups in cells. Prisoners who were self-isolating (see also paragraph 1.15) had very little time out of their cell. They were sometimes unlocked for a shower, but even this was not guaranteed.
- 3.2 The published core day was confusing, unnecessarily complex and often not followed. The regular delays in the regime had an impact on prisoners' access to activity places. Prisoners in education, training and work had association only four times a week and they could only exercise outside at weekends. Exercise sessions were sometimes cancelled, and in our survey only 27% of respondents said that they could go outside for exercise more than five days a week. In our spot checks, around 32% of prisoners were locked up during the core day.
- 3.3 The library was well run and welcoming. Prisoners valued the facility. It offered a wide range of up-to-date fiction, non-fiction and reference works, as well as easy readers, graphic novels, periodicals and newspapers.
- 3.4 There was good availability of large-print books and foreign language titles, and of legal reference material, although there was no up-to-date UK immigration law textbook. Some books had been bought to support education and learning, but there was little proactive planning with the education department for book purchases for the following year.
- 3.5 There were some good initiatives to promote literacy, such as the Six-Book Challenge (an initiative inviting individuals to select six books and record their reading in a diary). The Storybook Dads scheme (in which prisoners record stories for their children) had recently started. The library offered good support to the prison's family days (see paragraph 4.3).
- 3.6 The library ran reading clubs for vulnerable prisoners and those with a history of substance misuse. It also offered twice-weekly 'Reading for Relaxation' sessions in the health centre.
- 3.7 Library attendance was variable due to problems with the redeployment of escorting staff, although this had improved recently. The monitoring of access and usage of the library were weak; for example, no data were collated on the employment status of prisoners.
- 3.8 The gym facilities and equipment were generally in good condition but the shower facilities were poor, with no privacy screening and only three out of nine showers working.

- 3.9** The initial induction to the sports facilities was mandatory only for prisoners who wished to use them. The information provided at induction was minimal and contained few details on healthy living, fitness or well-being. Gym staff only liaised with the health services team when prisoners identified a health problem in their pre-activity questionnaires.
- 3.10** In our survey, 35% of respondents said that they typically went to the gym twice a week or more. Earlier in the year, PE provision had been affected substantially by staff redeployment. There was little monitoring of attendance over time, to determine if access was equitable.
- 3.11** The range of planned activities and sports was adequate, including activities for the over-40s and for those recovering from injury, as well as regular circuit training, racquet sports, football and other team games.
- 3.12** The gym ran well-organised well-being days and four charity events a year, which were valued by prisoners.

### Recommendations

- 3.13 All prisoners should have a decent regime, including access to learning and skills and work activities, daily association and exercise in the open air.**
- 3.14 Data should be collected and analysed on library and gym use, to ensure equitable access and increase participation.**

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

### Expected outcomes:

**All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.<sup>13</sup>**

- 3.15** *Ofsted made the following assessments about the education, skills and work provision:*

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

<sup>12</sup> This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

<sup>13</sup> In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

## Management of education, skills and work

- 3.16** Prison leaders and managers had not implemented an appropriate education, skills and work strategy that delivered high standards to support prisoners' successful resettlement. Actions by the prison management team had failed to address most of recommendations for improvement identified at the previous inspection. For example, leaders and managers had not given the development of prisoners' English and mathematics skills levels an appropriately high priority and, as a consequence, achievement rates in these areas were still too low.
- 3.17** Prison managers had yet to develop and implement effective quality assurance measures for the whole of the education, skills and work provision. The education and vocational training provision provided by Milton Keynes college was inadequate. College managers recognised that the pace of progress in establishing effective quality improvement procedures had been too slow. Although the provider had increased the proportion of sufficiently capable teaching staff, this had not had enough impact on the quality of teaching, learning and assessment. Arrangements to provide a comprehensive self-assessment of all the prison's learning and skills provision required further development. Prison managers did not have an accurate appreciation of the strengths and weaknesses of the provision.
- 3.18** There were only enough full-time-equivalent purposeful activity places for two-thirds of the population. Around three-quarters of prisoners on remand chose to take part in activities. The allocation process did not routinely take into consideration prisoners' existing English or mathematics skills, or career aims on release. Prison managers had not maximised the use of the available places and recognised that not all skills and work activities met the needs of the many short-stay prisoners (see main recommendation S68).
- 3.19** Many prisoners did not attend any activities. We found only 40% of prisoners in work, training or education at any one time (see main recommendation S68). Those allocated to an activity often failed to attend, arrived late or did not stay for the full duration of the session (see also section on personal development and behaviour). The large number of residential wing cleaners were not fully occupied and productive. This contributed to the poor standards of hygiene and cleanliness found on the residential wings (see also section on living conditions).
- 3.20** Induction to the education, skills and work activities on offer did not fully support prisoners' career aspirations and rehabilitation. A few prisoners did not participate in the induction process. Prisoner pay rates were appropriate for the activity undertaken, and did not act as a disincentive to participate in education.
- 3.21** Too few education and training courses allowed prisoners to receive suitable accreditation if they left the prison early. The provision provided insufficient progression routes to enhance prisoners' employability. Too few higher-level accredited programmes were available.
- 3.22** The prison offered insufficient accredited training in work settings. In 2017, the vulnerable prisoner population had increased considerably but the breadth of education and training programmes available to these prisoners was very limited.
- 3.23** The variety of education programmes was adequate for the main population, but not for vulnerable prisoners. Provision included courses in art, business studies, mentoring, information and communication technology (ICT), English, mathematics and English for speakers of other languages (ESOL). Workshops offered prisoners experience of undertaking tasks such as plastic parts assembly, clothing production and laundry. The range of vocation training offered was good and included plastering, waste management, painting and decorating, forklift truck operations and industrial cleaning.

- 3.24** Prisoners rarely received an adequate quality or quantity of suitably timed careers information, advice and guidance. At the time of the inspection, the virtual campus (internet access for prisoners to community education, training and employment opportunities) was only accessible to vulnerable prisoners. Arrangements to help prisoners to apply for employment, education or training before release were inadequate, and few prisoners attended the pre-release preparation course.

## Recommendations

- 3.25** **Prison leaders and managers should implement an effective strategy that delivers an appropriate range of education, skills and work provision that meets the needs of all prisoners.**
- 3.26** **Effective quality assurance measures should be introduced for the whole of the provision that lead to significant improvements and increased prisoner success in gaining qualifications and developing their skills.**
- 3.27** **Prison managers should ensure that the process of allocating prisoners to activities is informed by the prisoner's career needs and aspirations, and take into consideration their existing English or mathematics skills, and that prisoners attend an induction to education, skills and work activities.**
- 3.28** **Prison managers should ensure that all prisoners are purposefully employed when undertaking work.**
- 3.29** **Prison leaders and managers should provide prisoners with effective pre-release preparation that includes appropriate arrangements for education and/or training applications and job searches.**

## Quality of provision

- 3.30** The quality of teaching, learning and assessment was inadequate. A large proportion of learners did not receive a prompt assessment of their English and mathematics development needs. This meant that a small minority of prisoners were on inappropriate education courses or received delayed help.
- 3.31** In workshops and work-related activities, tutors did not offer sufficient support to meet adequately prisoners' skill development needs in English and mathematics. Leaders and managers had identified this weakness; however, the pace of improvement had been slow and improvement initiatives did not meet all prisoners' development needs.
- 3.32** The identification of prisoners with learning difficulties and/or disabilities was weak, relying sometimes on prisoners' own declaration of specific needs, and there was insufficient provision of subsequent support. The use of learning support assistants had improved since the previous inspection, but the number deployed was still insufficient to meet the needs of prisoners. In the better sessions, tutors designed and used teaching strategies and exercises that helped learners to gain confidence and achieve their potential. However, prisoners' personal and social development needs were not routinely established and used to aid their successful rehabilitation. Tutors and instructors did not direct peer mentors well enough to ensure that they provided adequate support for prisoners with identified needs. In a few cases, the education department provided learners with appropriate adjustments or additional equipment. The few prisoners undertaking distance learning programmes received the relevant support.



- 3.33** In too many vocational training areas and workshops, the identification, recording and assessment of prisoners' work-related and practical skills lacked rigour. As a result, most prisoners were unsure of the progress they were making. Few had a suitable appreciation of how their current experiences could contribute to securing employment on release.
- 3.34** Teachers' planning of learning activities was hampered by the low and unpredictable prisoner attendance. Tutors' planning of learning was not thorough enough to provide prisoners with enough learning opportunities to develop the analytical and research skills that would enhance their future employment prospects. Few tutors utilised resources such as learning technology well enough.
- 3.35** Tutors usually set and monitored progress towards prisoners' learning objectives, but they failed to use this information to accelerate learners' progress. Furthermore, they did not set appropriate targets to help the rapid development of prisoners' personal and social skills. Prisoners undertook a self-analysis of these skills, but tutors failed to identify consistently the related development needs that supported learners' successful rehabilitation.
- 3.36** Prisoners in education sessions generally improved their speaking and listening skills, which increased their confidence and enabled them to participate in their tasks.

## Recommendations

- 3.37** **Prison managers should improve the quality of teaching, learning and assessment of the education, skills and work activities.**
- 3.38** **Education and prison managers should ensure that all prisoners receive a prompt assessment of their English and mathematics development needs.**
- 3.39** **Prison managers should provide prisoners in workshops with appropriate support to enhance their English and/or mathematics skills.**
- 3.40** **Education managers should introduce comprehensive arrangements to identify and address fully the needs of prisoners with learning difficulties and/or disabilities, so that they can make the progress that they are capable of.**
- 3.41** **Tutors and instructors should improve prisoners' social, personal, practical and work-related skills, as appropriate, by using effective identification, recording and assessment methods.**
- 3.42** **Tutors should improve the setting of prisoners' learning objectives to ensure the rapid development of employability, personal and social skills.**

## Personal development and behaviour

- 3.43** Prisoners' punctuality was poor, and attendance was generally low. Work and lessons routinely started late and ended earlier than the planned times, undermining the development of important work skills, attitudes and behaviour. Regime demands, such as the priority given to attending recreational PE, often prevented prisoners from attending full sessions of allocated activities. Prisoners did not demonstrate a consistently positive attitude to learning and the value of self-development.
- 3.44** Education tutors did not consistently apply existing arrangements regarding prisoners' requests for absences from sessions. Worryingly, prisoners were able to move freely within

the education department without appropriate supervision. During the inspection, we saw how prisoners' unauthorised entry to classrooms disrupted learning.

- 3.45** Rapport between the prisoners and staff during activities was mostly good. Prisoners, tutors and instructors generally showed mutual respect. Tutors appropriately challenged prisoners when they used bad language. Prisoners' behaviour was generally good. However, a few prisoners failed to understand how unacceptable conduct could impede their future employment prospects. For example, we observed incidences where prisoners used electronic cigarettes during sessions, despite repeated requests to stop.

## Recommendations

- 3.46** Prison leaders and managers should prioritise prisoners' attendance at education, skills and work during the core day.
- 3.47** Education tutors should consistently apply existing arrangements to minimise prisoners' self-elected absence from sessions.
- 3.48** Education tutors should routinely and effectively challenge all incidents of prisoners' inappropriate behaviour and conduct.

## Outcomes and achievements

- 3.49** Too few prisoners in education classes and vocational training were making the progress of which they were capable. Overall, too few learners completed their courses and achieved their qualifications.
- 3.50** The achievement of English qualifications was very low. The achievement of mathematics qualifications had not improved sufficiently since the previous inspection and was still low. The development of prisoners' skills in English and mathematics through vocational training and work was weak. The achievement of qualifications in ESOL and ICT was also low. By contrast, achievement in art and most vocational training courses was high. Prisoners routinely completed their personal and social development programmes and achieved well.
- 3.51** The standard of work demonstrated by the reduced number of prisoners who attended vocational training and work activities regularly was generally appropriate and, in a few cases, was good. For example, those in bench joinery produced products of high quality. In the commercial workshops, the production lines fulfilled customers' requirements and the prison received repeat orders.

## Recommendations

- 3.52** Leaders and managers should ensure that a large proportion of prisoners complete and achieve their education qualifications.
- 3.53** Prison and education managers should ensure that prisoners attending vocational training and work attain their potential in improving and further developing their English and mathematics skills.

## 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, run by the local charity HALOW, was open every day and provided a supportive service for visitors. Staff working there were experienced, knowledgeable and helpful, and this was reflected in positive findings from recent visitor surveys.
- 4.2 The visits hall was large and spacious, with a relaxed atmosphere. There was a small children's play area, staffed by trained workers. Impressively, a specially equipped room had just been introduced to allow mothers to breast feed in privacy. However, the overall furnishing and decoration in the visits hall was poor and in need of upgrading.
- 4.3 Family days took place monthly, and separate family days were held for suitably vetted vulnerable prisoners. There were no formal programmes, interventions or family engagement staff to help prisoners who had problems in maintaining positive relationships with their family.
- 4.4 Since the previous inspection, separate visit sessions had been introduced for vulnerable prisoners. This had taken place following consultation with prisoners, and this had resulted in a large increase in the uptake of visits by vulnerable prisoners. A social group had also been set up to support vulnerable prisoners who did not receive visits.
- 4.5 In-cell telephones helped to support contact with family, and in our survey 87% of respondents said that they could use a telephone every day if they had credit. However, too many telephones in cells and on the wings were broken or missing.

#### Recommendations

- 4.6 **The visits hall should be refurbished, to improve the experience for visitors and prisoners.**
- 4.7 **Formal support should be available to assist in developing and maintaining positive relationships with families.**

## 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 establishment held a more complex population than at the time of the previous inspection. There were about 200 transfers and 200 releases every month, and about 60% of the population had been at the prison for three months or less. This huge and rapid turnover presented considerable challenges for the delivery of offender management and resettlement services, and had begun to overwhelm both. Additionally, the number of sex offenders had doubled to about 200 following the reopening of some residential units.
- 4.9** The strategic management of reducing reoffending had deteriorated and was poor. There was no record of a reducing reoffending committee meeting taking place so far in 2018. The prison had recently undertaken some limited needs analysis using the basic custody screening tool but the reducing reoffending strategy was unfinished and unpublished. There was no action plan to measure progress.
- 4.10** The Staffordshire and West Midlands Community Rehabilitation Company (CRC), on behalf of the Reducing Reoffending Partnership, provided resettlement planning. CRC and offender management unit (OMU) staff were based in different buildings, which obstructed effective communication, and in individual cases there was far too little joint working between them, which hindered good offender management.
- 4.11** Until recently, the OMU had carried several vacancies. Although there were now sufficient uniformed offender supervisors, some of them were very new to the role, and about a quarter of offender supervisor time was spent deployed to operational duties across the prison. There were backlogs in several areas of offender management work.
- 4.12** There were 626 prisoners serving over 12 months in custody and therefore requiring an offender assessment system (OASys) assessment. Of these cases, 112 did not have an initial assessment and 110 had not been reviewed in the previous 12 months. This meant that, overall, a third of eligible prisoners did not have an up-to-date OASys assessment. In addition, about 60% of prisoners transferred out in the previous six months had left the prison without an OASys assessment, which meant that their progression had not been informed by offending-related needs.
- 4.13** Most of the OASys and risk management plans we reviewed were the responsibility of community-based National Probation Service offender managers and in most cases OASys and risk management plans were not updated after significant events such as a new offence or recall to custody.
- 4.14** About 350 prisoners had been assessed as presenting a high risk of harm to others, and 50 of these were due for release in the next three months. The OMU did not have sufficiently skilled and experienced staff to manage this population. There was only one probation officer in post, so most of the high risk of harm cases, including a large number of sex offenders, were managed by uniformed offender supervisors. Many uniformed offender supervisors had received only basic OASys training and none received professional supervision. Those we spoke to acknowledged that they lacked the confidence, skills and time to manage and progress high-risk and sex offenders effectively. The standard of their casework was notably poorer than that of the probation officer (see main recommendation S69).

- 4.15** The recorded level of contact with prisoners, including high risk of harm men due for release, was poor. In the cases we checked, we found little evidence of contact between offender supervisors and community offender managers, to prepare for the prisoner's release. Many prisoners we spoke to expressed frustration about the lack of engagement from their offender supervisors. Offender supervisors often failed to encourage and motivate prisoners to address their offending behaviour (see main recommendation S69).
- 4.16** Despite implementing the new national home detention curfew (HDC) processes, the number of prisoners being released early had hardly increased since the previous inspection. Although internal OMU processes were sound, at the time of the inspection there were 28 prisoners past their HDC eligibility date. The obstacles which prevented this process from being completed in time included late responses from community offender managers and the lack of Nacro Bail Accommodation and Support Service (BASS) accommodation for those without a suitable home address. There was only one Nacro BASS bed available in the region at the time of the inspection.

## Recommendation

- 4.17** **The prison should explore and address delays to the new national home detention curfew processes which prevent prisoners from being released early under this scheme.**

## Public protection

- 4.18** Overall, public protection arrangements were very poor. The scope and effectiveness of the monthly interdepartmental risk management team meeting were too limited to be fully effective. It was not sufficiently multidisciplinary, with the absence of contributions from the security department being a notable gap, and mostly consisted of reviews of monitoring arrangements. The meeting was not used to discuss all high risk of harm cases due for release, which might have mitigated the deficiencies we found in cases managed by uniformed offender supervisors (see paragraph 4.14). In the cases we looked at, there was too little contact with community offender managers to inform risk management planning for prisoners due for release. This included a lack of confirmation of multi-agency public protection arrangements (MAPPAs) management levels.
- 4.19** Poor management of the basic public protection restrictions potentially exposed victims to further contact from perpetrators. There were 135 prisoners subject to active telephone monitoring, but with only two members of staff to complete this work, there was a huge backlog. Telephone calls were routinely not listened to for several months, so risk in some cases was not promptly identified. Calls in foreign languages were not routinely interpreted. The entire process was failing and did not serve to protect the public (see main recommendation S70).
- 4.20** Due to poor information sharing, mail room staff read incoming and outgoing mail for some prisoners who were no longer subject to monitoring, which meant that they did not have the proper authority to intercept it.
- 4.21** At the time of the inspection, there were 94 prisoners who were not supposed to have any contact with children. As they did not have access to all of the prison's information systems, the HALOW staff, who booked social visits, did not know about every prisoner with child contact restrictions, which presented a potentially serious risk (see main recommendation S70).

## Categorisation and allocation

- 4.22** Applications from prisoners asking for a transfer were not always responded to; at the time of the inspection there were 172 waiting to be answered, some dating back to March 2018. There had been long delays in the completion of recategorisation reviews by offender supervisors; the backlog had been as high as 227 at the start of 2018, but there had since been improvements and this number had been reduced to 33.
- 4.23** We were told by managers that the population of sex offenders had been doubled to try to stabilise the prison. However, no strategy had been developed to manage this increase and meet these prisoners' needs. There were no offending behaviour interventions for sex offenders, and many were stuck at the establishment with little prospect of progression and few opportunities to reduce their risk before release (see main recommendation S69).
- 4.24** The lack of places nationally for sex offenders made it difficult to progress most of them. Only 30 category B sex offenders had transferred out of the prison in 2018. Of the remaining 93, 50% had been at Birmingham for over a year, and some for four years. The prison had tried, but failed, to progress some of these prisoners. Staff from a prison specialising in sex offenders had visited, and identified a potential 59 candidates for transfer, but only one prisoner had subsequently been accepted (see main recommendation S69).

## Interventions

### Expected outcomes:

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

- 4.25** A small team delivered two accredited offending behaviour programmes to prisoners from the general population, and this provision was appropriate. Delivery had been sustained, with 55 prisoners completing the thinking skills programme and 18 completing Control of Violence for Angry Impulsive Drinkers (COVAID) in the previous 11 months. However, neither of these programmes was accessible to those convicted of sexual offences. Offender supervisor involvement, in terms of referral to programmes and attendance at post-programme reviews, was too limited (see main recommendation S69).
- 4.26** The lack of offending behaviour work for sex offenders who stayed at the establishment for a long time was a significant gap in provision (see section on categorisation and allocation). There was no opportunity to undertake work with those who were either nearing the end of their sentence or unsuitable for accredited programmes delivered elsewhere. We found examples of prisoners due for release who had not undertaken any offence-focused work while in custody.
- 4.27** Although the programmes team was trained in restorative justice, there had been only one face-to-face meeting between the victim and the offender since the previous inspection. The CRC had stopped running its anger management course, and their plans to run a 'Foundations of Rehabilitation' course had been halted because of staff shortages.
- 4.28** Where need was identified, there was good support to help prisoners to secure accommodation. The prison had access to several different housing providers, particularly in Birmingham. CRC caseworkers maintained a strong focus on housing needs, and the CRC had retained two housing and welfare workers, who worked with more complex cases. In the previous five months, supported accommodation had been found for 59 prisoners. Housing advice was offered as part of a pre-release course, but this was very poorly attended (see paragraph 4.33). The prison still did not monitor the proportion of prisoners

maintaining their housing after release, so it was difficult to gauge the effectiveness of the provision.

- 4.29** Finance, benefit and debt support was reasonably good. Where need was identified, CRC case workers referred prisoners to a Citizen's Advice worker, who visited once a week, or a worker from Birmingham Settlement, who visited fortnightly. There was a full-time worker from Jobcentre Plus on site. There was no money management course, and provision for opening bank accounts before release was inadequate. In the previous six months, an average of only four bank accounts had been opened for prisoners each month.

## Recommendation

- 4.30** **The proportion of prisoners maintaining suitable and sustainable accommodation after release should be monitored.**

## Release planning

### Expected outcomes:

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

- 4.31** Support for prisoners approaching release had deteriorated and severe staff shortages made it difficult for the CRC to cope. Some prisoners did not have a review of their resettlement plan or, more often, this was completed too close to the date of release to be fully effective. The CRC did not work towards prisoners' HDC eligibility date, which was a significant gap.
- 4.32** The quality of resettlement plans was too often weak, not helped by the lack of interview rooms on the wings. CRC workers often conducted resettlement interviews at cell doors, sometimes having to ask sensitive questions through the observation panel.
- 4.33** A potentially useful pre-release course, which brought together partner agencies to assist with resettlement planning, was poorly attended because of prison regime restrictions. Attendance was typically at about 20%, and the course was sometimes cancelled altogether. The prison had also previously held a regular multi-agency resettlement fair, but of the two that had been scheduled in 2018, one had been cancelled and the other attended by only 30% of invitees.
- 4.34** The recent 'Reset' pilot had sought to address the resettlement needs of prisoners who had been recalled to prison for very short periods. This was encouraging but, so far, this work had not been recommissioned.
- 4.35** Practical release arrangements were basic, and more work was needed in reception to organise a decent and reliable range of used clothing for those leaving prison without many belongings.
- 4.36** 'Through-the-gate' support was available for a small number of prisoners. The charity, Sova, worked with a handful of complex prisoners with vulnerabilities but their resources had reduced since the previous inspection. Yellow Ribbon, a community chaplaincy, offered a mentoring service from the gate for individuals from the Shropshire area.

## Recommendation

- 4.37 All prisoners should have a comprehensive review of their resettlement plan, which should be completed well enough ahead of release to be fully effective.**



# 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** All steps, including consultation with prisoners, should be taken to understand and analyse the causes of violence and antisocial behaviour. Actions should be taken to reduce violence, and the effectiveness of these should be monitored over time. (S62)
- 5.2** Perpetrators of violence and antisocial behaviour should be subject to appropriate administrative or disciplinary actions. (S63)
- 5.3** The prison's drug supply and demand strategy should be further developed, to identify additional practical measures to stop the ingress of drugs and reduce demand more robustly. It should include measures to develop a culture that does not tolerate drug use and actively supports those who are using to stop. (S64)
- 5.4** There should be a fundamental improvement in the quality of care for prisoners in distress. Those at risk of self-harm should be properly supported, and triggers such as poor living conditions and isolation should be addressed. The care of those most at risk under assessment, care in custody and teamwork (ACCT) procedures should focus on their assessed needs through a well-managed and effective casework approach. (S65)
- 5.5** Staff should be effectively supervised, coached and trained to maintain appropriate professional standards and provide a proper balance of care and control. (S66)
- 5.6** All prisoners should live in decent, humane conditions. (S67)
- 5.7** All prisoners should have the opportunity to engage in education, training and work. All sentenced prisoners should be required to attend. (S68)
- 5.8** The prison should implement a strategy to manage and progress sex offenders in order to address their offending behaviour. If they cannot be appropriately progressed, specific and sufficient offending behaviour work should be provided at Birmingham. The skills mix in the offender management unit should be improved, to reflect the need to work effectively with a large high-risk population. (S69)
- 5.9** Gaps and weaknesses in public protection arrangements should be identified and urgent remedial action should be taken to protect victims and potential victims. (S70)

## Recommendations

### Early days in custody

- 5.10** The delivery of induction should be monitored centrally, to ensure that all new arrivals have completed it. (1.9)

### Managing behaviour

- 5.11** All victims of violence and antisocial behaviour should be identified and assisted with comprehensive support plans which include access to regime activities. (1.18)
- 5.12** A regular adjudication standardisation process should be implemented to ensure adjudications are dealt with promptly and appropriately. (1.21, repeated recommendation 1.47)
- 5.13** Prisoners who are segregated, including those who are self-isolating, should be kept safe and have access to an adequate regime which safeguards their mental well-being. (1.30)

### Safeguarding

- 5.14** The safer custody meeting should analyse the reasons for self-harm (including acts of serious self-harm), monitor the actions taken and identify lessons learned. (1.50)
- 5.15** The Prisons and Probation Ombudsman death in custody action plan should be regularly monitored and action taken should be reviewed, to check that the recommendations have been thoroughly embedded. (1.51)

### Daily life

- 5.16** All cell bells should be answered within five minutes. (2.13)
- 5.17** Matters, including allegations against staff, submitted through the confidential complaints system should be dealt with promptly, fairly and efficiently. (2.21)

### Equality, diversity and faith

- 5.18** Equality and diversity should be given a higher priority within the establishment. The needs and treatment of prisoners from minority groups should be monitored, and action taken to ensure that their needs are met. (2.26)
- 5.19** Prisoners requiring a personal emergency evacuation plan should have one, and all staff having contact with prisoners should be aware of their responsibilities in relation to this procedure. (2.34)

### Health, well-being and social care

- 5.20** All clinical rooms should comply with infection control standards and offer a decent, safe and accessible environment for prisoners and staff. (2.53, repeated recommendation 2.55)
- 5.21** Prisoners should be able to complain easily, through a confidential, well-advertised health care complaints system. (2.54)

- 5.22** There should be a whole-prison strategic approach to promoting health and well-being. (2.60)
- 5.23** Condoms should be well advertised and easily available to all prisoners. (2.61)
- 5.24** Smoking cessation services should meet the needs of those who require support. (2.62)
- 5.25** There should be systematic care planning for, and monitoring of, all prisoners with life-long conditions. (2.72)
- 5.26** External hospital appointments should not be cancelled and custody escort arrangements should be adequate and effective to meet the health care needs of all prisoners. (2.73)
- 5.27** All custody officers should receive regular mental health awareness training to enable them to recognise and support prisoners with mental health problems. (2.84, repeated recommendation 2.86)
- 5.28** Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer guidelines. (2.85, repeated recommendation 2.87)
- 5.29** Substance misuse services should increase efforts to engage with prisoners who use new psychoactive substances, respond promptly to referrals, target interventions and explore the use of peer support as part of a prison-wide strategy to tackle the problem. (2.97)
- 5.30** The prison should ensure that there are sufficient, fit for purpose facilities for the unrestricted observation of prisoners during the initial five days of stabilisation. (2.98)
- 5.31** The in-possession policy should be adhered to and all medicines should be assessed individually. (2.108)
- 5.32** Prisoners in shared cells should be able to store medicines securely. (2.109, repeated recommendation 2.74)
- 5.33** Medicines should be prescribed and administered at clinically appropriate times to required professional standards. (2.110)
- 5.34** There should be sufficient officer supervision to ensure privacy and reduce opportunities for bullying and diversion. (2.111)
- 5.35** Health services staff should be able to administer a wider range of medicines without a prescription within a robust clinical framework. (2.112, repeated recommendation 2.76)
- 5.36** Room and drug refrigerator temperatures should be monitored effectively and prompt remedial action taken to ensure that medicines are stored at the correct temperature. (2.113, repeated recommendation 2.77)

#### Time out of cell

- 5.37** All prisoners should have a decent regime, including access to learning and skills and work activities, daily association and exercise in the open air. (3.13)
- 5.38** Data should be collected and analysed on library and gym use, to ensure equitable access and increase participation. (3.14)

## Education, skills and work activities

- 5.39** Prison leaders and managers should implement an effective strategy that delivers an appropriate range of education, skills and work provision that meets the needs of all prisoners. (3.25)
- 5.40** Effective quality assurance measures should be introduced for the whole of the provision that lead to significant improvements and increased prisoner success in gaining qualifications and developing their skills. (3.26)
- 5.41** Prison managers should ensure that the process of allocating prisoners to activities is informed by the prisoner's career needs and aspirations, and take into consideration their existing English or mathematics skills, and that prisoners attend an induction to education, skills and work activities. (3.27)
- 5.42** Prison managers should ensure that all prisoners are purposefully employed when undertaking work. (3.28)
- 5.43** Prison leaders and managers should provide prisoners with effective pre-release preparation that includes appropriate arrangements for education and/or training applications and job searches. (3.29)
- 5.44** Prison managers should improve the quality of teaching, learning and assessment of the education, skills and work activities. (3.37)
- 5.45** Education and prison managers should ensure that all prisoners receive a prompt assessment of their English and mathematics development needs. (3.38)
- 5.46** Prison managers should provide prisoners in workshops with appropriate support to enhance their English and/or mathematics skills. (3.39)
- 5.47** Education managers should introduce comprehensive arrangements to identify and address fully the needs of prisoners with learning difficulties and/or disabilities, so that they can make the progress that they are capable of. (3.40)
- 5.48** Tutors and instructors should improve prisoners' social, personal, practical and work-related skills, as appropriate, by using effective identification, recording and assessment methods. (3.41)
- 5.49** Tutors should improve the setting of prisoners' learning objectives to ensure the rapid development of employability, personal and social skills. (3.42)
- 5.50** Prison leaders and managers should prioritise prisoners' attendance at education, skills and work during the core day. (3.46)
- 5.51** Education tutors should consistently apply existing arrangements to minimise prisoners' self-elected absence from sessions. (3.47)
- 5.52** Education tutors should routinely and effectively challenge all incidents of prisoners' inappropriate behaviour and conduct. (3.48)
- 5.53** Leaders and managers should ensure that a large proportion of prisoners complete and achieve their education qualifications. (3.52)

- 5.54** Prison and education managers should ensure that prisoners attending vocational training and work attain their potential in improving and further developing their English and mathematics skills. (3.53)

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

- 5.55** The visits hall should be refurbished, to improve the experience for visitors and prisoners. (4.6)
- 5.56** Formal support should be available to assist in developing and maintaining positive relationships with families. (4.7)

### Reducing risk, rehabilitation and progression

- 5.57** The prison should explore and address delays to the new national home detention curfew processes which prevent prisoners from being released early under this scheme. (4.17)

### Interventions

- 5.58** The proportion of prisoners maintaining suitable and sustainable accommodation after release should be monitored. (4.30)

### Release planning

- 5.59** All prisoners should have a comprehensive review of their resettlement plan, which should be completed well enough ahead of release to be fully effective. (4.37)

## Examples of good practice

### Health, well-being and social care

- 5.60** A pharmacy-led multidisciplinary group met regularly, to promote a more integrated approach to patient care and encourage team working. (2.114)



## Section 6. Appendices

### Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Alison Perry	Team leader
Sandra Fieldhouse	Inspector
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Jonathan Tickner	Inspector
Ian Macfadyen	Inspector
Deri Hughes-Roberts	Inspector
Patricia Taflan	Researcher
Catherine Shaw	Researcher
Claudia Vince	Researcher
Charli Bradley	Researcher
Elizabeth Walsh	Lead health and social care inspector
Sigrid Engelen	Health and social care inspector
Deborah Hylands	Pharmacist
Tim Byrom	Care Quality Commission inspector
Gerard McGrath	Ofsted inspector
Jai Sharda	Ofsted inspector
Nigel Bragg	Ofsted inspector
John Steele	Chief Communications Officer, HMIP





## 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 2017, reception was efficient and first night arrangements were generally good, appropriately focusing on safety. Induction was not reliable. Too many prisoners felt unsafe. Incidents of violence, often related to drugs and debt, had increased substantially and were high. Levels of self-harm were high and individual care for prisoners at risk of harm needed to improve. Security processes were mostly proportionate. Despite proactive drug supply reduction plans, drugs were too easily available. The use of force and segregation had increased but remained relatively low. The governance of force was good. Substance misuse arrangements were mostly sound. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### Main recommendations

A clear strategy and plan to reduce the level of violence should be introduced. The effectiveness of action to reduce violence should be monitored. (S46)

**Not achieved**

### Recommendations

Prisoners from local courts should be transferred promptly to the prison following their court appearance. (1.5)

**Not achieved**

All new receptions should receive an appropriate induction (1.13)

**Not achieved**

Perpetrators of violence should be challenged and their behaviour addressed and monitored. (1.23)

**Not achieved**

Management of ACCT procedures should ensure that all action identified in assessments are included in care maps, objectives are addressed promptly and reviews include contributions from all prison departments responsible for progressing objectives. The outcomes of action should be recorded and objectives should be achieved as far as possible before cases are closed. (1.28)

**Not achieved**

Tasks assigned to prison departments as a result of intelligence reports should be completed promptly and action reported back to the security department. (1.38)

**Achieved**

Security and drug strategy staff should develop an integrated approach to reducing the demand and supply of drugs. (I.39)

**Not achieved**

Targets for those on the basic level should focus on addressing the individual's poor behaviour. (I.43)

**Not achieved**

A regular adjudication standardisation process should be implemented to ensure adjudications are dealt with promptly and appropriately. (I.47)

**Not achieved** (recommendation repeated I.21)

The use of the quiet cells should be clarified and their use subject to appropriate governance. (I.58)

**No longer relevant**

A senior manager should authorise the segregation of prisoners subject to ACCT procedures and ensure their regime is aligned with the ACCT care map. (I.59)

**Achieved**

All prisoners subject to reintegration should have an effective management plan that provides sufficient information regarding their daily management. Their access to regime should be documented and any reasons for deviation from the daily published regime recorded. (I.60)

**Not achieved**

Opiate-dependent prisoners should receive treatment promptly on arrival and prescribing regimes should be in line with national guidance. (I.68)

**Partially achieved**

Prisoners requiring stabilisation or detoxification should receive appropriate 24-hour monitoring and observation. (I.69)

**Partially achieved**

Clinical substance misuse and psychosocial support services should improve joint working to provide more integrated care. (I.70)

**Achieved**

## Respect

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

*At the last inspection, in 2017, residential accommodation was often overcrowded, poorly maintained and dirty and lacked sufficient furniture. Prisoner consultation arrangements were very good. We observed some good staff-prisoner relationships but too often staff failed to challenge poor behaviour or set effective boundaries. Outcomes for prisoners with protected characteristics were reasonable except for disabled prisoners, some of whose needs were not met. Too many prisoners could not attend communal worship. Complaints were well managed and legal services were very good. Health provision was reasonably good overall as was the food. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendations

Consistent staff-prisoner relationships should be embedded and clear expectations for prisoners' behaviour set. (S47)

**Not achieved**

## Recommendations

All communal areas, including showers, should be maintained to a consistently good standard. (2.8)

**Not achieved**

All cells should be maintained to a reasonable standard and have windows, sufficient furniture for the number of occupants and adequate screening around in-cell toilets. (2.9)

**Not achieved**

All prisoners should have an identified officer who supports them through their sentence and checks on them regularly. This should be reflected in comprehensive electronic case notes entries. (2.15)

**Not achieved**

Foreign national prisoners should have access to independent immigration advice. (2.28)

**Not achieved**

The needs of prisoners with disabilities should be identified, assessed and met and they should be able to access all prisoner services and facilities. (2.29)

**Not achieved**

Older prisoners should have access to a range of age appropriate activities during the day. (2.30)

**Not achieved**

Services should be introduced to support gay and bisexual prisoners. (2.31)

**Achieved**

Vulnerable and at-risk prisoners and prisoners with disabilities should have equitable access to adequate multi-faith facilities. (2.37)

**Not achieved**

All prisoners should have access to a chaplain of their faith. (2.38)

**Achieved**

Responses to complaints should be respectful and considerate. (2.42)

**Achieved**

Complaints data should be analysed for trends so lessons are learned and improvements made. (2.43)

**Not achieved**

All clinical rooms should comply with infection control standards and offer a decent, safe and accessible environment for prisoners and staff. (2.55)

**Not achieved** (recommendation repeated, 2.53)

Prisoners should be able to complain easily through a confidential well-advertised health system that outlines escalation and support options. (2.56)

**Not achieved**

Prisoners should have easy access to pertinent health promotion services, including barrier protection and smoking cessation. (2.57)

**Not achieved**

All prisoners should receive a secondary health screening within seven days of their arrival in the prison. (2.65)

**Not achieved**

Prisoners should be able to access all primary care clinics within community equivalent waiting times. (2.66)

**Achieved**

Prisoners in shared cells should be able to store medicines securely. (2.74)

**Not achieved** (recommendation repeated, 2.109)

Medicines should be prescribed and administered at clinically appropriate times to required professional standards. There should be sufficient effective officer supervision to ensure privacy and reduce opportunities for bullying and diversion. (2.75)

**Not achieved**

Health staff should be able to administer a wider range of medicines without a prescription within a robust clinical framework. (2.76)

**Not achieved** (recommendation repeated, 2.112)

Room and drug refrigerator temperatures should be monitored effectively and prompt remedial action taken when required to ensure medicines are stored at the correct temperature. (2.77)

**Not achieved** (recommendation repeated, 2.113)

The dental decontamination room should be kept free of clutter and required infection prevention standards should be maintained. (2.80)

**Achieved**

All custody officers should receive regular mental health awareness training to enable them to recognise and support prisoners with mental health problems. (2.86)

**Not achieved** (recommendation repeated, 2.84)

Patients requiring a transfer under the Mental Health Act should be transferred within the current transfer guidelines. (2.87)

**Not achieved** (recommendation repeated, 2.85)

All prisoners involved in the preparation and serving of food should wear appropriate clothing and have access to personal protective equipment. (2.94)

**Achieved**

## Purposeful activity

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

*At the last inspection, in 2017, time out of cell was reasonable for most, but wholly inadequate for a minority. The leadership and management of learning and skills and work activities were inadequate overall. The range of provision had improved and there were sufficient activity places for the population, but attendance was extremely poor. The quality of teaching and learning, particularly in some education sessions, was not good enough. Prisoners generally made adequate progress, but achievements in English and maths were far too low. The library was very good, but access remained problematic for many. Too few prisoners used the gym. Outcomes for prisoners were poor against this healthy prison test.*

## Main recommendations

All prisoners should have a decent regime, including access to learning and skills and work activities, daily association and exercise in the open air. (S48)

**Not achieved**

All available activity places should be used to maximise the number of prisoners attending learning and skills and work. Prisoners allocated to activities should attend them for the full duration of their course. (S49)

**Not achieved**

## Recommendations

Senior prison managers should ensure the college provides sufficient capable staff to meet the training and teaching needs of the curriculum. (3.11)

**Not achieved**

Staff who observe prison-run training as part of quality assurance process should focus on the learning that has taken place and identify areas for improvement to ensure all learners make rapid progress. (3.12)

**Not achieved**

Managers should provide an informative induction for all purposeful activities, which all prisoners should attend, so they know what is available and can complete the mandatory education assessment to ensure their education and training needs are captured. (3.17)

**Not achieved**

Prison and college managers should take immediate action to improve the quality of learning for prisoners through more inspirational teaching. (3.24)

**Achieved**

Opportunities for prisoners to develop confidence in English and mathematics should be available in all workshops. (3.25)

**Not achieved**

The quality and availability of specialist learning support should be improved to meet the complex and challenging needs presented by prisoners. (3.26)

**Partially achieved**

The development of prisoners' employability and interpersonal skills should be promoted, recognised and recorded. (3.31)

**Not achieved**

Opportunities for prisoners to progress to higher level learning should be increased. (3.32)

**Not achieved**

Achievement rates in functional skills English and maths courses should be improved and delivered within planned timescales. (3.36)

**Not achieved**

The reasons why prisoners withdraw from their courses early should be identified and addressed. (3.37)

**Not achieved**

The library should be promoted and access improved so all prisoners, including those in full-time purposeful activity, can use it. (3.42)

**Not achieved**

Library staff should collect data on library use so they can identify whether particular groups of prisoners are benefiting and take appropriate action to increase participation. (3.43)

**Not achieved**

All prisoners should receive an appropriate, timely induction to PE, which should include healthy living and fitness information. (3.47)

**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 2017, the reducing reoffending strategy was not informed by a needs analysis. Information exchange, to manage prisoners' risks, was limited. The offender management unit (OMU) worked hard to complete initial offender assessment system (OASys) documents, but too many prisoners were transferred without one being completed. Offender supervisor contact was very limited even in higher risk cases. Home detention curfew (HDC) arrangements were adequate. Basic public protection measures were sound. Categorisation arrangements were good and most prisoners were moved on promptly. The demand for resettlement services was very high and strong support was provided across most of the pathways. Outcomes for prisoners were reasonably good against this healthy prison test.*

## Recommendations

The reducing reoffending strategy should be informed by a comprehensive needs analysis. (4.5)

**Not achieved**

Information sharing across departments, between the prison and community-based offender managers and the CRC should be improved to promote effective risk management. (4.6)

**Not achieved**

The transfer of all prisoners should be informed by a good up-to-date OASys document and sentence plan. (4.13)

**Not achieved**

In higher risk of harm cases, where prisoners remain at the prison for several months, contact with offender supervisors should be frequent and meaningful to help prisoners make progress towards their sentence plan objectives and reduce their risk of harm. (4.14)

**Not achieved**

The effectiveness of the IRMT should be improved: all high risk of harm cases due for release should be reviewed regularly and risk management plans should be drawn up and delivered in partnership with others including, where relevant, MAPPAs meetings. (4.18)

**Not achieved**

Communication with probation offender managers should be improved to ensure that all information demonstrating a prisoner's risk of harm to others is shared and, where necessary, leads to a review of their MAPPA level and the development of a robust release plan. (4.19)

**Not achieved**

Prisoners not awarded re-categorisation should be told about the reasons and be given clear behavioural targets to achieve before their next review. (4.24)

**Not achieved**

More places should be made available for category B prisoners, including sex offenders, to ensure they do not have to stay at a local prison for too long. (4.25)

**Not achieved**

Joint working between the CRC and the OMU should be improved to ensure good information exchange and effective resettlement plans. (4.30)

**Not achieved**

The number of prisoners being released without a fixed address or to temporary accommodation should be closely monitored and validated. (4.33)

**Not achieved**

Robust systems should be in place to ensure all patients, including those released at very short notice, can continue with their prescribed medication post-release without any breaks. (4.37)

**Achieved**

Prisoners should be able to open a bank account prior to release. (4.41)

**Not achieved**

Breastfeeding facilities for visitors should be improved. (4.48)

**Achieved**

The range of offending behaviour interventions aimed at reducing the risk of harm and likelihood of reoffending should be reviewed to ensure it is sufficient for the population's needs. (4.51)

**Not achieved**

The prison should improve the identification of veterans to ensure this group's needs can be assessed so that appropriate provision is developed. (4.53)

**Not achieved**





# Appendix III: Urgent Notification documents

## Urgent Notification letter and attached inspection debriefing paper



**HM Chief Inspector of Prisons  
PETER CLARKE CVO OBE QPM**

**HM INSPECTORATE OF PRISONS**

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Date : 16 August 2018

The Rt Hon David Gauke MP  
Justice Secretary  
Ministry of Justice  
9<sup>th</sup> floor  
102 Petty France  
London SW1H 9AJ

Dear Secretary of State

### **Urgent Notification: HM Prison Birmingham**

In accordance with the Protocol between HM Chief Inspector of Prisons and the Ministry of Justice, dated 30 November 2017, I am writing to you to invoke the Urgent Notification (UN) process in respect of HM Prison Birmingham.

An unannounced inspection of HM Prison Birmingham took place between 30 July and 9 August 2018. This inspection identified many significant concerns about the treatment and conditions of prisoners. Below, I have set out some of the evidence that underpins my decision to invoke the UN process, and the rationale for why I believe it is necessary. In addition, I attach a summary note which details all the main judgements that followed this inspection. The summary note is drawn from a similar document provided to the prison's Director at the end of the inspection last week. You will be aware that HMP Birmingham is a privately-managed prison operated by G4S. The Director and other representatives of the company, along with officials of the MoJ, have been informed of my intention to invoke the UN process. I shall, as usual, publish a full inspection report in due course.

#### ***The requirements placed on HM Chief Inspector of Prisons under the Protocol***

The UN process requires me to summarise the judgements that have led to significant concerns, and to identify those issues that require improvement. A decision to invoke the UN process is determined by my judgement, informed by relevant factors during the inspection that, as set out in the Protocol, may include:

- Poor healthy prison test assessments (HMI Prisons' inspection methodology is outlined in the HMI Prisons Inspection Framework);

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- The pattern of the healthy prison test judgements;
- Repeated poor assessments;
- The type of prison and the risks presented;
- The vulnerability of those detained;
- The failure to achieve recommendations;
- The Inspectorate’s confidence in the prison’s capacity for change and improvement.

The Protocol sets out that my letter to the Secretary of State, with the accompanying note, will be placed in the public domain. It is my intention to publish the letter at 10am on Monday 20 August 2018. The Protocol also sets out that the Secretary of State commits to respond publicly to the concerns raised within 28 calendar days. The response will explain how outcomes for prisoners in the institution will be improved in both the immediate and longer term.

***HMP Birmingham – a dramatic deterioration in 18 months***

We last inspected HMP Birmingham in February 2017, shortly after the major disturbances of December 2016. At the time, we found there was still a palpable sense of shock at what had occurred, but also a clear determination to move on from the disorder and re-build. This inspection, in sharp contrast, found that there had been a dramatic deterioration. The prison was in an appalling state. Against all four of our healthy prison tests – safety, respect, purposeful activity and rehabilitation and release planning – we judged outcomes for those detained to be ‘poor’ (1), our lowest assessment rating. This is only the second time the Inspectorate has given its lowest assessment score against all four of its tests, a fact that clearly shows the seriousness of my concerns.

I was not surprised to find that of the 70 recommendations we made at our last inspection, only 14 had been achieved. None of the four main recommendations, concerning violence, staff-prisoner relationships, poor regimes and a lack of focus on education, training and work had been met.

***Safety***

The first priority of any prison should be to keep those who are held or work there safe. In this regard, HMP Birmingham had completely failed. Levels of violence had increased and, when measured over the last 12 months, were the highest for any local prison in the country. Many of the assaults were serious and the number was rising. Prisoners and staff frequently required hospital treatment. In our survey, 71% of prisoners told us they had felt unsafe at some time in Birmingham, an extraordinarily high figure. Thirty-seven per cent felt unsafe at the time of the inspection and many reported being bullied and victimised by other prisoners. The prison’s response to this was wholly inadequate. Most violent incidents were not investigated. There was inadequate analysis or understanding of the violence. In short, the prison’s strategy for confronting violence was completely ineffective. It did not, for example, even address the potential impact that the widespread availability of drugs had on the violence.

There were no formal or structured means of confronting violent prisoners and many did not even face sanctions. As a result, those perpetrating the violence could do so with

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near impunity. Despite the high levels of violence and delinquency the number of adjudications opened was lower than in similar prisons and far too many were dismissed or discontinued, often for procedural reasons. Referrals to the police were delayed too long to have any impact and schemes to incentivise positive behaviour were similarly ineffective.

We found prisoners isolating themselves in their cells, refusing to emerge because of their fear of violence. The prison did not know how many men were in this position and virtually nothing was being done to support them. All of those we found were locked up for over 23, sometimes 24 hours a day, occasionally being unlocked to have a shower. Some told us they felt unsafe even behind the locked cell door, and described ongoing intimidation including other prisoners squirting urine or throwing faeces through their broken observation panels.

The day-to-day vulnerability of some prisoners was typified when the Deputy Chief Inspector met an obviously distressed man sitting on some scruffy material on the springs of his bed, who said, repeatedly, ‘they stole my mattress.’ The theft, committed by other prisoners, had taken place three days earlier.

One of the most disturbing cases involved a clearly troubled man who was struggling to maintain personal hygiene. An offensive poster carrying the message ‘Say No to BO’ was stuck on his door, along with offensive comments on his cell card. We were told that on at least two occasions other prisoners put a nearby fire hose through his observation panel and ‘hosed him down’, soaking him and his cell. It took repeated interventions by the inspection team to have him moved to a place where his needs could be met. We struggle to understand how staff could have allowed this appalling bullying to take place.

#### **A lack of control**

Throughout our inspection we observed a prison where control was tenuous. For instance, accounting for prisoners was poor, with wing staff often not knowing where their prisoners were at any given time. There was a general lack of order on some wings and the movement of prisoners from place to place within the prison lacked sufficient control. In at least one case, a prisoner who had been removed from a wing where he had been intimidating others managed, inexplicably, to find his way back to the same wing.

#### **Drugs**

We saw many prisoners under the influence of drugs and the smell of cannabis and other burning substances pervaded many parts of the prison. Testing suggested a third of prisoners were using illicit drugs and half the population thought drugs were easy to obtain. One in seven said they had developed a problem with illicit drugs since they had been in Birmingham. Our own observations confirmed to us that the use and trafficking of illegal substances was blatant. I have inspected many prisons where drugs are a problem, but nowhere else have I felt physically affected by the drugs in the atmosphere – an atmosphere in which it is clearly unsafe for prisoners and staff to live and work. In light of this, it was shocking that many staff did not seem to be prepared to tackle the

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drugs misuse. When inspectors at one point raised the fact that drugs were clearly being smoked on a wing, the response from staff was to shrug.

We were made aware during the inspection of the recent death of three prisoners and although the circumstances were still subject to investigation by police and the Prisons and Probation Ombudsman (PPO), it was likely that the misuse of synthetic cannabinoids was involved.

#### ***Self-harm***

In the 18 months since we last inspected HMP Birmingham three prisoners were known to have taken their own lives. Not all investigations by the PPO are complete but early indications suggest significant concerns about the standards of care at the prison. This inspection supports those findings. Case management of prisoners at risk of suicide and self-harm was poor, the response to previous PPO recommendations had not been sustained and prisoners at risk of self-harm we spoke to did not feel well cared for. The poor conditions in which they were held, the lack of anything purposeful to do and their inconsistent access to peer support added to their risks. While it was true that recorded levels of self-harm were lower than at other similar prisons, we did find some evidence that suggested there was under-reporting of such incidents.

#### ***Low staff confidence and poor support***

Many staff lacked both confidence and competence in key prison skills. This was compounded by ineffective front-line management and leadership and lay at the heart of the prison's problems. On a minority of wings, we evidenced staff-prisoner relationships that were reasonably effective but many staff were anxious and indeed fearful as they went about their duties. Wings were poorly supervised and prisoners routinely disregarded rules, even to the extent of open drug use. We saw prisoners behaving poorly or intimidating staff and other prisoners without challenge and staff were ineffective in maintaining even basic standards. It was often difficult to find officers, although we did find some asleep during prisoner lock-up periods. On more than one occasion we found groups of staff who had locked themselves in their own offices. We were told this was to prevent them, when busy, from being distracted by prisoners – an explanation that was neither plausible nor acceptable.

There had also been a series of incidents when staff were targeted. These included an arson attack during the week of our inspection that destroyed nine staff vehicles (seven belonging to staff and two being used by the inspection team) in a car park adjacent to the prison. This was supposedly a secure car park for staff. It can come as no surprise to anyone that this and other incidents took a toll on staff, many of whom told us they felt unsafe.

#### ***Respectful detention and living conditions***

Birmingham is a very large prison and comprises older Victorian wings and newer accommodation built in the last 15 years. We found living conditions as poor as we have seen anywhere in recent years and staff and managers appeared to have become inured to the decay in standards.

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Communal areas in most wings were filthy. Rubbish had accumulated and not been removed. There were widespread problems with insects, including cockroaches, as well as rats and other vermin. We saw evidence of bodily fluids left unattended, including blood and vomit. I saw a shower area where there was bloodstained clothing and a pool of blood that had apparently been there for two days, next to numerous rat droppings. Many cells were cramped, poorly equipped and had damaged flooring or plasterwork. Most toilets were poorly screened, many were leaking and we saw cells with exposed electrics.

In the older part of the prison (primarily A, B, C wings), virtually every window was damaged and many were missing. We met several vulnerable or newly-arrived prisoners who were placed in accommodation that was squalid and unfit to be used. Conditions on the newer wings were generally better but ventilation was poor across the prison. Observation panels in cell doors were frequently smashed and then covered by prisoners and this practice – which meant that staff could not assess the risk of entering a cell – nevertheless went unchallenged by staff. There were also unacceptable delays, sometimes up to an hour, in responding to cell bells.

#### **Purposeful activity and release**

Our findings on safety and living conditions would on their own have justified invoking the Urgent Notification process. But a prison is also responsible for delivering purposeful regimes with training and education, as well as an approach to rehabilitation that addresses the risk of reoffending, public protection and preparing the individual for release. HMP Birmingham was delivering very poor outcomes in all these areas. I will limit my comments in this letter about these specific issues, as the inspection debrief note gives more detail. Our colleagues in Ofsted judged the overall effectiveness of education, work and training as ‘inadequate’, citing management weaknesses, inconsistent teaching and indifferent achievements. Only about 40% of prisoners were engaged in activities. Attendance and punctuality were poor. The result was that while many men were out of cells during the day, they were aimlessly hanging about on wings.

In terms of offender management and release planning, we had significant concerns about the confidence and competence of some offender supervisors. Since the last inspection the number of sex offenders in the prison had doubled to more than 200. We were told this had been done as a management device to help stabilise the prison after the disturbances in December 2016. This might have been legitimate had any meaningful work been done to address the risks posed by these men.

Birmingham held and frequently released men who were assessed as posing a high risk of harm to others. Between August and November this year, 50 high-risk men are due to be released and we were greatly concerned that measures to protect the public from those men – while in prison and on release – were very poor.

#### **Conclusion**

I was astounded that HMP Birmingham had been allowed to deteriorate so dramatically over the 18 months since the previous inspection. A factor in my decision to invoke the Urgent Notification process is that at present I can have no confidence in the ability of

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the prison to make improvements. There has clearly been an abject failure of contract management and delivery. We were told about ‘improvement notices’, ‘improvement plans’ and ‘outstanding issues’ notices. G4S has also recruited a task force to help the management team deliver improvements, though this is a very recent development.

In my view, however, there can be little hope that matters will improve until there has been a thorough and independent assessment of how and why the contract between government and G4S has failed. Such an assessment is urgently needed if any progress is to be made. To take just one of HMP Birmingham’s many problems, the failure to address the appalling state of the windows is inexcusable. Managers in the prison told us they had been assured that a government-funded programme would begin in the summer of 2018 to replace the hundreds of broken windows. By mid-August this work had not started and within a matter of weeks many prisoners will be forced to use blankets, towels or clothing to keep the cold out.

The inertia that seems to have gripped both those monitoring the contract and delivering it on the ground has led to one of Britain’s leading jails slipping into a state of crisis that is remarkable even by the low standards we have seen all too frequently in recent years. I have already described the near-total failure to address our previous recommendations. The Action Plan published in September 2017 to address those recommendations remains a collection of largely unfulfilled aspirations.

For HMP Birmingham to improve, the causes of failure need to be understood and addressed as part of an honest appraisal of what has happened. I hope that you, as Secretary of State, will be able to initiate such an appraisal, which is of course beyond the scope of this latest inspection.

First, however, there is an urgent and pressing need to address the squalor, violence, prevalence of drugs and looming lack of control that currently afflict HMP Birmingham.

Yours sincerely

A handwritten signature in black ink that reads "Peter Clarke". The signature is written in a cursive style with a horizontal line underneath the name.

**PETER CLARKE**

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Debriefing paper by HM Inspectorate of Prisons

Full inspection of:

HMP Birmingham

30 July – 9 August 2018

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## Healthy prison assessments

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Outcomes for prisoners are good against this healthy prison test.  
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

Outcomes for prisoners are reasonably good against this healthy prison test.  
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 against this healthy prison test.  
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 against this healthy prison test.  
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.

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## 1. Safety

Reception and first night procedures were good and prisoners were well supported. Too many prisoners felt unsafe. Levels of violence were exceptionally high and many incidents were serious. Many perpetrators of violence did not face sanctions and not enough was being done to make the prison safer. Too many adjudications were not proceeded with. The regime in the segregation unit was poor. Use of force was relatively low and well governed. There was a lack of order and control on some wings. Drugs were easily available. There had been three self-inflicted deaths since we last inspected and a further three deaths likely to be linked to the misuse of NPS. Prisoners at risk of suicide and self-harm were not well cared for. Outcomes for prisoners were poor.

### Early days in custody

- Reception was exceptionally busy but staff were welcoming and processes were efficient.
- Since the last inspection Insider prisoners had been appointed and they supported and provided reassurance to new arrivals.
- First night processes in the dedicated first night centre were well organised and accommodation was clean and well equipped.
- Staff interviewed prisoners before they were locked away with an appropriate emphasis on safety concerns but these interviews were not sufficiently private.
- New prisoners received useful information about prison processes from Insiders, supplemented by relevant agencies on the day after arrival, but attendance at induction was not tracked.
- Prisoners were moved on promptly from the induction wing but there was poor introduction to their new location.

### Managing behaviour

#### Encouraging positive behaviour

- Levels of violence had increased since our last inspection and were very high. When measured over 12 months, levels of violence at Birmingham were higher than at all other local prisons. Many incidents were serious and this figure was rising. Both staff and prisoners attended outside hospital for treatment.
- In our survey, 71% of prisoners said they had felt unsafe at some time at Birmingham and over a third said they currently felt unsafe. Too many violent incidents were not investigated. The analysis of violence-related data included a useful range of demographic information but failed to identify causal factors. As a result, the violence reduction strategy and supporting action plan were too limited, failing to consider the impact of drug activity, lack of staff supervision and control, and lack of purposeful activity on rising violence. Some actions had been taken to make the prison safer but too many actions had yet to be implemented.
- There was no formal process to challenge perpetrators of violence. Too often prisoners did not face any sanctions, such as the use of incentives and earned scheme (IEP) and adjudications to deter and manage their poor behaviour.
- We found a number of prisoners across the prison self-isolating due to fears for their safety. They were entirely unsupported and there were no processes in place to manage them or provide them with any form of regime.
- The IEP scheme was ineffective and inconsistently applied.

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**Segregation and adjudications**

- Monitoring and oversight of segregation was satisfactory but did not include those self-isolators segregated on wings.
- Most stays were relatively short, but the regime, especially for those staying for lengthy periods, was extremely poor.
- Despite particularly high levels of violence, the number of adjudications was fewer than in similar prisons.
- Too many adjudications were dismissed or not proceeded with and charges referred for police investigation were delayed for too long, which undermined the challenge to poor prisoner behaviour.

**Use of force**

- Despite the high levels of violence and poor prisoner behaviour, recorded use of force had reduced since the last inspection.
- Managerial oversight was good, and records we viewed were comprehensively completed and evidenced a focus on de-escalation.
- Use of special accommodation was rare and appropriately justified and authorised.

**Security**

- We were concerned at poor accounting for prisoners, lack of order and control on some wings and some poor control around prisoner movement.
- Intelligence was quickly and effectively analysed and had led to some successful operations and outcomes, including the disruption of organised crime groups (OCGs), and significant drug and mobile phone finds. The prison was suitably focused on the risks posed by extremism.
- Drugs were too easily available. The number of prisoners testing positive for drugs under the random testing procedures was over 33%. In our survey, half of all prisoners said that it was easy to get illegal drugs at Birmingham and one in seven said that they had developed a drug problem at the prison.
- We witnessed many prisoners under the influence of drugs and prisoners openly using and trafficking drugs around the site. Incidents involving new psychoactive substances (NPS) were routine and we frequently smelt cannabis on the wings. Shockingly, staff were too often ambivalent and accepting of such incidents.
- There had been three recent drug-related deaths and although the Prisons and Probation Ombudsman (PPO) investigations into these deaths had been suspended pending completion of police investigations, early indications suggested it was likely that misuse of synthetic cannabinoids was involved.

**Suicide and self-harm prevention**

- Recorded levels of self-harm were lower than at the last inspection and lower than in similar prisons, although we observed, and Listeners told us, that some incidents of self-harm were not recorded.
- Analysis of self-harm incidents at the monthly safer custody meeting was not good enough to identify patterns and trends which would inform action.
- The management of ACCT (case management for prisoners at risk of suicide or self-harm) procedures was poor in most cases. In many, care maps had not been completed and where they had, issues identified in assessments had not been included. Recorded contact was not sufficiently interactive and was often not complying with planned intervals.

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- Care was undermined by the extremely poor living conditions and lack of constructive activity, and prisoners we spoke to did not feel well cared for.
- There had been three self-inflicted deaths since the last inspection. Although not all the PPO investigations were complete, early indications suggested significant concern about standards of care at the prison.
- The action plan in response to PPO recommendations was incomplete and not kept under review so some actions were not sustained.
- Investigations of serious incidents of self-harm were not sufficiently detailed and did not identify lessons learned.
- In our survey only 31% of prisoners said it was easy to speak with a Listener when they wanted to, which was significantly worse than similar prisons and Listeners told us that prisoners were often refused access to them.

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## 2. Respect

Staff-prisoner relationships had deteriorated markedly. Many staff lacked confidence and did not exert appropriate authority or challenge blatant poor behaviour. Some staff ignored vulnerable prisoners being openly bullied. The prison was dirty and many prisoners were living in exceptionally poor cells, some of which were not fit for habitation. Consultation arrangements were patchy and applications were poorly administered. Some serious complaints were not adequately tracked or progressed. Equalities was given insufficient priority and more needed to be done to meet the needs of disabled prisoners. The food was adequate, but some serving areas were filthy. Health and substance misuse services were reasonable overall but there were some significant gaps. Outcomes for prisoners were poor.

### Staff-prisoner relationships

- Staff-prisoner relationships had deteriorated since the last inspection.
- Some staff were clearly competent and we observed some relaxed and effective relationships.
- Relationships on a minority of wings were reasonable but elsewhere, a lack of confidence and inexperience in the workforce was clearly impacting on relationships.
- A series of incidents, most recently an arson attack on cars in the staff car park, had inevitably taken a toll on staff, many of whom told us they felt unsafe.
- Some wings were very poorly supervised. At times it was difficult to find staff and some were found locked in wing offices. We saw examples of staff asleep during patrol periods.
- Boundaries between staff and prisoners were blurred and some prisoners undertook roles which were clearly the domain of staff.
- Some prisoners routinely disregarded rules and appropriate standards of behaviour, without challenge from staff.
- We regularly saw evidence of open drug taking, blocked observation panels, prisoners expected to endure intolerable living conditions and some vulnerable prisoners being openly bullied with staff failing to take action.

### Daily life

#### Living conditions

- Living conditions in most wings were very poor, and some of the worst we have seen.
- External areas and most exercise yards were stark. Debris that had been thrown out of cell windows in older wings was gathering in gullies and on lower rooftops.
- Common areas in most wings were filthy and access to cleaning materials was problematic. Rubbish was not always removed promptly and there were problems with fleas, cockroaches and rodents.
- Many cells were cramped and overcrowded. Many were poorly furnished and had broken windows and observation panels, damaged flooring and plasterwork. There was much graffiti, some of it offensive. Most toilets were poorly screened and some were filthy. We saw cells with exposed electric wires.
- Some particularly vulnerable prisoners were living in squalid cells which were not fit for habitation. Blood had not been cleaned from the cell floor of a prisoner who had self-harmed two days previously. Vomit had been left overnight on the landing of one wing.
- Many showers were poorly maintained and shower facilities were dirty.

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- Conditions in some newer wings were better. Some were reasonably clean. Cells there were often in better condition, but many were poorly ventilated and uncomfortably hot.
- Monitoring data, and our observations, showed unacceptable delays in answering cells bells. A prisoner on an ACCT waited almost one hour, and another 45 minutes.

#### Residential services (catering and shop)

- We found the quality of the food to be reasonable but we received numerous complaints about the standard of the food during the inspection and only 31% of prisoners said the food was good or very good. Food trolleys were dirty and the central servery area was in a deplorable state with dirty standing water and utensils in sinks, extensive uncleared rubbish and filthy toilets adjacent.
- Most prisoners said they could buy what they needed from the canteen using the kiosks.

#### Prisoner consultation, applications and redress

- Consultation arrangements with prisoners were patchy. Prisoners had made some interesting and creative proposals, but there was little evidence that these ideas were being put into practice.
- Only 55% of prisoners said it was easy to make an application, which was significantly poorer than the 71% previously. There were some significant delays in responses.
- Most complaints related to property and other administrative problems and replies to them were timely and most were helpful. A number of serious allegations had been generated through the confidential complaints system but we were concerned about the lack of tracking and progress in these cases.

#### **Equality, diversity and faith**

##### Strategic management

- Equality and diversity was not given sufficient priority or prominence.
- The equality and diversity committee met regularly, but senior staff with designated lead roles for protected characteristics did not always attend.
- Discussion at the committee was descriptive rather than analytical. Equalities data was available but not used effectively.
- Prisoner equality reps provided useful individual support to other prisoners, but there were no focus groups to help extend the range of their work.
- While discrimination incident reporting form (DIRF) investigations were usually carried out reasonably well, many of them were completed late.

##### Protected characteristics

- In our survey, prisoners from minority groups generally reported similarly to mainstream prisoners.
- Men from a black and minority ethnic background made up around a third of the overall population. There was no formal support for this group but we did not see and were not told of evidence any obvious direct racial discrimination.
- Some helpful work was being carried out with travellers and LGBT prisoners.
- Foreign national prisoners, who made up just over 12% of the population, had regular access to Home Office officials but many did not have access to free independent immigration advice. Little help was provided for men who did not speak English and they were potentially very isolated.

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- Arrangements for older and disabled prisoners who were located on the social care wing and who presented higher levels of need were good. Other prisoners with disabilities struggled to get their needs met. There was still no formal prisoner carer scheme and the personal emergency evacuation plan (PEEP) arrangements were badly organised and unreliable. Wheelchair users continued to have difficulty accessing services, such as the chapel and the dentist.

#### Faith and religion

- Prisoners had good access to religious services and their spiritual needs were adequately met.

#### Health, well-being and social care

- Health care services had improved since our last inspection but there were still some areas of concern, including the complaints process and medicines management
- An appropriate range of primary care services met patient need, but did not attend (DNA) rates were very high and the management of long-term conditions required improvement.
- Health care staff regularly responded to a high number of NPS incidents, which impacted on their routine activities.
- Too many outside hospital appointments were cancelled by the prison and we found examples of prisoners with broken bones not receiving prompt hospital treatment.
- Some aspects of medicines management, including in-possession risk assessments, required improvement. Medication administration was not confidential and the quality of officer supervision was poor.
- A well-integrated mental health team offered an appropriate range of primary and secondary support. Referrals were seen promptly and care planning was generally good.
- The inpatient unit provided an impressive environment for up to 30 physically and mentally unwell prisoners. Dental provision was good and waiting times had reduced.
- The eight men receiving social care from an external provider were very complimentary about their care.
- Clinical management of drug- and alcohol-dependent prisoners had improved but observation of drug-dependent prisoners during their early days remained problematic.
- Most prisoners with drug and alcohol problems were located on B wing, where drugs were easily available and which therefore did not provide a recovery-focused, safe environment.
- Psychosocial services provided a reasonable range of interventions and joined up working had improved, but more needed to be done to encourage prisoners using NPS and other drugs to engage with services.

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### 3. Purposeful activity

**The core day was complicated and unreliable. Time unlocked was reasonable for a minority but far too little for some. Library and PE facilities were good but access was not adequately monitored. The provision of education, skills and work was inadequate. Too many prisoners did not have an education, work or training place and those who did often failed to attend. The quality of teaching and learning required improvement. Too few prisoners completed their courses or achieved their qualification. Outcomes for prisoners were poor.**

#### Time out of cell

- Time out of cell was adequate, at around nine hours for the minority of prisoners in education, training and work. Most prisoners had four to five hours unlocked on the wings with nothing purposeful to do, spending most of their time milling around and associating in groups in cells.
- Prisoners who were self-isolating were sometimes unlocked for a shower but even this was not guaranteed.
- The core day was confusing, unnecessarily complex and often not followed. There were regular delays in the regime that had an impact on prisoners' access to activity places.
- In our spot checks, 32% of prisoners were locked up during the core day.
- Exercise was sometimes cancelled and only 27% of prisoners said they could exercise more than five days a week.

#### Library and PE

- The library was well run, welcoming and offered a wide range of material. Prisoners valued the facility.
- Attendance was variable due to problems with the redeployment of escorting staff, although this had improved recently.
- An appropriate range of gym equipment and facilities were provided.
- The range of planned activities and sports was adequate, including activities for the over-40s and for those recovering from injury.
- Monitoring of access and usage of both the library and gym was weak and it was difficult to determine who used them and whether access was equitable.

#### Education, skills and work activity

##### Leadership and management of education, skills and work activity

- Prison leaders and managers gave insufficient strategic priority to the promotion of education and its role in reducing reoffending.
- Leaders and managers had been slow in taking effective actions to improve provision and achieve the recommendations from the previous inspection. Formal quality assurance measures required further development.
- There were enough full-time equivalent activity places for about two-thirds of the population. Places were not used effectively, leaving many prisoners without an activity at all.
- Prisoners allocated to an activity often failed to attend or attended late. We found only 40% of prisoners in work, training or education at any one time.
- Training and education were often interrupted due to regime demands, including significant numbers of prisoners leaving work or education to attend PE.

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- The range of higher level qualifications was too limited and there was insufficient accredited training in work settings. Not enough programmes were structured to meet the needs of short stay prisoners.
- There was inadequate provision of careers advice.

#### Quality of teaching learning and assessment.

- Teaching, learning and assessment were not consistently good enough.
- A large proportion did not receive a suitably timed assessment of their English and mathematics development needs. Consequently, a small minority of prisoners were on inappropriate education courses or receive delayed help.
- The quality of support for the small number of learners with self-declared learning disabilities or difficulties had improved; but the formal identification of additional support needs was insufficient.
- In the better sessions, tutors designed and used teaching strategies and exercises that helped learners gain confidence and achieve to their potential. However, prisoners' personal and social development needs were not routinely established and used to aid their successful rehabilitation.
- Tutors' management of peer mentors was not consistently effective. Too often tutors did not sufficiently direct mentors' work to ensure they removed barriers to prisoners' learning.

#### Personal development and behaviour

- Good, respectful behaviours were observed in work and education. Rapport between the prisoners and staff during activities was good. However, a small number of prisoners behaved badly.
- Prisoners in education and vocational training made appropriate improvements in their speaking and listening skills. This helped them participate more effectively in their activities. Prisoners' development of literacy and mathematics skills in work settings required improvement.
- Work and lessons did not start and end at the planned times, undermining the development of employer-desired behaviours.

#### Achievements and outcomes for prisoners

- The proportion of prisoners who completed their courses and achieved their qualifications was too low.
- Mathematics qualification achievement rates had improved since the previous inspection, but required further improvement. Achievement of English qualifications was very low.

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#### 4. Rehabilitation and release planning

Visits provision was adequate. The strategic management of reducing reoffending was very weak. Too few prisoners had an up to date offender assessment system (OASys) assessment. Too many offender supervisors lacked the confidence and skills to undertake their role, particularly with high-risk offenders, and contact with prisoners was poor. Opportunities for progression were far too limited for the many sex offenders. Public protection arrangements were very poor. A few hundred prisoners were released each month but their release planning was often weak. Some good support was provided for prisoners requiring help with finance or finding accommodation, but only if their need was identified. Outcomes for prisoners were poor.

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

- The visits centre continued to provide a supportive and helpful service for people visiting the prison and this was reflected in positive findings from a recent visitor survey.
- The visits hall was large and spacious and the atmosphere was relaxed, but the furnishing and decoration were poor and in need of refurbishment.
- Family days continued to take place monthly, but there were no formal programmes or interventions or family engagement staff to help men who had problems maintaining positive relationships with their family.
- It was encouraging that a support group had recently been set up to support men who did not receive visits.

##### Reducing risk, rehabilitation and progression

- Strategic management had deteriorated and was poor. The reducing reoffending committee did not meet, the strategy was unfinished and there was no action plan to measure progress.
- Joint working between the offender management unit (OMU) and community rehabilitation company (CRC) was extremely limited.
- The prison held a complex population. Most prisoners stayed at Birmingham for three months or less but about 350 men were assessed as high risk of harm and 50 of these were due for release in the next three months.
- A third of eligible prisoners did not have an initial or up to date OASys assessment and 60% of men were transferred without one, so progression was not informed by risk and need.
- Uniformed offender supervisors were managing the vast majority of high risk men and lacked confidence to undertake this role effectively.
- The recorded level of contact with prisoners, including high risk of harm men due for release, was poor and offender supervisors often failed to encourage and motivate prisoners to address their offending behaviour.
- Not enough men were being released under the new home detention curfew (HDC) processes and the reasons needed to be explored and addressed.

##### Categorisation and allocation

- The number of sex offenders had increased. We were told that numbers had been increased to try to stabilise the prison, but there had been no consideration of their needs. Progression opportunities were much too limited and many had been stuck at

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the prison for over a year without any intervention to challenge their offending behaviour.

#### Public protection

- Overall public protection arrangements were very poor.
- The scope and effectiveness of the inter-departmental risk management team (IDRMT) was too limited.
- There was too little contact with community offender managers to inform risk management planning for prisoners due for release.
- Mail and phone monitoring and child contact arrangements were poorly managed and potentially exposed victims to further contact from perpetrators.

#### Interventions

- Delivery of accredited programmes to prisoners from the general population was appropriate and sustained, but the lack of interventions for long staying sex offenders remained a significant gap. There was very little other work around attitudes, thinking and behaviour.
- Support for prisoners around finance, benefit and debt was reasonably good but very few men were able to open a bank account before release.
- Where need was identified, there was very good support in place to help prisoners secure accommodation, but the prison still did not monitor closely enough the proportion of prisoners going to permanent and sustained housing on release.

#### Release planning

- Many men were serving short sentences and the demand for resettlement services remained very high with around 200 releases each month.
- Support for men approaching release had deteriorated. Staff shortages made it difficult for the CRC to cope and resettlement plans were either not completed or completed too close to release to be effective.
- Pre-release courses and resettlement fairs were very poorly attended, which were significant missed opportunities.

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## Secretary of State's letter in reply



**Peter Clarke CVO OBE QPM**  
HM Chief Inspector of Prisons  
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E14 4PU

**Rt Hon. David Gauke MP**  
**Secretary of State for Justice**

17<sup>th</sup> September 2018

*Dear Peter*

### **URGENT NOTIFICATION – HMP BIRMINGHAM**

Thank you for your letter dated 16<sup>th</sup> August 2018, setting out your concerns following the inspection at HMP Birmingham and invoking the Urgent Notification protocol. As set out in the Protocol between you and my Department, I am responding to you within 28 days of your letter.

I take very seriously the issues you raised and I am committed to ensuring they are addressed. I set out below an overview of the immediate actions we have prioritised to address the most serious and urgent matters. I also enclose an initial action plan providing more detail on the specific actions that have been completed or are underway.

#### **Step-in**

Over the course of the past few months, Her Majesty's Prison and Probation Service (HMPPS) has been working with G4S to drive up standards at HMP Birmingham. It became clear, however, that without additional support and resources the prison would not be able to make sufficient progress on the issues it was facing and which were highlighted following your recent inspection. Therefore, on 20<sup>th</sup> August, in accordance with the Criminal Justice Act 1991, I appointed a public-sector Governor and exercised rights in our contract with G4S for HMPPS to step in and take over the management of HMP Birmingham from G4S for an initial period of six months. We continue to work closely with G4S to address the issues which we had identified and which you highlighted in your letter.

#### **Leadership and Staffing**

You raised concerns about the ineffective front-line management and leadership, coupled with low staff confidence and competence in key prison skills. You said in your letter that this lay at the heart of the prison's problems. We agree that this needs to be strengthened at all levels. A key aspect of the step-in allowed us to utilise support and resources from across the wider prison system. I have appointed one of

our strongest prison service governors, Paul Newton, to lead the prison and steer the transformation process, drawing on his vast experience of managing challenging establishments.

We will continue to assess the need for experienced staff, and the overall numbers of staff required, to support the existing G4S officers at HMP Birmingham (who remain in the employ of G4S but under the direction of the new Governor). We have already temporarily deployed HMPPS staff in a variety of roles. In addition to the 32 (as at this week) Band 3 officers on detached duty from HMPPS, we will also bring in officers at Band 4 and managers at Band 5 and at Heads of Function level, as deemed appropriate by the Governor.

As you will be aware, the introduction of HMPPS staff is being coupled with a reduction in capacity of a further 300 places (in addition to the 116 places that were removed from use in November 2017 to assist stability). The reduction is already two thirds complete and will be fully completed by the end of September. The prison estate has sufficient capacity to reduce the number of places at HMP Birmingham. A number of West Midlands courts will be served by HMP Hewell rather than Birmingham, in order to sustain a lower population. These steps will increase pressures elsewhere, which is not ideal, but HMPPS assess that those impacts are manageable and appropriate given the priority that must be given to Birmingham. HMPPS are carefully managing the reduction in capacity and working closely with Governors across the estate to mitigate the impacts it has elsewhere. We will continue to assess the need for the reduced population over the coming months, but will not increase capacity until we deem it is appropriate and are assured it can be achieved safely in decent conditions.

It is important that these actions regarding staffing and population are taken in conjunction with one another. They will immediately reduce the pressure on inexperienced staff and support a more stable environment, and provide the resourcing levels to allow us to undertake many parts of the action plan. Creating capacity in staffing levels allows experienced officers, from both G4S and HMPPS, to mentor and support other staff. It also allows for staff to be released to undertake training to ensure they fulfil their roles to best effect. This training will aim to address gaps in skills and to instil confidence in managing prisoners; to challenge behaviour where necessary and to support rehabilitation.

The management and leadership impact of Paul Newton, supported by further HMPPS resources, is key to effective implementation of the strategy outlined above. He is working closely with G4S to consider short-term workforce issues, effective management of workforce plans and training requirements. Together they have developed and introduced recruitment, training and mentoring strategies for all staff, including senior managers.

This is supported by a strong focus on getting the basics right in the prison. We are undertaking work to ensure that an effective regime is in place, with brings certainty to both staff and prisoners alike.

This provides an effective foundation on which to ensure that the processes and procedures which are so vital in prisons can be improved. For example, it is a priority to ensure that essential systems, including the Incentives and Earned Privileges scheme and complaints processes, work effectively. We want staff to use them appropriately to maintain control and incentivise good behaviour from prisoners. Work in this area is underway, under the Governor's close scrutiny.

### **Decency and Living Conditions**

The reduction in HMP Birmingham's capacity is linked to the Governor's review of accommodation across the whole prison. This review allows him to take cells out of use where they do not meet the required standards.

As you know, the prison is made up of two parts, the old Victorian buildings and much newer accommodation. The reduction in the operational capacity will allow us to empty A, B and C wings in the Victorian section, which clearly stand out as the worst accommodation. It will also allow us to make assessments about what work is required. Urgent work will be done on G wing to bring it to the required standard over the coming weeks and ensure that prisoners are held in decent conditions when it reopens shortly.

In the newer part of the prison we are already taking cells out of action and working closely with G4S to ensure that remedial work is carried out. We have brought in estates specialists from HMPPS' central and regional resources to support local management and providers. They will ensure that work is properly identified and appropriate action is taken. In addition, the Governor will make certain that the cleanliness of the accommodation which remains in use is subject to daily review and that action is taken to respond to those areas which would fall below expected standards.

Furthermore, work is underway to replace or provide damaged and missing cell furniture and fittings. We are also ensuring that prisoners have access to clothing and other basics which are fundamental to decent treatment.

### **Safety**

Safety remains an absolute priority to address at HMP Birmingham. The Governor has reviewed the plan that G4S were taking forward. This plan is now being supplemented by support from both the HMPPS National Safety Team and the local West Midlands Safety Support Team.

Action has already been taken to review 'isolators' within the prison. All the Assessment Care and Custody in Teamwork (ACCT) plans have been reviewed to ensure that the Governor is satisfied that the appropriate actions and review procedures are in operation. In line with our national review of cell bell responses, we are ensuring that local systems are in place to provide assurance on response times.

Key aspects of the planned activity are detailed in the action plan. The priority actions concerning safety are now underway and include:

- Ensuring implementation of recommendations from the Prisons and Probation Ombudsman (PPO).
- Reviewing and ensuring effective implementation of the local Safety Support Plan to address suicide and self-harm and violence reduction.
- Ensuring that the structure and staffing of the establishment's Safety Team ensures that effective oversight of the Safety Support Plan is in place and that action is taken and progress is monitored.
- Introducing a new quality assurance process for Assessment Care and Custody in Teamwork (ACCT). Plans are already in place to provide ACCT coaching to Case Managers.
- Reviewing the Listeners Scheme to ensure that it is running efficiently.
- A new Challenge Support and Intervention Plan will be implemented to address violence while assuring the management of violent prisoners is discussed at weekly multidisciplinary meetings.

We also recognise the need to tackle drug use at HMP Birmingham. We are already putting in place plans for the HMPPS National Drugs Diagnostic team to assess the prison's approach to drug reduction and take forward recommendations of this assessment.

We are engaging more proactively with the West Midlands police force to combat the criminal activity underpinning the drugs trade in prisons. National experts in this area will support both the prison and local law enforcement partners in addressing these challenges.

### **Offender Management**

The National Probation Service and HMPPS central offender management experts are offering support to improve HMP Birmingham's performance in offender management.

Utilising experienced National Probation Service resources, we have already put in place suitable release plans for 50 men due for release between August and November. We will now review the whole prison population to ensure that appropriate links with probation providers and effective release plans are in place.

The Operational and System Assurance Group (OSAG) will conduct a review of the offender management processes at HMP Birmingham to support the Governor in ensuring appropriate resources and skills and are deployed in the future structures. We will also be supporting the prison's key worker strategy to ensure the effective delivery of the Offender Management in Custody (OMiC) model.

This week we have begun to review the Home Detention Curfew (HDC) processes and procedures to ensure that prisoners who are entitled to HDC have the opportunity to apply and are appropriately considered.

### **Contract Management**

You raised concerns about the effectiveness of contract management procedures and questioned how conditions at the prison had been allowed to deteriorate to the levels identified during your inspection. HMPPS has had serious concerns about the safety, security and decency of the prison for an extended period and has worked closely with G4S through the contract in an effort to drive up standards. Failure by G4S to deliver against improvement plans agreed in the autumn of 2017 resulted in the issue of two formal contract Improvement Notices in March 2018 with follow up Outstanding Issues Notices issued on 1<sup>st</sup> June 2018 and 10 August 2018 due to continued unsatisfactory progress. Further action was taken on 20<sup>th</sup> August to 'step-in' and take over running of the prison for an initial period of six months which will be kept under review.

Whilst reserving their legal position, G4S has welcomed the step in, are engaged in the UN process and cooperating fully with HMPPS to ensure that, to the greatest extent practically possible, services continue to be operated in accordance with the contract subject to directions from the HMPPS Governor and other HMPPS staff appointed to support him. As such, contract managers will work with the Governor to closely monitor contractual performance, applying remedies in accordance with the contract where any failure to meet contract standards is directly attributable to G4S.

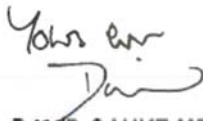
We have put in place systems to record the additional cost to HMPPS of the step-in arrangements and will recover this, together with a reduction in the price for cells taken out of operational use, from G4S in accordance with the terms of the contract. We are working closely with G4S on arrangements for urgent works necessary to restore the condition of cells to the standards set out in the contract, taking into consideration the need for wider investment in improvements to the fabric of the building, for example, replacement windows, in order to protect the long-term future of our asset. Finally, discussions are in progress on the criteria for the eventual "step out" by HMPPS and the point at which I will be satisfied to hand control of the prison back to G4S.

### Conclusion

You suggested that I might want to consider an independent assessment of the circumstances which have led to us stepping in, and to your poor assessment of the prison. I strongly believe that we already understand what happened at HMP Birmingham. Through your assessment of the prison and that of the Independent Monitoring Board, as well as our own investigation following the serious disturbance in December 2016, we have gained significant insight. I have personally visited the prison, as have Rory Stewart (Prisons Minister) and Michael Spurr (Chief Executive of HMPPS). Unfortunately, the story at HMP Birmingham is a relatively familiar one to all of us. We recognise the issues of drugs, violence, management and training, and the impact that these can have on our prisons. We will learn lessons for the management of other private prison contracts from this background, as well as through the action we now take, alongside the other work underway across the wider estate. This includes the 10 Prisons Project, whereby we are increasing investment and developing estate wide approaches to tackle issues such as those found at HMP Birmingham and to incentivise the right behaviours in the prison population.

I hope that this letter reassures you that we are taking seriously the outcomes of the inspection and that appropriate action is being taken by the prison and the wider system over the coming weeks and months.

I will of course continue to monitor the situation at HMP Birmingham to ensure we begin to see improvements. We will take all action necessary to ensure that staff and prisoners work and live in safe and decent conditions.

  
DAVID GAUKE MP



## Secretary of State's initial response action plan



HM Prison &  
Probation Service

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Initial Response Action Plan

Updated: 09 September 2018

Priority Theme	No	Actions	Date Due
Immediate actions to improve operational stability and the delivery of basics	1	<p><b>Operational Capacity</b></p> <p>(i) To improve decency, reduce operational pressures, and increase staff and managerial capacity to drive improvements, operational capacity will be reduced by a further 300 places (the operational capacity has been reduced by 116 places since November 2017).</p> <p>A, B and C wings will be temporarily closed to take out the most dilapidated accommodation. G wing is being refurbished and will be reopened.</p> <p>(ii) To help sustain a lower operational capacity, court catchment designations have been realigned. Prisoners from Wolverhampton, Dudley and Walsall Magistrates Courts and Wolverhampton Crown Court will be allocated to HMP Hewell.</p>	<p>28 September 2018</p> <p>31 October 2018</p> <p>3 September 2018</p>
	2	<p><b>Improving basic processes</b></p> <p>(i) Central expertise from HM Prison and Probation Service (HMPPS) HQ will be provided to support the improvement of basic procedures, such as searching; accounting for prisoners; use of the disciplinary process; and the operation of the Incentives and Earned Privileges scheme (IEP). Local staff and managers will be supported to improve processes and promote behaviours designed to boost perceptions of procedural justice and legitimacy, thereby improving compliance and safety.</p> <p>(ii) HMPPS HQ staff will work with law enforcement partners to improve the reporting and investigations of incidents of crime committed in the prison.</p> <p>(iii) HMPPS HQ staff with relevant expertise will review the establishment's counter corruption activity and support the prison to improve it.</p>	<p>End of October 2018</p> <p>12<sup>th</sup> October 2018</p> <p>12<sup>th</sup> October 2018</p>

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Priority Theme	No	Actions	Date Due
Improving staff capability and confidence, enhancing Management and Leadership	3	<p><b>Leadership and Staffing</b></p> <p>(i) To immediately bolster confidence and capability HMPPS have:</p> <ul style="list-style-type: none"> <li>appointed an experienced Governor to lead the prison and steer the transformation process;</li> <li>strengthened the senior management team by appointing additional skilled and experienced managers on a temporary basis;</li> <li>deployed detached duty staff (in addition to G4S detached duty staff) to achieve above normal staffing levels, to include: 30 experienced Prison Officers; 3 Physical Education Instructors and 5 Custodial Managers.</li> </ul> <p>(ii) To develop and embed confidence and capability:</p> <ul style="list-style-type: none"> <li>the whole prison staffing structure and regime has been reviewed, to inform staff profiles and make efficient use of resources. This will enable staff to support and manage prisoners appropriately, whilst ensuring that high risk areas are properly staffed. The profile will be underpinned by a new core day which provides a constructive regime, to include daily access to showers, phone calls, applications, time in the open air and use of available activity spaces; the revised routines will be implemented from November 2018.</li> <li>a Human Resources Business Partner has been allocated to HMP Birmingham to maintain ongoing recruitment, ensure the coordination and review of staffing requirements (both HMPPS and G4S); and develop training and mentoring strategies, including those for the Senior Management Team;</li> <li>the establishment safety team will be enhanced in line with specific guidance from HMPPS HQ on its structure and staffing roles.</li> </ul>	<p>06<sup>th</sup> September 2018</p> <p>End of November 2018</p> <p>Immediate</p>
	4	<p><b>Assurance</b></p>	<p>End of September 2018</p>

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Priority Theme	No	Actions	Date Due
Physical Environment and Living Conditions	5	To improve the oversight of priority systems and the delivery of the HMIP action plan, a review of the assurance processes will take place. This will further develop the Assurance Framework and governance structure.	End of September 2018
		<b>Physical Environment and Living Conditions</b>	
		(i) The most dilapidated cells will be taken out of use (see action 1).	End of October 2018
		(ii) Additionally, a full assessment of the condition of other accommodation will be undertaken, and where decency concerns are identified relating to cell windows, observation panels, flooring and toilet screening, we will undertake remedial work or take cells out of use until remedial work has been carried out.	
		(iii) HMPPS National Compliance Team will complete an audit of compliance with statutory and mandatory maintenance work, and where necessary make the changes to ensure compliance.	21 September 2018
		(iv) Experienced Regional Estates and Service Delivery Managers are working with the prison to drive urgent improvement in living conditions. They will support the establishment to refurbish wings and cells, replace damaged furniture and improve cleanliness throughout the establishment.	Immediate
		(v) The national evidence based practice team from HMPPS HQ will support HMP Birmingham to develop and implement an appropriate strategy to counter vandalism and encourage staff and prisoners to take pride in the areas where they live and work.	End of October 2018
	6	<b>Cell furniture and fittings</b>  Local management will work with the Head of Public Sector Prison Industries to streamline stock control processes at Birmingham to address improvements. This will include:	Ongoing

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Priority Theme	No	Actions	Date Due
Violence, Self-Harm and Suicide, Drugs and Substance Misuse, Health and Social Care	7	<ul style="list-style-type: none"> <li>providing adequate cell furniture and fittings to replace damaged furniture in a timely manner,</li> <li>conducting an audit of in cell furniture and equipment and clothing against requirements, and ensure adequate prison issue clothing, consumables, and equipment for prisoners are provided.</li> </ul> <p><b>Cleanliness</b></p> <p>Urgent action is under way to ensure standards of cleanliness are achieved and maintained throughout the prison, rubbish is removed and appropriate pest control measures are in place.</p>	Ongoing
	8	<b>Violence Reduction</b>	End October 2018
		<p>(i) The HMPPS HQ and West Midlands Prison Group Safety teams will work with the Governor and local safety team to develop a comprehensive Safety Strategy using the HMPPS national Safety Framework.</p> <p>(ii) The HMPPS HQ and West Midlands Prison Group Safety Teams will support the establishment to introduce CSIP (Challenge, Support and Intervention Plan - case management for violent offenders). In the interim, weekly multi-disciplinary meetings will be held to consider the management of violent prisoners.</p> <p>(iii) The HMPPS HQ and West Midlands Prison Group Safety Teams, with support from HMPPS Psychology resources, will support the establishment to understand the drivers of violence. This will include:</p> <ul style="list-style-type: none"> <li>completing the backlog of the most recent Violent Incident Investigations;</li> <li>using the findings of these investigations to write a thematic review of the drivers of violence at the establishment;</li> <li>implementing the use of the Safety Diagnostic Tool, which will assist the establishment to manage individuals with historic acts of violence.</li> </ul>	<p>End September 2018</p> <p>End October 2018</p> <p>End September 2018</p>



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Priority Theme	No	Actions	Date Due
9	<b>Suicide &amp; Self-harm</b>	(i) The HMPPS West Midlands Prison Group Safety Team will provide ACCT (Assessment, Care in Custody, Teamwork - case management for prisoners at risk of suicide and self-harm) Case Manager coaching over a 6 week period to improve the quality of reviews and confidence of decision making.	End October 2018
		(ii) The HMPPS West Midlands Prison Group Safety Team will support the introduction and implementation of a new quality assurance process for ACCT.	End November 2018
		(iii) The establishment, with the support of HMPPS national and West Midlands Prison Group Safety Teams and the Samaritans, will review the effectiveness of the Listener scheme (including prisoners' ability to access Listeners), to ensure this is running efficiently and providing support to prisoners at risk of suicide and self-harm.	End October 2018
10	<b>Safety Audit</b>	The HMPPS Operational System and Assurance Group (OSAG) will undertake a Safety Risk Management audit, with a focus on reviewing remedial actions in this action plan related to violence reduction, suicide prevention, self-harm reduction and the follow up on recommendations from the Prisons and Probation Ombudsman reports on deaths in custody.	End January 2019
11	<b>Cell Call Response</b>	(i) The establishment will introduce processes to ensure routine maintenance of cell call response systems is undertaken on a regular basis. (ii) The establishment, with support from the HMPPS HQ Prison Safety Team, will develop a system to improve assurance of cell call response times.	End October 2018
12	<b>Isolating Prisoners</b>		End October 2018

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Priority Theme	No	Actions	Date Due
		<p>(i) The HMPPS HQ and West Midlands Prison Group Safety Teams will support the establishment to understand the number of prisoners who are isolating and ensure support is in place for them. This will also form part of the agenda for discussion at the weekly multi-disciplinary meeting.</p> <p>(ii) The HMPPS HQ Prison Safety Team will support the establishment in creating a strategy for the management and safeguarding of isolating prisoners.</p>	<p>Immediate</p> <p>End November 2018</p>
	13	<p><b>Drugs &amp; Substance Misuse</b></p> <p>(i) HMPPS HQ staff, including from the national Drugs Taskforce, will undertake a vulnerability assessment to identify and interrogate live routes of the conveyance of drugs, and assist local management to take immediate action to reduce drug supply.</p> <p>(ii) The HMPPS national Drugs Taskforce will undertake a full diagnostics process which will identify actions to improve the establishment's response to drugs across the three elements of the drugs strategy – supply and demand reduction, treatment and recovery, and continuity of care.</p>	<p>12<sup>th</sup> October 2018</p> <p>End October 2018</p>
	14	<p><b>Health and Social Care</b></p> <p>Healthcare and Social Care Commissioners and Providers will:</p> <p>(i) Support the prison to relocate the substance misuse treatment unit to M wing, enabling patients to be cared for in an environment that facilitates the safe and effective delivery of services.</p> <p>(ii) Support the prison to effectively maximise clinic attendance, resulting in a reduction in do not attend (DNA) rates (as reported through national performance indicators).</p> <p>(iii) Increase the healthcare staff resource with the employment of an additional 3 Full Time Equivalent Mental Health (MH) Duty Workers to provide 7 day access to MH services and a single point of contact for ACCT.</p>	<p>28<sup>th</sup> September 2018</p> <p>6<sup>th</sup> September 2018</p> <p>1<sup>st</sup> October 2018</p>

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Priority Theme	No	Actions	Date Due		
Public Protection and Offender Management	15	(iv) Work with the prison to increase the uptake of mental health first aider training by prison officers, thereby providing prison staff with the skills to identify and support prisoners with mental illness.	1 <sup>st</sup> December 2018		
		(v) Increase the delivery of psychoactive substance (PS) forums to one per month /per wing.	28 <sup>th</sup> September 2018		
		(vi) Undertake the mobilisation and deployment of Paramedics as part of the healthcare team to support the safe, on-site management of PS incidents, emergency responses and minor injuries.	1 <sup>st</sup> November 2018		
		(vii) Launch a mental health phone line providing prisoners with evening access to practical advice, guidance and support for low level mental health needs.	13 <sup>th</sup> September 2018		
		(viii) Complete an evaluation of current prescribing practice (including substance misuse services) in relation to national benchmarks and clinical guidance (for example the Orange Book.)	1 <sup>st</sup> January 2019		
		(ix) Review the evidence base and opportunities for the use of telemedicine in the prison to aid the effective utilisation of hospital escorts.	1 <sup>st</sup> February 2019		
		(x) Explore with the prison opportunities to make the health complaints system more accessible to prisoners.	1 <sup>st</sup> November 2018		
		(xi) Work to raise the awareness of prison officers of the prison's protocol for enabling the delivery of Social Care, including the "Referral Process" for those in need of care and support; this to be achieved through the engagement of Birmingham City Council in the delivery of awareness events for senior leaders throughout the prison.	1 <sup>st</sup> January 2019		
		<b>Public Protection and Offender Management</b>			
		The National Probation Service (NPS), and members of Public Protection Group and the Offender Management in Custody (OMIC) Programme teams at HMPPS HQ, will deliver:			
		(i) a review of the population in terms of risk and release dates and ensure that all community offender managers (Community Rehabilitation Company (CRC) and NPS) are identified and contacted in relation			End of October 2018

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Priority Theme	No	Actions	Date Due
		to offenders due for release within the next 4 months, and ensure that appropriate information sharing is in place (such as Multi-Agency Public Protection Arrangement – MAPPAs – where applicable);	End of October 2018
		(ii) for the 50 prisoners specifically referred to by the Inspectorate and due for release between August and November, the Assistant Chief Officer in NPS Midlands Division, will assess the suitability of the release plans and take immediate action in respect of any unsatisfactory resettlement arrangements; and	End of October 2018
		(iii) develop a prioritised plan for Offender Assessment System (OASys) completion and other OMU processes for local staff to undertake after the 28 days Urgent Notification cycle.	End of October 2018
		(iv) Provide support for local managers in relation to the strategic management of reducing reoffending strategy and committee, joint working between CRC and OMU, inter-departmental risk management team work and mail and phone monitoring.	End of October 2018
		(v) HMPPS subject matter experts will support HMP Birmingham to further develop their 'key worker' strategy. This would specifically consider how key work might be started for vulnerable or self-isolating prisoners and link in with the re-profiling of the establishment.	End of October 2018
		(vi) A member of the Home Detention Curfew (HDC) taskforce will work with the prison to improve systems and processes designed to boost the numbers of prisoners appropriately released on HDC.	End of October 2018
Regime improvement	16	<p><b>Learning and Skills</b></p> <p>(i) National expertise will provide on-going support, challenge and practice development activity to HMP Birmingham. A comprehensive assessment of the current activity places by Public Sector Prison Industries (PSPI) and Learning and Skills provision offered by the Offender Learning and Skills Service (OLASS) provider will be undertaken, and an Improvement Plan will be developed in conjunction with the Governor. Once the future Prison Education Framework (PEF) provider is chosen, work will start to discuss the specification and agree a Delivery Plan. Other service levels that will be measured include:</p>	End of September 2018





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Priority Theme	No	Actions	Date Due
		<ul style="list-style-type: none"> <li>• achievement of accredited outcomes by learners including those with learning difficulties and disabilities (LDD);</li> <li>• retention of learners and;</li> <li>• delivery of a teaching quality management plan.</li> </ul>	
		<p>(ii) National expertise will be provided to implement the aims of the 'New Futures Network' at Birmingham to align activities, wherever possible, and work with employers to identify job opportunities in the community and improve the employment prospects of those leaving the prison.</p>	End of October 2018
		<p><b>Activity allocation and attendance</b></p> <p>(iii) National expertise will be provided to work alongside a senior manager at HMP Birmingham to develop an activities and allocation system which will increase the number of men in purposeful activity.</p>	End of November 2018



## Appendix IV: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	0	634	50.2
Recall	0	180	14.3
Convicted unsentenced	0	150	11.9
Remand	0	257	20.4
Civil prisoners	0	3	0.0
Detainees	0	0	0.0
<b>Total</b>	<b>0</b>	<b>1,262</b>	<b>100</b>

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	433	34.3
Less than six months	0	146	11.6
six months to less than 12 months	0	46	3.6
12 months to less than 2 years	0	74	5.9
2 years to less than 3 years	0	68	5.4
3 years to less than 4 years	0	68	5.4
4 years to less than 10 years	0	199	15.8
10 years and over (not life)	0	164	13.0
ISPP (indeterminate sentence for public protection)	0	27	2.1
Life	0	37	5.1
<b>Total</b>	<b>0</b>	<b>1,262</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years	0	0
21 years to 29 years	376	29.8
30 years to 39 years	467	37.0
40 years to 49 years	247	19.6
50 years to 59 years	111	8.8
60 years to 69 years	40	3.2
70 plus years	21	1.7
Please state maximum age here:	92	
<b>Total</b>	<b>1,262</b>	<b>100</b>

Nationality	18–20-year-olds	21 and over	%
British	0	1,095	86.8
Foreign nationals	0	162	12.8
Not stated	0	5	0.4
<b>Total</b>	<b>0</b>	<b>1,262</b>	<b>100</b>

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	0	449	35.6
Uncategorised sentenced	0	34	2.7
Category A	0	0	0.0
Category B	0	218	17.3
Category C	0	535	42.4
Category D	0	26	2.1
Other	0	0	0.0
<b>Total</b>	<b>0</b>	<b>1,262</b>	<b>100</b>

Ethnicity	18–20-year-olds	21 and over	%
White			
British	0	720	57.1
Irish	0	11	0.9
Gypsy/Irish Traveller	0	12	1.0
Other white	0	46	3.6
		<b>789</b>	<b>62.5</b>
Mixed			
White and black Caribbean	0	62	4.9
White and black African	0	3	0.2
White and Asian	0	13	1.0
Other mixed	0	10	0.8
		<b>88</b>	<b>7.0</b>
Asian or Asian British			
Indian	0	43	3.4
Pakistani	0	81	6.4
Bangladeshi	0	9	0.7
Chinese	0	1	0.1
Other Asian	0	27	2.1
		<b>161</b>	<b>12.8</b>
Black or black British			
Caribbean	0	125	9.9
African	0	28	2.2
Other black	0	24	1.9
		<b>177</b>	<b>14.0</b>
Other ethnic group			
Arab	0	4	0.3
Other ethnic group	0	25	2.0
		<b>29</b>	<b>2.3</b>
Not stated	0	18	1.4
<b>Total</b>	<b>0</b>	<b>1,262</b>	<b>100</b>

Religion	18–20-year-olds	21 and over	%
Baptist	0	0	0.0
Church of England	0	132	10.5
Roman Catholic	0	164	13.0
Other Christian denominations	0	178	14.1
Muslim	0	231	18.3
Sikh	0	31	2.5
Hindu	0	3	0.2
Buddhist	0	8	0.6
Jewish	0	5	0.4
Other	0	20	1.6
No religion	0	490	38.8
<b>Total</b>	<b>0</b>	<b>1,262</b>	<b>100</b>

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	0	0	0
	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0.0</b>

### Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0.0	237	18.8
1 month to 3 months	0	0.0	198	15.7
3 months to six months	0	0.0	164	13.0
six months to 1 year	0	0.0	106	8.4
1 year to 2 years	0	0.0	22	1.7
2 years to 4 years	0	0.0	101	8.0
4 years or more	0	0.0	1	0.1
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>829</b>	<b>65.7</b>

### Sentenced prisoners only

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

### Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0.0	140	32.3
1 month to 3 months	0	0.0	158	36.5
3 months to six months	0	0.0	36	8.3
six months to 1 year	0	0.0	11	2.5
1 year to 2 years	0	0.0	0	0.0
2 years to 4 years	0	0.0	88	20.3
4 years or more	0	0.0	0	0.0
<b>Total</b>	<b>0</b>	<b>0.0</b>	<b>433</b>	<b>34.3</b>

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

## Appendix V: Photographs

Photograph 1. Flooded and damaged cell



Photograph 2. Broken and missing cell windows





Photograph 3. Smashed windows with jagged glass



Photograph 4. Broken cell observation panel



Photograph 5. Unscreened toilet in a cell



Photograph 6. Occupied cell with exposed live electric wires used by the prisoner to operate the cell lights



Photograph 7. Gang-related graffiti in an occupied cell



Photograph 8. Outside gully left strewn with items thrown out of cells



Photograph 9. Very dirty hot food trolley



Photograph 10. Centre servery pot wash area



# Appendix VI: Prisoner survey methodology and results

## Prisoner survey methodology

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

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.<sup>14</sup>

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

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

### Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.<sup>15</sup> In smaller establishments we may offer a questionnaire to the entire population.

### Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity.<sup>16</sup> Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

### Survey response

At the time of the survey on 30 July 2018, the prisoner population at HMP Birmingham was 1,262. Using the sampling method described above, questionnaires were distributed to 230 prisoners. We received a total of 183 completed questionnaires, a response rate of 80%. This included three questionnaires completed via face-to-face interview. Nineteen prisoners declined to participate in the survey and 28 questionnaires were either not returned at all, or returned blank.

<sup>14</sup> Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

<sup>15</sup> 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

<sup>16</sup> For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

## Survey results and analyses

Over the following pages, we present the full survey results followed by various comparative analyses for HMP Birmingham. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.<sup>17</sup> Missing responses have been excluded from all analyses.

### 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 Birmingham 2018 compared with those from other HMIP surveys<sup>18</sup>

- Survey responses from HMP Birmingham in 2018 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP Birmingham in 2018 compared with survey responses from HMP Birmingham in 2017.

### Comparisons between different residential locations within HMP Birmingham 2018

- Responses of prisoners on vulnerable prisoner units (N and P wings) compared with those from the rest of the establishment (A, B, C, D, J, K, L and M wings).
- Responses of prisoners on the old Victorian accommodation (A, B, C and D wings) compared with those from the rest of the establishment (J, K, L, M, N and P wings).

### Comparisons between sub-populations of prisoners within HMP Birmingham 2018<sup>19</sup>

- 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.<sup>20</sup>

In the comparator analyses, statistically significant differences are indicated by shading.<sup>21</sup> Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

<sup>17</sup> Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

<sup>18</sup> These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

<sup>19</sup> These analyses are carried out on summary data from selected survey questions only.

<sup>20</sup> A minimum of 10 responses which must also represent at least 10% of the total response.

<sup>21</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing,  $p < 0.01$  is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

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 house block are you currently living on?

A wing.....	20 (11%)
B wing.....	22 (12%)
C wing.....	20 (11%)
D wing.....	10 (5%)
J wing.....	6 (3%)
K wing.....	21 (11%)
L wing.....	14 (8%)
M wing.....	24 (13%)
N wing.....	19 (10%)
P wing.....	23 (13%)
Segregation unit.....	2 (1%)
Health care unit.....	2 (1%)

#### I.2 How old are you?

Under 21 .....	0 (0%)
21 - 25.....	25 (14%)
26 - 29.....	27 (15%)
30 - 39.....	69 (38%)
40 - 49.....	37 (21%)
50 - 59.....	16 (9%)
60 - 69.....	6 (3%)
70 or over .....	0 (0%)

#### I.3 What is your ethnic group?

White - English/ Welsh/ Scottish/ Northern Irish/ British .....	90 (53%)
White - Irish.....	3 (2%)
White - Gypsy or Irish Traveller.....	3 (2%)
White - any other White background .....	7 (4%)
Mixed - White and Black Caribbean .....	12 (7%)
Mixed - White and Black African .....	1 (1%)
Mixed - White and Asian .....	2 (1%)
Mixed - any other Mixed ethnic background .....	3 (2%)
Asian/ Asian British - Indian.....	5 (3%)
Asian/ Asian British - Pakistani.....	14 (8%)
Asian/ Asian British - Bangladeshi.....	3 (2%)
Asian/ Asian British - Chinese.....	0 (0%)
Asian - any other Asian Background .....	2 (1%)
Black/ Black British - Caribbean.....	18 (11%)
Black/ Black British - African .....	3 (2%)
Black - any other Black/ African/ Caribbean background.....	1 (1%)
Arab.....	1 (1%)
Any other ethnic group .....	3 (2%)

#### I.4 How long have you been in this prison?

Less than 6 months.....	105 (60%)
6 months or more .....	69 (40%)



<b>1.5</b>	<b>Are you currently serving a sentence?</b>	
	Yes .....	87 (49%)
	Yes - on recall .....	24 (13%)
	No - on remand or awaiting sentence .....	65 (37%)
	No - immigration detainee.....	2 (1%)
<b>1.6</b>	<b>How long is your sentence?</b>	
	Less than 6 months.....	25 (14%)
	6 months to less than 1 year .....	8 (5%)
	1 year to less than 4 years .....	22 (13%)
	4 years to less than 10 years .....	27 (15%)
	10 years or more .....	17 (10%)
	IPP (indeterminate sentence for public protection) .....	4 (2%)
	Life .....	5 (3%)
	Not currently serving a sentence.....	67 (38%)

## Arrival and reception

<b>2.1</b>	<b>Were you given up-to-date information about this prison before you came here?</b>	
	Yes .....	31 (17%)
	No.....	131 (74%)
	Don't remember .....	16 (9%)
<b>2.2</b>	<b>When you arrived at this prison, how long did you spend in reception?</b>	
	Less than 2 hours .....	76 (43%)
	2 hours or more.....	90 (51%)
	Don't remember .....	11 (6%)
<b>2.3</b>	<b>When you were searched in reception, was this done in a respectful way?</b>	
	Yes .....	145 (81%)
	No.....	28 (16%)
	Don't remember .....	6 (3%)
<b>2.4</b>	<b>Overall, how were you treated in reception?</b>	
	Very well .....	41 (23%)
	Quite well .....	99 (56%)
	Quite badly .....	23 (13%)
	Very badly .....	8 (4%)
	Don't remember .....	7 (4%)
<b>2.5</b>	<b>When you first arrived here, did you have any of the following problems?</b>	
	Problems getting phone numbers .....	85 (47%)
	Contacting family.....	91 (51%)
	Arranging care for children or other dependants.....	7 (4%)
	Contacting employers.....	14 (8%)
	Money worries.....	49 (27%)
	Housing worries .....	32 (18%)
	Feeling depressed.....	75 (42%)
	Feeling suicidal .....	30 (17%)
	Other mental health problems .....	41 (23%)
	Physical health problems .....	32 (18%)
	Drug or alcohol problems (e.g. withdrawal) .....	44 (25%)
	Problems getting medication .....	45 (25%)
	Needing protection from other prisoners.....	23 (13%)
	Lost or delayed property .....	32 (18%)
	Other problems.....	22 (12%)
	Did not have any problems.....	28 (16%)

<b>2.6</b>	<b>Did staff help you to deal with these problems when you first arrived?</b>	
	Yes .....	41 (25%)
	No .....	98 (59%)
	Did not have any problems when I first arrived .....	28 (17%)

### 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.....	105 (60%)
Toiletries / other basic items .....	110 (63%)
A shower .....	69 (39%)
A free phone call .....	116 (66%)
Something to eat .....	131 (75%)
The chance to see someone from health care .....	96 (55%)
The chance to talk to a Listener or Samaritans.....	35 (20%)
Support from another prisoner (e.g. Insider or buddy).....	39 (22%)
Wasn't offered any of these things .....	16 (9%)

#### 3.2 On your first night in this prison, how clean or dirty was your cell?

Very clean .....	6 (3%)
Quite clean .....	39 (21%)
Quite dirty .....	48 (26%)
Very dirty .....	85 (47%)
Don't remember .....	4 (2%)

#### 3.3 Did you feel safe on your first night here?

Yes .....	106 (58%)
No .....	67 (37%)
Don't remember .....	9 (5%)

#### 3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop / canteen?	59 (34%)	107 (61%)	8 (5%)
Free PIN phone credit?	81 (47%)	83 (48%)	10 (6%)
Numbers put on your PIN phone?	63 (36%)	104 (60%)	6 (3%)

#### 3.5 Did your induction cover everything you needed to know about this prison?

Yes .....	45 (26%)
No .....	88 (50%)
Have not had an induction.....	43 (24%)

### On the wing

#### 4.1 Are you in a cell on your own?

Yes .....	70 (39%)
No, I'm in a shared cell or dormitory .....	110 (61%)

#### 4.2 Is your cell call bell normally answered within 5 minutes?

Yes .....	19 (10%)
No .....	149 (82%)
Don't know.....	13 (7%)
Don't have a cell call bell.....	0 (0%)

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 (43%)	101 (6%)	2 (1%)
Can you shower every day?	138 (78%)	39 (22%)	0 (0%)
Do you have clean sheets every week?	80 (45%)	93 (53%)	4 (2%)
Do you get cell cleaning materials every week?	54 (31%)	121 (69%)	1 (1%)
Is it normally quiet enough for you to relax or sleep at night?	113 (64%)	62 (35%)	1 (1%)
Can you get your stored property if you need it?	36 (20%)	85 (48%)	55 (31%)

4.4 Normally, how clean or dirty are the communal / shared areas of your wing or houseblock (landings, stairs, wing showers etc.)?		
Very clean .....		14 (8%)
Quite clean .....		74 (41%)
Quite dirty .....		58 (32%)
Very dirty .....		33 (18%)

#### Food and canteen

5.1 What is the quality of food like in this prison?		
Very good .....		10 (6%)
Quite good .....		53 (29%)
Quite bad .....		76 (42%)
Very bad .....		41 (23%)

5.2 Do you get enough to eat at mealtimes?		
Always.....		23 (13%)
Most of the time.....		45 (25%)
Some of the time.....		75 (41%)
Never .....		38 (21%)

5.3 Does the shop / canteen sell the things that you need?		
Yes .....		107 (61%)
No.....		61 (35%)
Don't know.....		8 (5%)

#### Relationships with staff

6.1 Do most staff here treat you with respect?		
Yes .....		121 (69%)
No.....		54 (31%)

6.2 Are there any staff here you could turn to if you had a problem?		
Yes .....		124 (71%)
No.....		51 (29%)

6.3 In the last week, has any member of staff talked to you about how you are getting on?		
Yes .....		49 (27%)
No.....		130 (73%)

<b>6.4</b>	<b>How helpful is your personal or named officer?</b>	
	Very helpful.....	27 (15%)
	Quite helpful.....	25 (14%)
	Not very helpful .....	14 (8%)
	Not at all helpful.....	10 (6%)
	Don't know.....	20 (11%)
	Don't have a personal / named officer .....	79 (45%)
<b>6.5</b>	<b>How often do you see prison governors, directors or senior managers talking to prisoners?</b>	
	Regularly.....	11 (6%)
	Sometimes.....	37 (21%)
	Hardly ever.....	110 (63%)
	Don't know.....	18 (10%)
<b>6.6</b>	<b>Do you feel that you are treated as an individual in this prison?</b>	
	Yes.....	69 (39%)
	No.....	106 (61%)
<b>6.7</b>	<b>Are prisoners here consulted about things like food, canteen, health care or wing issues?</b>	
	Yes, and things sometimes change.....	23 (13%)
	Yes, but things don't change.....	48 (28%)
	No.....	70 (41%)
	Don't know.....	31 (18%)

## Faith

<b>7.1</b>	<b>What is your religion?</b>	
	No religion.....	56 (32%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) .....	75 (42%)
	Buddhist.....	1 (1%)
	Hindu.....	0 (0%)
	Jewish .....	1 (1%)
	Muslim.....	35 (20%)
	Sikh .....	4 (2%)
	Other .....	5 (3%)
<b>7.2</b>	<b>Are your religious beliefs respected here?</b>	
	Yes.....	76 (44%)
	No.....	21 (12%)
	Don't know.....	21 (12%)
	Not applicable (no religion).....	56 (32%)
<b>7.3</b>	<b>Are you able to speak to a Chaplain of your faith in private, if you want to?</b>	
	Yes.....	68 (39%)
	No.....	16 (9%)
	Don't know.....	36 (20%)
	Not applicable (no religion).....	56 (32%)
<b>7.4</b>	<b>Are you able to attend religious services, if you want to?</b>	
	Yes.....	94 (53%)
	No.....	16 (9%)
	Don't know.....	12 (7%)
	Not applicable (no religion).....	56 (31%)

**Contact with family and friends**

<b>8.1</b>	<b>Have staff here encouraged you to keep in touch with your family / friends?</b>	
	Yes .....	36 (21%)
	No.....	137 (79%)
<b>8.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes .....	96 (57%)
	No.....	73 (43%)
<b>8.3</b>	<b>Are you able to use a phone every day (if you have credit)?</b>	
	Yes .....	148 (87%)
	No.....	23 (13%)
<b>8.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	Very easy .....	26 (15%)
	Quite easy.....	70 (40%)
	Quite difficult .....	33 (19%)
	Very difficult .....	29 (17%)
	Don't know.....	15 (9%)
<b>8.5</b>	<b>How often do you have visits from family or friends?</b>	
	More than once a week.....	8 (5%)
	About once a week.....	32 (18%)
	Less than once a week.....	75 (43%)
	Not applicable (don't get visits).....	59 (34%)
<b>8.6</b>	<b>Do visits usually start and finish on time?</b>	
	Yes .....	47 (42%)
	No.....	64 (58%)
<b>8.7</b>	<b>Are your visitors usually treated respectfully by staff?</b>	
	Yes .....	75 (70%)
	No.....	32 (30%)

**Time out of cell**

<b>9.1</b>	<b>Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?</b>	
	Yes, and these times are usually kept to .....	61 (34%)
	Yes, but these times are not usually kept to .....	80 (45%)
	No.....	37 (21%)
<b>9.2</b>	<b>How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?</b>	
	Less than 2 hours .....	33 (19%)
	2 to 6 hours.....	80 (47%)
	6 to 10 hours .....	35 (20%)
	10 hours or more .....	5 (3%)
	Don't know.....	18 (11%)
<b>9.3</b>	<b>How long do you usually spend out of your cell on a typical Saturday or Sunday?</b>	
	Less than 2 hours .....	55 (32%)
	2 to 6 hours.....	92 (53%)
	6 to 10 hours .....	14 (8%)
	10 hours or more .....	0 (0%)
	Don't know.....	13 (7%)

<b>9.4</b>	<b>How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?</b>		
	None .....	8	(5%)
	1 or 2 .....	42	(24%)
	3 to 5 .....	49	(28%)
	More than 5.....	60	(34%)
	Don't know .....	15	(9%)
<b>9.5</b>	<b>How many days in a typical week do you get association, if you want it?</b>		
	None .....	13	(7%)
	1 or 2 .....	86	(49%)
	3 to 5.....	42	(24%)
	More than 5.....	18	(10%)
	Don't know.....	15	(9%)
<b>9.6</b>	<b>How many days in a typical week could you go outside for exercise, if you wanted to?</b>		
	None .....	16	(9%)
	1 or 2 .....	54	(32%)
	3 to 5.....	39	(23%)
	More than 5.....	46	(27%)
	Don't know.....	14	(8%)
<b>9.7</b>	<b>Typically, how often do you go to the gym?</b>		
	Twice a week or more .....	60	(34%)
	About once a week.....	37	(21%)
	Less than once a week.....	20	(11%)
	Never .....	57	(33%)
<b>9.8</b>	<b>Typically, how often do you go to the library?</b>		
	Twice a week or more .....	8	(5%)
	About once a week.....	48	(28%)
	Less than once a week.....	43	(25%)
	Never .....	72	(42%)
<b>9.9</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>		
	Yes .....	55	(35%)
	No.....	32	(20%)
	Don't use the library .....	72	(45%)

### Applications, complaints and legal rights

<b>10.1</b>	<b>Is it easy for you to make an application?</b>			
	Yes .....	94	(55%)	
	No.....	61	(35%)	
	Don't know.....	17	(10%)	
<b>10.2</b>	<b>If you have made any applications here, please answer the questions below:</b>			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	66 (43%)	64 (42%)	23 (15%)
	Are applications usually dealt with within 7 days?	65 (41%)	69 (44%)	23 (15%)

<b>I0.3</b>	<b>Is it easy for you to make a complaint?</b>			
	Yes.....			82 (47%)
	No.....			46 (27%)
	Don't know.....			45 (26%)
<b>I0.4</b>	<b>If you have made any complaints here, please answer the questions below:</b>			
		Yes	No	Not made any complaints
	Are complaints usually dealt with fairly?	17 (11%)	69 (44%)	70 (45%)
	Are complaints usually dealt with within 7 days?	25 (16%)	61 (39%)	70 (45%)
<b>I0.5</b>	<b>Have you ever been prevented from making a complaint here when you wanted to?</b>			
	Yes.....			30 (18%)
	No.....			91 (55%)
	Not wanted to make a complaint.....			44 (27%)
<b>I0.6</b>	<b>In this prison, is it easy or difficult for you to...</b>			
		Easy	Difficult	Don't know
				Don't need this
	Communicate with your solicitor or legal representative?	71 (43%)	53 (32%)	22 (13%)
	Attend legal visits?	94 (59%)	22 (14%)	29 (18%)
	Get bail information?	23 (15%)	47 (31%)	55 (36%)
<b>I0.7</b>	<b>Have staff here ever opened letters from your solicitor or legal representative when you were not present?</b>			
	Yes.....			59 (35%)
	No.....			80 (48%)
	Not had any legal letters.....			28 (17%)

## Health care

<b>I1.1</b>	<b>How easy or difficult is it to see the following people?</b>				
		Very easy	Quite easy	Quite difficult	Very difficult
					Don't know
	Doctor	7 (4%)	31 (18%)	61 (35%)	61 (35%)
	Nurse	18 (10%)	66 (38%)	44 (26%)	27 (16%)
	Dentist	7 (4%)	20 (12%)	38 (22%)	79 (46%)
	Mental health workers	11 (6%)	22 (13%)	32 (19%)	51 (30%)
<b>I1.2</b>	<b>What do you think of the quality of the health service from the following people?</b>				
		Very good	Quite good	Quite bad	Very bad
					Don't know
	Doctor	23 (13%)	57 (33%)	23 (13%)	30 (18%)
	Nurse	22 (13%)	65 (39%)	24 (14%)	22 (13%)
	Dentist	11 (7%)	30 (18%)	22 (13%)	39 (23%)
	Mental health workers	12 (7%)	23 (14%)	20 (12%)	30 (18%)
<b>I1.3</b>	<b>Do you have any mental health problems?</b>				
	Yes.....				72 (42%)
	No.....				100 (58%)
<b>I1.4</b>	<b>Have you been helped with your mental health problems in this prison?</b>				
	Yes.....				19 (11%)
	No.....				52 (30%)
	Don't have any mental health problems.....				100 (58%)

<b>11.5</b>	<b>What do you think of the overall quality of the health services here?</b>	
	Very good .....	14 (8%)
	Quite good .....	44 (26%)
	Quite bad .....	43 (25%)
	Very bad .....	40 (24%)
	Don't know.....	28 (17%)

### Other support needs

<b>12.1</b>	<b>Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?</b>	
	Yes .....	71 (41%)
	No.....	102 (59%)
<b>12.2</b>	<b>If you have a disability, are you getting the support you need?</b>	
	Yes .....	12 (7%)
	No.....	50 (30%)
	Don't have a disability .....	102 (62%)
<b>12.3</b>	<b>Have you been on an ACCT in this prison?</b>	
	Yes .....	27 (16%)
	No.....	138 (84%)
<b>12.4</b>	<b>If you have been on an ACCT in this prison, did you feel cared for by staff?</b>	
	Yes .....	13 (8%)
	No.....	16 (10%)
	Have not been on an ACCT in this prison.....	138 (83%)
<b>12.5</b>	<b>How easy or difficult is it for you to speak to a Listener, if you need to?</b>	
	Very easy .....	24 (14%)
	Quite easy .....	30 (17%)
	Quite difficult .....	10 (6%)
	Very difficult .....	25 (14%)
	Don't know.....	79 (45%)
	No Listeners at this prison .....	6 (3%)

### Alcohol and drugs

<b>13.1</b>	<b>Did you have an alcohol problem when you came into this prison?</b>	
	Yes .....	41 (24%)
	No.....	133 (76%)
<b>13.2</b>	<b>Have you been helped with your alcohol problem in this prison?</b>	
	Yes .....	20 (12%)
	No.....	20 (12%)
	Did not / do not have an alcohol problem .....	133 (77%)
<b>13.3</b>	<b>Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes .....	45 (26%)
	No.....	128 (74%)
<b>13.4</b>	<b>Have you developed a problem with illicit drugs since you have been in this prison?</b>	
	Yes .....	23 (14%)
	No.....	147 (86%)



<b>13.5</b>	<b>Have you developed a problem with taking medication not prescribed to you since you have been in this prison?</b>	
	Yes .....	19 (11%)
	No .....	149 (89%)
<b>13.6</b>	<b>Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes .....	25 (16%)
	No .....	24 (15%)
	Did not / do not have a drug problem.....	112 (70%)
<b>13.7</b>	<b>Is it easy or difficult to get illicit drugs in this prison?</b>	
	Very easy .....	62 (36%)
	Quite easy .....	23 (14%)
	Quite difficult .....	3 (2%)
	Very difficult .....	8 (5%)
	Don't know.....	74 (44%)
<b>13.8</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy .....	20 (12%)
	Quite easy .....	21 (13%)
	Quite difficult .....	11 (7%)
	Very difficult .....	17 (10%)
	Don't know.....	98 (59%)

## Safety

<b>14.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes .....	124 (70%)
	No .....	52 (30%)
<b>14.2</b>	<b>Do you feel unsafe now?</b>	
	Yes .....	61 (37%)
	No .....	106 (63%)
<b>14.3</b>	<b>Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)</b>	
	Verbal abuse .....	64 (39%)
	Threats or intimidation.....	61 (37%)
	Physical assault.....	38 (23%)
	Sexual assault.....	3 (2%)
	Theft of canteen or property.....	63 (38%)
	Other bullying / victimisation .....	38 (23%)
	Not experienced any of these from prisoners here.....	72 (44%)
<b>14.4</b>	<b>If you were being bullied / victimised by other prisoners here, would you report it?</b>	
	Yes .....	60 (37%)
	No .....	102 (63%)

<b>14.5</b>	<b>Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)</b>	
	Verbal abuse .....	50 (30%)
	Threats or intimidation.....	39 (23%)
	Physical assault.....	19 (11%)
	Sexual assault.....	2 (1%)
	Theft of canteen or property.....	15 (9%)
	Other bullying / victimisation .....	30 (18%)
	Not experienced any of these from staff here.....	97 (58%)

<b>14.6</b>	<b>If you were being bullied / victimised by staff here, would you report it?</b>	
	Yes .....	82 (49%)
	No.....	85 (51%)

### Behaviour management

<b>15.1</b>	<b>Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?</b>	
	Yes .....	56 (33%)
	No.....	69 (40%)
	Don't know what the incentives / rewards are .....	46 (27%)

<b>15.2</b>	<b>Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?</b>	
	Yes .....	51 (30%)
	No.....	47 (28%)
	Don't know.....	33 (20%)
	Don't know what this is.....	37 (22%)

<b>15.3</b>	<b>Have you been physically restrained by staff in this prison in the last 6 months?</b>	
	Yes .....	15 (9%)
	No.....	159 (91%)

<b>15.4</b>	<b>If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?</b>	
	Yes .....	3 (2%)
	No.....	17 (9%)
	Don't remember .....	0 (0%)
	Not been restrained here in last 6 months .....	159 (89%)

<b>15.5</b>	<b>Have you spent one or more nights in the segregation unit in this prison in the last 6 months?</b>	
	Yes .....	10 (6%)
	No.....	162 (94%)

<b>15.6</b>	<b>If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:</b>		
		Yes	No
	Were you treated well by segregation staff?	2 (25%)	6 (75%)
	Could you shower every day?	1 (14%)	6 (86%)
	Could you go outside for exercise every day?	1 (17%)	5 (83%)
	Could you use the phone every day (if you had credit)?	0 (0%)	6 (100%)

## 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	85 (52%)	26 (16%)	49 (30%)	3 (2%)
Vocational or skills training	53 (34%)	38 (25%)	61 (39%)	3 (2%)
Prison job	60 (37%)	58 (36%)	44 (27%)	1 (1%)
Voluntary work outside of the prison	5 (3%)	25 (17%)	78 (53%)	40 (27%)
Paid work outside of the prison	5 (3%)	24 (16%)	79 (53%)	41 (28%)

### 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 (41%)	36 (24%)	51 (34%)
Vocational or skills training	49 (35%)	29 (20%)	64 (45%)
Prison job	50 (32%)	61 (40%)	43 (28%)
Voluntary work outside of the prison	24 (17%)	24 (17%)	94 (66%)
Paid work outside of the prison	28 (20%)	21 (15%)	93 (65%)

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

Yes .....	70 (42%)
No.....	78 (46%)
Not applicable (e.g. if you are retired, sick or on remand) .....	20 (12%)

## Planning and progression

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

Yes .....	40 (24%)
No.....	127 (76%)

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

Yes .....	28 (70%)
No.....	6 (15%)
Don't know what my objectives or targets are.....	6 (15%)

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

Yes .....	18 (47%)
No.....	14 (37%)
Don't know what my objectives or targets are.....	6 (16%)

### 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	10 (29%)	3 (9%)	21 (62%)
Other programmes	12 (33%)	5 (14%)	19 (53%)
One to one work	11 (32%)	2 (6%)	21 (62%)
Being on a specialist unit	6 (18%)	2 (6%)	25 (76%)
ROTL - day or overnight release	3 (9%)	2 (6%)	27 (84%)

**Preparation for release**

<b>18.1</b>	<b>Do you expect to be released in the next 3 months?</b>			
	Yes .....			52 (31%)
	No .....			77 (46%)
	Don't know .....			40 (24%)
<b>18.2</b>	<b>How close is this prison to your home area or intended release address?</b>			
	Very near .....			12 (23%)
	Quite near .....			19 (37%)
	Quite far .....			12 (23%)
	Very far .....			9 (17%)
<b>18.3</b>	<b>Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?</b>			
	Yes .....			24 (46%)
	No .....			28 (54%)
<b>18.4</b>	<b>Are you getting help to sort out the following things for when you are released?</b>			
		Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
	Finding accommodation	7 (15%)	24 (50%)	17 (35%)
	Getting employment	5 (10%)	30 (63%)	13 (27%)
	Setting up education or training	2 (4%)	23 (50%)	21 (46%)
	Arranging benefits	5 (10%)	30 (63%)	13 (27%)
	Sorting out finances	2 (4%)	26 (54%)	20 (42%)
	Support for drug or alcohol problems	8 (18%)	15 (33%)	22 (49%)
	Health / mental health support	4 (9%)	18 (41%)	22 (50%)
	Social care support	1 (2%)	16 (35%)	29 (63%)
	Getting back in touch with family or friends	5 (10%)	14 (29%)	29 (60%)

**More about you**

<b>19.1</b>	<b>Do you have children under the age of 18?</b>		
	Yes .....		94 (57%)
	No .....		72 (43%)
<b>19.2</b>	<b>Are you a UK / British citizen?</b>		
	Yes .....		152 (89%)
	No .....		18 (11%)
<b>19.3</b>	<b>Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?</b>		
	Yes .....		10 (6%)
	No .....		155 (94%)
<b>19.4</b>	<b>Have you ever been in the armed services (e.g. army, navy, air force)?</b>		
	Yes .....		9 (5%)
	No .....		159 (95%)
<b>19.5</b>	<b>What is your gender?</b>		
	Male .....		170 (100%)
	Female .....		0 (0%)
	Non-binary .....		0 (0%)
	Other .....		0 (0%)

<b>19.6</b>	<b>How would you describe your sexual orientation?</b>	
	Straight / heterosexual.....	159 (94%)
	Gay / lesbian / homosexual.....	5 (3%)
	Bisexual.....	5 (3%)
	Other.....	0 (0%)
<b>19.7</b>	<b>Do you identify as transgender or transsexual?</b>	
	Yes.....	2 (1%)
	No.....	162 (99%)

#### Final questions about this prison

<b>20.1</b>	<b>Do you think your experiences in this prison have made you more or less likely to offend in the future?</b>	
	More likely to offend.....	15 (9%)
	Less likely to offend.....	84 (51%)
	Made no difference.....	66 (40%)

# HMP Birmingham 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 Birmingham 2018 are compared with the following HMIP survey data:

- Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (14 prisons). Please note that this does not include all local prisons.
- Summary statistics from HMP Birmingham in 2018 are compared with those from HMP Birmingham in 2017. Please note that we do not have comparable data for the new questions introduced in September 2017.

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DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	<i>n=180</i>	0%	5%	0%	0%
	Are you 25 years of age or younger?	<i>n=180</i>	14%	21%	14%	
	Are you 50 years of age or older?	<i>n=180</i>	12%	14%	12%	15%
	Are you 70 years of age or older?	<i>n=180</i>	0%	1%	0%	1%
1.3	Are you from a minority ethnic group?	<i>n=171</i>	40%	25%	40%	38%
1.4	Have you been in this prison for less than 6 months?	<i>n=174</i>	60%	59%	60%	
1.5	Are you currently serving a sentence?	<i>n=178</i>	62%	73%	62%	68%
	Are you on recall?	<i>n=178</i>	14%	12%	14%	10%
1.6	Is your sentence less than 12 months?	<i>n=175</i>	19%	20%	19%	26%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n=175</i>	2%	3%	2%	1%
7.1	Are you Muslim?	<i>n=177</i>	20%	13%	20%	23%
11.3	Do you have any mental health problems?	<i>n=172</i>	42%	49%	42%	
12.1	Do you consider yourself to have a disability?	<i>n=173</i>	41%	39%	41%	27%
19.1	Do you have any children under the age of 18?	<i>n=166</i>	57%	52%	57%	54%
19.2	Are you a foreign national?	<i>n=170</i>	11%	9%	11%	10%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n=165</i>	6%	6%	6%	4%
19.4	Have you ever been in the armed services?	<i>n=168</i>	5%	7%	5%	5%
19.5	Is your gender female or non-binary?	<i>n=170</i>	0%	1%	0%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n=169</i>	6%	4%	6%	2%
19.7	Do you identify as transgender or transsexual?	<i>n=164</i>	1%	2%	1%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	<i>n=178</i>	17%	17%	17%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n=177</i>	43%	35%	43%	48%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n=179</i>	81%	77%	81%	77%
2.4	Overall, were you treated very / quite well in reception?	<i>n=178</i>	79%	74%	79%	

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2.5	When you first arrived, did you have any problems?	<i>n=179</i>	84%	88%	84%	78%
2.5	Did you have problems with:					
	- Getting phone numbers?	<i>n=179</i>	48%	45%	48%	33%
	- Contacting family?	<i>n=179</i>	51%	48%	51%	31%
	- Arranging care for children or other dependents?	<i>n=179</i>	4%	5%	4%	
	- Contacting employers?	<i>n=179</i>	8%	7%	8%	4%
	- Money worries?	<i>n=179</i>	27%	27%	27%	26%
	- Housing worries?	<i>n=179</i>	18%	23%	18%	18%
	- Feeling depressed?	<i>n=179</i>	42%	48%	42%	
	- Feeling suicidal?	<i>n=179</i>	17%	18%	17%	
	- Other mental health problems?	<i>n=179</i>	23%	28%	23%	
	- Physical health problems	<i>n=179</i>	18%	20%	18%	21%
	- Drugs or alcohol (e.g. withdrawal)?	<i>n=179</i>	25%	23%	25%	
	- Getting medication?	<i>n=179</i>	25%	30%	25%	
	- Needing protection from other prisoners?	<i>n=179</i>	13%	11%	13%	8%
	- Lost or delayed property?	<i>n=179</i>	18%	21%	18%	14%
	<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=139</i>	30%	31%	30%	32%
<b>FIRST NIGHT AND INDUCTION</b>						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	<i>n=175</i>	60%	71%	60%	79%
	- Toiletries / other basic items?	<i>n=175</i>	63%	53%	63%	66%
	- A shower?	<i>n=175</i>	39%	28%	39%	59%
	- A free phone call?	<i>n=175</i>	66%	49%	66%	79%
	- Something to eat?	<i>n=175</i>	75%	76%	75%	78%
	- The chance to see someone from health care?	<i>n=175</i>	55%	62%	55%	57%
	- The chance to talk to a Listener or Samaritans?	<i>n=175</i>	20%	26%	20%	20%
	- Support from another prisoner (e.g. Insider or buddy)?	<i>n=175</i>	22%	21%	22%	
	- None of these?	<i>n=175</i>	9%	5%	9%	
3.2	On your first night in this prison, was your cell very / quite clean?	<i>n=182</i>	25%	29%	25%	
3.3	Did you feel safe on your first night here?	<i>n=182</i>	58%	62%	58%	61%
3.4	In your first few days here, did you get:					
	- Access to the prison shop / canteen?	<i>n=174</i>	34%	32%	34%	30%
	- Free PIN phone credit?	<i>n=174</i>	47%	54%	47%	
	- Numbers put on your PIN phone?	<i>n=173</i>	36%	34%	36%	

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3.5	Have you had an induction at this prison?	n=176	76%	83%	76%	49%
<i>For those who have had an induction:</i>						
3.5	Did your induction cover everything you needed to know about this prison?	n=133	34%	50%	34%	
<b>ON THE WING</b>						
4.1	Are you in a cell on your own?	n=180	39%	34%	39%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=181	11%	20%	11%	20%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	n=180	43%	56%	43%	47%
	- Can you shower every day?	n=177	78%	76%	78%	71%
	- Do you have clean sheets every week?	n=177	45%	64%	45%	48%
	- Do you get cell cleaning materials every week?	n=176	31%	52%	31%	30%
	- Is it normally quiet enough for you to relax or sleep at night?	n=176	64%	55%	64%	55%
	- Can you get your stored property if you need it?	n=176	21%	22%	21%	22%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=179	49%	57%	49%	
<b>FOOD AND CANTEEN</b>						
5.1	Is the quality of the food in this prison very / quite good?	n=180	35%	35%	35%	
5.2	Do you get enough to eat at meal-times always / most of the time?	n=181	38%	29%	38%	
5.3	Does the shop / canteen sell the things that you need?	n=176	61%	58%	61%	54%
<b>RELATIONSHIPS WITH STAFF</b>						
6.1	Do most staff here treat you with respect?	n=175	69%	67%	69%	74%
6.2	Are there any staff here you could turn to if you had a problem?	n=175	71%	70%	71%	69%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=179	27%	29%	27%	26%
6.4	Do you have a personal officer?	n=175	55%	57%	55%	
<i>For those who have a personal officer:</i>						
6.4	Is your personal or named officer very / quite helpful?	n=96	54%	45%	54%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=176	6%	7%	6%	
6.6	Do you feel that you are treated as an individual in this prison?	n=175	39%	39%	39%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=172	41%	40%	41%	
	If so, do things sometimes change?	n=71	32%	34%	32%	
<b>FAITH</b>						
7.1	Do you have a religion?	n=177	68%	69%	68%	72%
<i>For those who have a religion:</i>						
7.2	Are your religious beliefs respected here?	n=118	64%	66%	64%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=120	57%	65%	57%	
7.4	Are you able to attend religious services, if you want to?	n=122	77%	84%	77%	



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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=173	21%	25%	21%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=169	57%	55%	57%	43%
8.3	Are you able to use a phone every day (if you have credit)?	n=171	87%	80%	87%	
8.4	Is it very / quite easy for your family and friends to get here?	n=173	56%	46%	56%	
8.5	Do you get visits from family/friends once a week or more?	n=174	23%	24%	23%	
<i>For those who get visits:</i>						
8.6	Do visits usually start and finish on time?	n=111	42%	45%	42%	
8.7	Are your visitors usually treated respectfully by staff?	n=107	70%	71%	70%	
TIME OUT OF CELL						
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=178	79%	82%	79%	
<i>For those who know what the unlock and lock-up times are supposed to be:</i>						
9.1	Are these times usually kept to?	n=141	43%	50%	43%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=171	19%	36%	19%	17%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=171	3%	5%	3%	10%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=174	32%	50%	32%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=174	0%	1%	0%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=174	35%	42%	35%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=174	10%	45%	10%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=169	27%	46%	27%	
9.7	Do you typically go to the gym twice a week or more?	n=174	35%	37%	35%	
9.8	Do you typically go to the library once a week or more?	n=171	33%	40%	33%	20%
<i>For those who use the library:</i>						
9.9	Does the library have a wide enough range of materials to meet your needs?	n=87	63%	56%	63%	50%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS						
10.1	Is it easy for you to make an application?	n=172	55%	67%	55%	71%
<i>For those who have made an application:</i>						
10.2	Are applications usually dealt with fairly?	n=130	51%	47%	51%	48%
	Are applications usually dealt with within 7 days?	n=134	49%	32%	49%	37%
10.3	Is it easy for you to make a complaint?	n=173	47%	55%	47%	49%
<i>For those who have made a complaint:</i>						
10.4	Are complaints usually dealt with fairly?	n=86	20%	27%	20%	23%
	Are complaints usually dealt with within 7 days?	n=86	29%	21%	29%	18%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=121	25%	30%	25%	

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For those who need it, is it easy to:						
10.6	Communicate with your solicitor or legal representative?	<i>n=146</i>	49%	41%	49%	
	Attend legal visits?	<i>n=145</i>	65%	57%	65%	
	Get bail information?	<i>n=125</i>	18%	16%	18%	
For those who have had legal letters:						
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	<i>n=139</i>	42%	50%	42%	51%
<b>HEALTH CARE</b>						
11.1	Is it very / quite easy to see:					
	- Doctor?	<i>n=175</i>	22%	25%	22%	
	- Nurse?	<i>n=172</i>	49%	48%	49%	
	- Dentist?	<i>n=172</i>	16%	11%	16%	
	- Mental health workers?	<i>n=170</i>	19%	19%	19%	
11.2	Do you think the quality of the health service is very / quite good from:					
	- Doctor?	<i>n=171</i>	47%	39%	47%	
	- Nurse?	<i>n=167</i>	52%	51%	52%	
	- Dentist?	<i>n=166</i>	25%	25%	25%	
	- Mental health workers?	<i>n=165</i>	21%	24%	21%	
11.3	Do you have any mental health problems?	<i>n=172</i>	42%	49%	42%	
For those who have mental health problems:						
11.4	Have you been helped with your mental health problems in this prison?	<i>n=71</i>	27%	35%	27%	
11.5	Do you think the overall quality of the health services here is very / quite good?	<i>n=169</i>	34%	34%	34%	
<b>OTHER SUPPORT NEEDS</b>						
12.1	Do you consider yourself to have a disability?	<i>n=173</i>	41%	39%	41%	27%
For those who have a disability:						
12.2	Are you getting the support you need?	<i>n=62</i>	19%	27%	19%	
12.3	Have you been on an ACCT in this prison?	<i>n=165</i>	16%	23%	16%	
For those who have been on an ACCT:						
12.4	Did you feel cared for by staff?	<i>n=29</i>	45%	48%	45%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	<i>n=174</i>	31%	47%	31%	
<b>ALCOHOL AND DRUGS</b>						
13.1	Did you have an alcohol problem when you came into this prison?	<i>n=174</i>	24%	22%	24%	16%
For those who had / have an alcohol problem:						
13.2	Have you been helped with your alcohol problem in this prison?	<i>n=40</i>	50%	59%	50%	52%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	<i>n=173</i>	26%	34%	26%	29%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	<i>n=170</i>	14%	16%	14%	14%

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13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	<i>n=168</i>	11%	11%	11%	
<i>For those who had / have a drug problem:</i>						
13.6	Have you been helped with your drug problem in this prison?	<i>n=49</i>	51%	49%	51%	48%
13.7	Is it very / quite easy to get illicit drugs in this prison?	<i>n=170</i>	50%	50%	50%	
13.8	Is it very / quite easy to get alcohol in this prison?	<i>n=167</i>	25%	26%	25%	
<b>SAFETY</b>						
14.1	Have you ever felt unsafe here?	<i>n=176</i>	71%	60%	71%	59%
14.2	Do you feel unsafe now?	<i>n=167</i>	37%	27%	37%	37%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	<i>n=165</i>	39%	38%	39%	
	- Threats or intimidation?	<i>n=165</i>	37%	35%	37%	
	- Physical assault?	<i>n=165</i>	23%	20%	23%	
	- Sexual assault?	<i>n=165</i>	2%	3%	2%	
	- Theft of canteen or property?	<i>n=165</i>	38%	30%	38%	
	- Other bullying / victimisation?	<i>n=165</i>	23%	20%	23%	
	- Not experienced any of these from prisoners here	<i>n=165</i>	44%	48%	44%	72%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	<i>n=162</i>	37%	35%	37%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	<i>n=166</i>	30%	34%	30%	
	- Threats or intimidation?	<i>n=166</i>	24%	26%	24%	
	- Physical assault?	<i>n=166</i>	11%	13%	11%	
	- Sexual assault?	<i>n=166</i>	1%	2%	1%	
	- Theft of canteen or property?	<i>n=166</i>	9%	11%	9%	
	- Other bullying / victimisation?	<i>n=166</i>	18%	18%	18%	
	- Not experienced any of these from staff here	<i>n=166</i>	58%	55%	58%	69%
14.6	If you were being bullied / victimised by staff here, would you report it?	<i>n=167</i>	49%	46%	49%	
<b>BEHAVIOUR MANAGEMENT</b>						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	<i>n=171</i>	33%	38%	33%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	<i>n=168</i>	30%	35%	30%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	<i>n=174</i>	9%	14%	9%	8%
<i>For those who have been restrained in the last 6 months.</i>						
15.4	Did anyone come and talk to you about it afterwards?	<i>n=20</i>	15%	21%	15%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	<i>n=172</i>	6%	9%	6%	17%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months</i>						

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

HMP Birmingham 2018	All other local prisons surveyed since September 2017
<b>183</b>	<b>2,462</b>

HMP Birmingham 2018	HMP Birmingham 2017
<b>183</b>	<b>178</b>

**Number of completed questionnaires returned**

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

<b>15.6</b>	Were you treated well by segregation staff?	<i>n</i> =8	<b>25%</b>	<b>57%</b>
	Could you shower every day?	<i>n</i> =7	<b>14%</b>	<b>50%</b>
	Could you go outside for exercise every day?	<i>n</i> =6	<b>17%</b>	<b>58%</b>
	Could you use the phone every day (if you had credit)?	<i>n</i> =6	<b>0%</b>	<b>47%</b>

<b>25%</b>	
<b>14%</b>	
<b>17%</b>	
<b>0%</b>	

**EDUCATION, SKILLS AND WORK**

<b>16.1</b>	In this prison, is it easy to get into the following activities:			
	- Education?	<i>n</i> =163	<b>52%</b>	<b>52%</b>
	- Vocational or skills training?	<i>n</i> =155	<b>34%</b>	<b>26%</b>
	- Prison job?	<i>n</i> =163	<b>37%</b>	<b>32%</b>
	- Voluntary work outside of the prison?	<i>n</i> =148	<b>3%</b>	<b>4%</b>
	- Paid work outside of the prison?	<i>n</i> =149	<b>3%</b>	<b>4%</b>

<b>52%</b>	
<b>34%</b>	
<b>37%</b>	
<b>3%</b>	
<b>3%</b>	

<b>16.2</b>	In this prison, have you done the following activities:			
	- Education?	<i>n</i> =148	<b>66%</b>	<b>72%</b>
	- Vocational or skills training?	<i>n</i> =142	<b>55%</b>	<b>55%</b>
	- Prison job?	<i>n</i> =154	<b>72%</b>	<b>71%</b>
	- Voluntary work outside of the prison?	<i>n</i> =142	<b>34%</b>	<b>32%</b>
	- Paid work outside of the prison?	<i>n</i> =142	<b>35%</b>	<b>32%</b>

<b>66%</b>	<b>72%</b>
<b>55%</b>	<b>64%</b>
<b>72%</b>	<b>77%</b>
<b>34%</b>	
<b>35%</b>	

*For those who have done the following activities, do you think they will help you on release*

	- Education?	<i>n</i> =97	<b>63%</b>	<b>57%</b>
	- Vocational or skills training?	<i>n</i> =78	<b>63%</b>	<b>57%</b>
	- Prison job?	<i>n</i> =111	<b>45%</b>	<b>42%</b>
	- Voluntary work outside of the prison?	<i>n</i> =48	<b>50%</b>	<b>49%</b>
	- Paid work outside of the prison?	<i>n</i> =49	<b>57%</b>	<b>55%</b>

<b>63%</b>	<b>48%</b>
<b>63%</b>	<b>45%</b>
<b>45%</b>	<b>41%</b>
<b>50%</b>	
<b>57%</b>	

<b>16.3</b>	Do staff encourage you to attend education, training or work?	<i>n</i> =148	<b>47%</b>	<b>45%</b>
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<b>47%</b>	
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**PLANNING AND PROGRESSION**

<b>17.1</b>	Do you have a custody plan?	<i>n</i> =167	<b>24%</b>	<b>28%</b>
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<b>24%</b>	
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*For those who have a custody plan:*

<b>17.2</b>	Do you understand what you need to do to achieve your objectives or targets?	<i>n</i> =40	<b>70%</b>	<b>77%</b>
<b>17.3</b>	Are staff helping you to achieve your objectives or targets?	<i>n</i> =38	<b>47%</b>	<b>44%</b>
<b>17.4</b>	In this prison, have you done:			
	- Offending behaviour programmes?	<i>n</i> =34	<b>38%</b>	<b>44%</b>
	- Other programmes?	<i>n</i> =36	<b>47%</b>	<b>42%</b>
	- One to one work?	<i>n</i> =34	<b>38%</b>	<b>36%</b>
	- Been on a specialist unit?	<i>n</i> =33	<b>24%</b>	<b>20%</b>
	- ROTL - day or overnight release?	<i>n</i> =32	<b>16%</b>	<b>17%</b>

<b>70%</b>	
<b>47%</b>	
<b>38%</b>	
<b>47%</b>	
<b>38%</b>	
<b>24%</b>	
<b>16%</b>	

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**Number of completed questionnaires returned**

HMP Birmingham 2018	All other local prisons surveyed since September 2017	HMP Birmingham 2018	HMP Birmingham 2017
183	2,462	183	178

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

For those who have done the following, did they help you to achieve your objectives or targets.					
	- Offending behaviour programmes?	n=13	77% 71%	77%	
	- Other programmes?	n=17	71% 66%	71%	
	- One to one work?	n=13	85% 66%	85%	
	- Being on a specialist unit?	n=8	75% 48%	75%	
	- ROTL - day or overnight release?	n=5	60% 50%	60%	
PREPARATION FOR RELEASE					
18.1	Do you expect to be released in the next 3 months?	n=169	31% 31%	31%	
For those who expect to be released in the next 3 months:					
18.2	Is this prison very / quite near to your home area or intended release address?	n=52	60% 61%	60%	
18.3	Is anybody helping you to prepare for your release?	n=52	46% 46%	46%	
18.4	Do you need help to sort out the following for when you are released:				
	- Finding accommodation?	n=48	65% 65%	65%	
	- Getting employment?	n=48	73% 61%	73%	
	- Setting up education or training?	n=46	54% 48%	54%	
	- Arranging benefits?	n=48	73% 66%	73%	
	- Sorting out finances?	n=48	58% 55%	58%	
	- Support for drug or alcohol problems?	n=45	51% 50%	51%	
	- Health / mental Health support?	n=44	50% 57%	50%	
	- Social care support?	n=46	37% 41%	37%	
	- Getting back in touch with family or friends?	n=48	40% 41%	40%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:				
	- Finding accommodation?	n=31	23% 31%	23%	
	- Getting employment?	n=35	14% 21%	14%	
	- Setting up education or training?	n=25	8% 16%	8%	
	- Arranging benefits?	n=35	14% 24%	14%	
	- Sorting out finances?	n=28	7% 18%	7%	
	- Support for drug or alcohol problems?	n=23	35% 42%	35%	
	- Health / mental Health support?	n=22	18% 23%	18%	
	- Social care support?	n=17	6% 18%	6%	
	- Getting back in touch with family or friends?	n=19	26% 27%	26%	
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=165	51% 48%	51%	

## HMP Birmingham 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.

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**Number of completed questionnaires returned**

Black and minority ethnic	White	Muslim	Non-Muslim
<b>68</b>	<b>103</b>	<b>35</b>	<b>142</b>

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
	Are you 50 years of age or older?	10%	13%	11%	13%
1.3	Are you from a minority ethnic group?			84%	28%
7.1	Are you Muslim?	42%	5%		
11.3	Do you have any mental health problems?	34%	51%	32%	44%
12.1	Do you consider yourself to have a disability?	33%	48%	31%	42%
19.2	Are you a foreign national?	8%	8%	21%	8%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	5%	6%	0%	7%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	90%	78%	77%	83%
2.4	Overall, were you treated very / quite well in reception?	79%	79%	71%	81%
2.5	When you first arrived, did you have any problems?	88%	81%	97%	80%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	26%	32%	25%	32%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	50%	64%	43%	64%
3.5	Have you had an induction at this prison?	74%	78%	69%	78%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	30%	37%	33%	34%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	9%	10%	9%	11%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	32%	50%	37%	45%
	- Can you shower every day?	77%	77%	79%	79%
	- Do you have clean sheets every week?	37%	52%	41%	46%
	- Do you get cell cleaning materials every week?	20%	37%	24%	34%
	- Is it normally quiet enough for you to relax or sleep at night?	64%	66%	52%	69%
	- Can you get your stored property if you need it?	21%	18%	21%	20%

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Number of completed questionnaires returned

Black and minority ethnic	White
68	103

Muslim	Non-Muslim
35	142

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	41%	36%
5.3	Does the shop / canteen sell the things that you need?	55%	68%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	59%	73%
6.2	Are there any staff here you could turn to if you had a problem?	66%	73%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	23%	28%
6.6	Do you feel that you are treated as an individual in this prison?	36%	39%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	64%	61%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	48%	60%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	18%	19%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	60%	55%
8.3	Are you able to use a phone every day (if you have credit)?	86%	87%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	68%	75%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	21%	19%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	2%	4%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	56%	65%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	51%	57%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	51%	51%
10.3	Is it easy for you to make a complaint?	50%	46%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	16%	19%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	22%	27%

34%	39%
53%	64%
59%	73%
64%	73%
27%	29%
38%	40%
83%	58%
66%	54%
12%	24%
52%	57%
85%	87%
67%	72%
19%	19%
0%	4%
60%	64%
44%	58%
43%	54%
39%	50%
21%	20%
21%	25%

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Number of completed questionnaires returned

	Black and minority ethnic	White	Muslim	Non-Muslim
	68	103	35	142

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	23%	19%	24%	22%
	- Nurse?	49%	47%	47%	50%
	- Dentist?	19%	11%	19%	15%
	- Mental health workers?	22%	16%	22%	20%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	27%	27%	40%	26%
11.5	Do you think the overall quality of the health services here is very / quite good?	31%	35%	28%	37%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	28%	16%	38%	16%
SAFETY					
14.1	Have you ever felt unsafe here?	75%	70%	73%	69%
14.2	Do you feel unsafe now?	37%	37%	42%	34%
14.3	Not experienced bullying / victimisation by other prisoners	46%	42%	38%	45%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	39%	35%	40%	36%
14.5	Not experienced bullying / victimisation by members of staff	52%	62%	53%	61%
14.6	If you were being bullied / victimised by staff here, would you report it?	51%	46%	50%	49%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	30%	36%	25%	36%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	29%	33%	19%	33%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	8%	9%	12%	8%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	5%	7%	9%	5%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	45%	46%	36%	51%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	21%	25%	16%	26%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	46%	44%	40%	50%
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?	48%	43%	63%	43%
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%	48%	52%	52%





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	Foreign national	British national
<b>Number of completed questionnaires returned</b>	<b>18</b>	<b>152</b>

<b>FOOD AND CANTEEN</b>			
5.2	Do you get enough to eat at meal-times always / most of the time?	<b>33%</b>	<b>37%</b>
5.3	Does the shop / canteen sell the things that you need?	<b>53%</b>	<b>62%</b>
<b>RELATIONSHIPS WITH STAFF</b>			
6.1	Do most staff here treat you with respect?	<b>72%</b>	<b>70%</b>
6.2	Are there any staff here you could turn to if you had a problem?	<b>83%</b>	<b>70%</b>
6.3	In the last week, has any member of staff talked to you about how you are getting on?	<b>53%</b>	<b>24%</b>
6.6	Do you feel that you are treated as an individual in this prison?	<b>59%</b>	<b>37%</b>
<b>FAITH</b>			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	<b>64%</b>	<b>66%</b>
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	<b>60%</b>	<b>57%</b>
<b>CONTACT WITH FAMILY AND FRIENDS</b>			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	<b>47%</b>	<b>18%</b>
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	<b>35%</b>	<b>59%</b>
8.3	Are you able to use a phone every day (if you have credit)?	<b>89%</b>	<b>86%</b>
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	<b>80%</b>	<b>70%</b>
<b>TIME OUT OF CELL</b>			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	<b>19%</b>	<b>19%</b>
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	<b>0%</b>	<b>3%</b>
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	<b>60%</b>	<b>63%</b>
<b>APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS</b>			
10.1	Is it easy for you to make an application?	<b>50%</b>	<b>56%</b>
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	<b>58%</b>	<b>51%</b>
10.3	Is it easy for you to make a complaint?	<b>41%</b>	<b>47%</b>
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	<b>33%</b>	<b>18%</b>
10.5	Have you ever been prevented from making a complaint here when you wanted to?	<b>20%</b>	<b>25%</b>

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	Foreign national	British national
<b>Number of completed questionnaires returned</b>	<b>18</b>	<b>152</b>

<b>HEALTH CARE</b>			
11.1	Is it very / quite easy to see:		
	- Doctor?	28%	21%
	- Nurse?	38%	50%
	- Dentist?	31%	13%
	- Mental health workers?	14%	19%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	0%	27%
11.5	Do you think the overall quality of the health services here is very / quite good?	38%	33%
<b>OTHER SUPPORT NEEDS</b>			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	33%	18%
<b>SAFETY</b>			
14.1	Have you ever felt unsafe here?	56%	71%
14.2	Do you feel unsafe now?	56%	35%
14.3	Not experienced bullying / victimisation by other prisoners	56%	43%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	67%	35%
14.5	Not experienced bullying / victimisation by members of staff	67%	58%
14.6	If you were being bullied / victimised by staff here, would you report it?	75%	47%
<b>BEHAVIOUR MANAGEMENT</b>			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	18%	34%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	18%	32%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	6%	9%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	13%	5%
<b>EDUCATION, SKILLS AND WORK</b>			
16.3	Do staff encourage you to attend education, training or work?	63%	46%
<b>PLANNING AND PROGRESSION</b>			
17.1	Do you have a custody plan?	40%	22%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	67%	43%
<b>PREPARATION FOR RELEASE</b>			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	50%	46%
<b>FINAL QUESTION ABOUT THIS PRISON</b>			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	60%	51%

## HMP Birmingham 2018

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

In this table the following analyses are presented:

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

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

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

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	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

		Mental health problems		No mental health problems
		Have a disability		Do not have a disability
		<b>72</b>		<b>100</b>
		<b>71</b>		<b>102</b>

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
	Are you 50 years of age or older?	10%	14%	17%	7%
1.3	Are you from a minority ethnic group?	31%	47%	30%	45%
7.1	Are you Muslim?	16%	24%	15%	22%
11.3	Do you have any mental health problems?			74%	19%
12.1	Do you consider yourself to have a disability?	73%	18%		
19.2	Are you a foreign national?	7%	13%	6%	13%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	5%	5%	8%	3%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	76%	83%	79%	82%
2.4	Overall, were you treated very / quite well in reception?	78%	79%	80%	79%
2.5	When you first arrived, did you have any problems?	90%	80%	91%	79%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	30%	31%	21%	36%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	56%	62%	55%	63%
3.5	Have you had an induction at this prison?	70%	80%	70%	80%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	43%	31%	29%	39%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	7%	14%	7%	14%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	40%	47%	44%	44%
	- Can you shower every day?	81%	77%	75%	81%
	- Do you have clean sheets every week?	40%	50%	45%	46%
	- Do you get cell cleaning materials every week?	28%	34%	31%	31%
	- Is it normally quiet enough for you to relax or sleep at night?	54%	75%	61%	70%
	- Can you get your stored property if you need it?	20%	21%	20%	21%

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

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

Number of completed questionnaires returned

	Mental health problems	No mental health problems		
	72	100	Have a disability	Do not have a disability
			71	102

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	32%	43%	27%	46%
5.3	Does the shop / canteen sell the things that you need?	70%	55%	61%	62%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	71%	72%	67%	74%
6.2	Are there any staff here you could turn to if you had a problem?	73%	72%	64%	76%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	29%	29%	24%	31%
6.6	Do you feel that you are treated as an individual in this prison?	41%	39%	39%	41%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	71%	64%	57%	72%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	62%	55%	51%	64%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	19%	23%	12%	27%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	61%	53%	64%	51%
8.3	Are you able to use a phone every day (if you have credit)?	83%	90%	87%	87%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	63%	74%	68%	73%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	23%	15%	21%	16%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	4%	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?	62%	64%	61%	64%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	54%	55%	56%	55%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	55%	48%	45%	54%
10.3	Is it easy for you to make a complaint?	52%	44%	52%	46%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	17%	22%	20%	21%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	29%	20%	36%	17%

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

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

Number of completed questionnaires returned

	Mental health problems	No mental health problems		
	72	100	Have a disability	Do not have a disability
			71	102

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	14%	27%	15%	25%
	- Nurse?	52%	48%	52%	47%
	- Dentist?	13%	17%	13%	17%
	- Mental health workers?	17%	20%	15%	21%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	27%		14%	55%
11.5	Do you think the overall quality of the health services here is very / quite good?	30%	38%	28%	37%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	16%	31%	19%	
SAFETY					
14.1	Have you ever felt unsafe here?	84%	61%	83%	60%
14.2	Do you feel unsafe now?	49%	29%	47%	28%
14.3	Not experienced bullying / victimisation by other prisoners	34%	50%	32%	53%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	33%	40%	37%	39%
14.5	Not experienced bullying / victimisation by members of staff	50%	65%	49%	66%
14.6	If you were being bullied / victimised by staff here, would you report it?	42%	54%	42%	55%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	32%	33%	36%	31%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	38%	26%	35%	29%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	16%	4%	15%	5%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	7%	5%	7%	5%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	38%	53%	34%	56%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	21%	26%	24%	25%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	46%	46%	40%	52%
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?	44%	46%	44%	48%
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?	42%	57%	41%	56%

## HMP Birmingham 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.

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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		50 and over	Under 50
<b>Number of completed questionnaires returned</b>	<b>25</b>	<b>155</b>		<b>22</b>	<b>158</b>

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	0%			0%
	Are you 50 years of age or older?		14%		100%
1.3	Are you from a minority ethnic group?	60%	36%	35%	40%
7.1	Are you Muslim?	20%	20%	18%	20%
11.3	Do you have any mental health problems?	30%	44%	33%	43%
12.1	Do you consider yourself to have a disability?	33%	43%	63%	38%
19.2	Are you a foreign national?	9%	11%	5%	12%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	7%	5%	6%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	80%	82%	81%	81%
2.4	Overall, were you treated very / quite well in reception?	72%	80%	81%	78%
2.5	When you first arrived, did you have any problems?	76%	86%	95%	83%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	14%	32%	50%	27%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	64%	58%	77%	56%
3.5	Have you had an induction at this prison?	72%	76%	73%	76%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	22%	36%	31%	35%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	4%	12%	10%	11%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	28%	45%	68%	39%
	- Can you shower every day?	83%	78%	81%	78%
	- Do you have clean sheets every week?	48%	45%	59%	44%
	- Do you get cell cleaning materials every week?	25%	32%	36%	30%
	- Is it normally quiet enough for you to relax or sleep at night?	64%	64%	77%	63%
	- Can you get your stored property if you need it?	16%	22%	30%	20%

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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	50 and over	Under 50
	25	155	22	158

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	28%	40%	55%	36%
5.3	Does the shop / canteen sell the things that you need?	64%	61%	65%	61%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	63%	71%	95%	66%
6.2	Are there any staff here you could turn to if you had a problem?	58%	73%	85%	69%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	21%	29%	41%	26%
6.6	Do you feel that you are treated as an individual in this prison?	38%	40%	36%	40%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	79%	63%	75%	64%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	44%	59%	58%	57%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	16%	21%	25%	20%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	63%	55%	56%	56%
8.3	Are you able to use a phone every day (if you have credit)?	74%	90%	96%	86%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	44%	76%	92%	68%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	13%	20%	18%	19%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	3%	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?	64%	65%	50%	68%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	67%	53%	62%	54%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	47%	51%	63%	49%
10.3	Is it easy for you to make a complaint?	50%	48%	46%	48%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	8%	22%	33%	19%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	37%	23%	15%	26%



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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		
	25	155	50 and over	Under 50
			22	158

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	26%	21%	27%	21%
	- Nurse?	58%	47%	62%	47%
	- Dentist?	17%	16%	14%	16%
	- Mental health workers?	17%	20%	19%	20%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	33%	27%	14%	29%
11.5	Do you think the overall quality of the health services here is very / quite good?	32%	35%	65%	31%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	0%	21%	17%	20%
SAFETY					
14.1	Have you ever felt unsafe here?	71%	71%	57%	72%
14.2	Do you feel unsafe now?	35%	37%	33%	37%
14.3	Not experienced bullying / victimisation by other prisoners	57%	42%	46%	44%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	14%	41%	60%	35%
14.5	Not experienced bullying / victimisation by members of staff	61%	58%	76%	56%
14.6	If you were being bullied / victimised by staff here, would you report it?	23%	54%	55%	49%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	17%	36%	41%	32%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	26%	32%	35%	30%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	13%	7%	9%	8%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	9%	5%	0%	7%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	38%	49%	63%	45%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	23%	25%	25%	24%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	20%	52%	20%	52%
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?	30%	51%	50%	47%
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?	42%	52%	68%	48%

## HMP Birmingham 2018

### Comparison of survey responses from different residential locations

In this table responses from prisoners on the vulnerable prisoner units (N and P wings) are compared with those from the rest of the establishment (A, B, C, D, J, K, L and M wings).

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

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
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	Grey shading indicates that we have no valid data for this question

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

Number of completed questionnaires returned

	N and P wings	All other wings
Number of completed questionnaires returned	42	137

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	0%	0%
	Are you 25 years of age or younger?	10%	16%
	Are you 50 years of age or older?	24%	8%
	Are you 70 years of age or older?	0%	0%
1.3	Are you from a minority ethnic group?	34%	41%
1.4	Have you been in this prison for less than 6 months?	39%	67%
1.5	Are you currently serving a sentence?	81%	56%
	Are you on recall?	12%	13%
1.6	Is your sentence less than 12 months?	5%	23%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	2%
7.1	Are you Muslim?	21%	18%
11.3	Do you have any mental health problems?	54%	37%
12.1	Do you consider yourself to have a disability?	49%	37%
19.1	Do you have any children under the age of 18?	60%	57%
19.2	Are you a foreign national?	12%	11%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	5%	6%
19.4	Have you ever been in the armed services?	7%	4%
19.5	Is your gender female or non-binary?	0%	0%
19.6	Are you homosexual, bisexual or other sexual orientation?	10%	5%
19.7	Do you identify as transgender or transsexual?	0%	2%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	20%	16%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	45%	42%
2.3	When you were searched in reception, was this done in a respectful way?	78%	82%
2.4	Overall, were you treated very / quite well in reception?	78%	79%

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

Number of completed questionnaires returned

	N and P wings	All other wings
	42	137

2.5	When you first arrived, did you have any problems?	90%	82%
2.5	Did you have problems with:		
	- Getting phone numbers?	49%	46%
	- Contacting family?	56%	48%
	- Arranging care for children or other dependents?	2%	4%
	- Contacting employers?	7%	8%
	- Money worries?	27%	26%
	- Housing worries?	17%	17%
	- Feeling depressed?	54%	38%
	- Feeling suicidal?	27%	13%
	- Other mental health problems?	27%	22%
	- Physical health problems?	10%	19%
	- Drugs or alcohol (e.g. withdrawal)?	12%	27%
	- Getting medication?	24%	25%
	- Needing protection from other prisoners?	32%	6%
	- Lost or delayed property?	22%	16%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	31%	29%
<b>FIRST NIGHT AND INDUCTION</b>			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	53%	61%
	- Toiletries / other basic items?	55%	66%
	- A shower?	18%	46%
	- A free phone call?	48%	73%
	- Something to eat?	73%	76%
	- The chance to see someone from health care?	40%	59%
	- The chance to talk to a Listener or Samaritans?	10%	24%
	- Support from another prisoner (e.g. Insider or buddy)?	10%	27%
	- None of these?	13%	8%
3.2	On your first night in this prison, was your cell very / quite clean?	36%	21%
3.3	Did you feel safe on your first night here?	55%	60%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen?	37%	33%
	- Free PIN phone credit?	45%	48%
	- Numbers put on your PIN phone?	33%	38%
3.5	Have you had an induction at this prison?	71%	78%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	30%	36%

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	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
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\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

N and P wings	All other wings
42	137

ON THE WING			
4.1	Are you in a cell on your own?	60%	31%
4.2	Is your cell call bell normally answered within 5 minutes?	7%	11%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	60%	38%
	- Can you shower every day?	78%	79%
	- Do you have clean sheets every week?	40%	46%
	- Do you get cell cleaning materials every week?	29%	30%
	- Is it normally quiet enough for you to relax or sleep at night?	71%	63%
	- Can you get your stored property if you need it?	21%	20%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	67%	44%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	33%	36%
5.2	Do you get enough to eat at meal-times always / most of the time?	43%	36%
5.3	Does the shop / canteen sell the things that you need?	71%	58%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	70%	70%
6.2	Are there any staff here you could turn to if you had a problem?	76%	70%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	29%	27%
6.4	Do you have a personal officer?	55%	55%
	<i>For those who have a personal officer:</i>		
6.4	Is your personal or named officer very / quite helpful?	65%	51%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	2%	8%
6.6	Do you feel that you are treated as an individual in this prison?	40%	40%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	44%	41%
	If so, do things sometimes change?	33%	33%
FAITH			
7.1	Do you have a religion?	71%	66%
	<i>For those who have a religion:</i>		
7.2	Are your religious beliefs respected here?	67%	63%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	57%	56%
7.4	Are you able to attend religious services, if you want to?	86%	75%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	26%	19%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	60%	55%
8.3	Are you able to use a phone every day (if you have credit)?	98%	83%
8.4	Is it very / quite easy for your family and friends to get here?	56%	56%
8.5	Do you get visits from family/friends once a week or more?	24%	23%
	<i>For those who get visits:</i>		
8.6	Do visits usually start and finish on time?	37%	45%
8.7	Are your visitors usually treated respectfully by staff?	85%	65%

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Number of completed questionnaires returned

N and P wings	All other wings
42	137

TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	83%	77%
<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?	40%	44%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	8%	23%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	4%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	39%	30%
	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?	34%	36%
9.5	Do you get association more than 5 days in a typical week, if you want it?	5%	12%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	10%	34%
9.7	Do you typically go to the gym twice a week or more?	24%	38%
9.8	Do you typically go to the library once a week or more?	51%	28%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	57%	66%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	60%	54%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	61%	48%
	Are applications usually dealt with within 7 days?	57%	46%
10.3	Is it easy for you to make a complaint?	59%	44%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	30%	17%
	Are complaints usually dealt with within 7 days?	39%	26%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	25%	24%

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Number of completed questionnaires returned

N and P wings	All other wings
42	137

<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	73%	41%
	Attend legal visits?	70%	65%
	Get bail information?	28%	16%
<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?	47%	41%
<b>HEALTH CARE</b>			
11.1	Is it very / quite easy to see:		
	- Doctor?	19%	23%
	- Nurse?	56%	47%
	- Dentist?	10%	18%
	- Mental health workers?	18%	20%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	60%	43%
	- Nurse?	66%	48%
	- Dentist?	24%	25%
	- Mental health workers?	29%	19%
11.3	Do you have any mental health problems?	54%	37%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	40%	21%
11.5	Do you think the overall quality of the health services here is very / quite good?	41%	32%
<b>OTHER SUPPORT NEEDS</b>			
12.1	Do you consider yourself to have a disability?	49%	37%
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	26%	17%
12.3	Have you been on an ACCT in this prison?	35%	10%
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	57%	36%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	61%	22%
<b>ALCOHOL AND DRUGS</b>			
13.1	Did you have an alcohol problem when you came into this prison?	10%	26%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	50%	52%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	22%	26%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	10%	14%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	8%	12%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	60%	49%
13.7	Is it very / quite easy to get illicit drugs in this prison?	59%	48%
13.8	Is it very / quite easy to get alcohol in this prison?	33%	22%

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Number of completed questionnaires returned

N and P wings	42	All other wings	137
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SAFETY			
14.1	Have you ever felt unsafe here?	78%	67%
14.2	Do you feel unsafe now?	36%	36%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	42%	37%
	- Threats or intimidation?	46%	33%
	- Physical assault?	20%	23%
	- Sexual assault?	2%	2%
	- Theft of canteen or property?	32%	39%
	- Other bullying / victimisation?	24%	22%
	- Not experienced any of these from prisoners here	34%	48%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	51%	31%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	40%	26%
	- Threats or intimidation?	23%	23%
	- Physical assault?	15%	9%
	- Sexual assault?	0%	2%
	- Theft of canteen or property?	10%	8%
	- Other bullying / victimisation?	23%	16%
	- Not experienced any of these from staff here	53%	61%
14.6	If you were being bullied / victimised by staff here, would you report it?	63%	44%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	42%	29%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	30%	30%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	7%	8%
	<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?	50%	7%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	8%	4%
	<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?	33%	33%
	Could you shower every day?	0%	25%
	Could you go outside for exercise every day?	0%	33%
	Could you use the phone every day (if you had credit)?	0%	0%

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N and P wings	42	All other wings	137
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EDUCATION, SKILLS AND WORK				
16.1	In this prison, is it easy to get into the following activities:			
	- Education?		66%	48%
	- Vocational or skills training?		40%	33%
	- Prison job?		36%	38%
	- Voluntary work outside of the prison?		0%	5%
	- Paid work outside of the prison?		0%	4%
16.2	In this prison, have you done the following activities:			
	- Education?		73%	62%
	- Vocational or skills training?		58%	53%
	- Prison job?		80%	70%
	- Voluntary work outside of the prison?		27%	34%
	- Paid work outside of the prison?		29%	35%
<i>For those who have done the following activities, do you think they will help you on release:</i>				
	- Education?		63%	62%
	- Vocational or skills training?		78%	58%
	- Prison job?		46%	44%
	- Voluntary work outside of the prison?		63%	46%
	- Paid work outside of the prison?		78%	51%
16.3	Do staff encourage you to attend education, training or work?		58%	43%
PLANNING AND PROGRESSION				
17.1	Do you have a custody plan?		38%	20%
<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?		80%	64%
17.3	Are staff helping you to achieve your objectives or targets?		43%	50%
17.4	In this prison, have you done:			
	- Offending behaviour programmes?		33%	41%
	- Other programmes?		50%	46%
	- One to one work?		42%	36%
	- Been on a specialist unit?		33%	19%
	- ROTL - day or overnight release?		17%	15%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>				
	- Offending behaviour programmes?		75%	78%
	- Other programmes?		71%	70%
	- One to one work?		80%	88%
	- Being on a specialist unit?		75%	75%
	- ROTL - day or overnight release?		50%	67%



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N and P wings	42	All other wings	137
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PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	8%	38%
<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?	67%	60%
18.3	Is anybody helping you to prepare for your release?	67%	45%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	100%	61%
	- Getting employment?	100%	70%
	- Setting up education or training?	100%	49%
	- Arranging benefits?	100%	70%
	- Sorting out finances?	100%	54%
	- Support for drug or alcohol problems?	33%	50%
	- Health / mental Health support?	100%	44%
	- Social care support?	67%	32%
	- Getting back in touch with family or friends?	67%	35%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	33%	23%
	- Getting employment?	33%	13%
	- Setting up education or training?	33%	5%
	- Arranging benefits?	33%	13%
	- Sorting out finances?	33%	4%
	- Support for drug or alcohol problems?	0%	40%
	- Health / mental Health support?	33%	18%
	- Social care support?	50%	0%
	- Getting back in touch with family or friends?	100%	20%
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?	64%	47%

## HMP Birmingham 2018

### Comparison of survey responses from different residential locations

In this table responses from prisoners on the old Victorian accommodation (A, B, C and D wings) are compared with those from the rest of the establishment (J, K, L, M, N and P wings).

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Number of completed questionnaires returned

A, B, C and D wings	72	All other wings	107
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DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	0%	0%
	Are you 25 years of age or younger?	20%	10%
	Are you 50 years of age or older?	4%	17%
	Are you 70 years of age or older?	0%	0%
1.3	Are you from a minority ethnic group?	44%	36%
1.4	Have you been in this prison for less than 6 months?	69%	54%
1.5	Are you currently serving a sentence?	62%	62%
	Are you on recall?	16%	10%
1.6	Is your sentence less than 12 months?	31%	11%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	3%
7.1	Are you Muslim?	15%	21%
11.3	Do you have any mental health problems?	40%	42%
12.1	Do you consider yourself to have a disability?	33%	45%
19.1	Do you have any children under the age of 18?	52%	61%
19.2	Are you a foreign national?	9%	12%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	7%
19.4	Have you ever been in the armed services?	5%	5%
19.5	Is your gender female or non-binary?	0%	0%
19.6	Are you homosexual, bisexual or other sexual orientation?	6%	6%
19.7	Do you identify as transgender or transsexual?	2%	1%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	23%	12%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	34%	49%
2.3	When you were searched in reception, was this done in a respectful way?	86%	78%
2.4	Overall, were you treated very / quite well in reception?	79%	78%

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A, B, C and D wings	All other wings
72	107

2.5	When you first arrived, did you have any problems?	83%	85%
2.5	Did you have problems with:		
	- Getting phone numbers?	37%	53%
	- Contacting family?	40%	56%
	- Arranging care for children or other dependents?	1%	5%
	- Contacting employers?	4%	10%
	- Money worries?	21%	30%
	- Housing worries?	21%	14%
	- Feeling depressed?	37%	45%
	- Feeling suicidal?	10%	20%
	- Other mental health problems?	23%	23%
	- Physical health problems?	20%	15%
	- Drugs or alcohol (e.g. withdrawal)?	37%	14%
	- Getting medication?	27%	23%
	- Needing protection from other prisoners?	6%	16%
	- Lost or delayed property?	13%	21%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	26%	32%
<b>FIRST NIGHT AND INDUCTION</b>			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	65%	55%
	- Toiletries / other basic items?	62%	64%
	- A shower?	46%	35%
	- A free phone call?	76%	61%
	- Something to eat?	73%	77%
	- The chance to see someone from health care?	61%	51%
	- The chance to talk to a Listener or Samaritans?	29%	15%
	- Support from another prisoner (e.g. Insider or buddy)?	30%	18%
	- None of these?	6%	11%
3.2	On your first night in this prison, was your cell very / quite clean?	24%	25%
3.3	Did you feel safe on your first night here?	62%	56%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen?	38%	32%
	- Free PIN phone credit?	49%	46%
	- Numbers put on your PIN phone?	43%	33%
3.5	Have you had an induction at this prison?	78%	75%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	40%	31%

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A, B, C and D wings	72	All other wings	107
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ON THE WING			
4.1	Are you in a cell on your own?	32%	42%
4.2	Is your cell call bell normally answered within 5 minutes?	11%	9%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	29%	52%
	- Can you shower every day?	73%	83%
	- Do you have clean sheets every week?	36%	51%
	- Do you get cell cleaning materials every week?	25%	33%
	- Is it normally quiet enough for you to relax or sleep at night?	63%	66%
	- Can you get your stored property if you need it?	22%	19%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	38%	58%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	39%	32%
5.2	Do you get enough to eat at meal-times always / most of the time?	36%	39%
5.3	Does the shop / canteen sell the things that you need?	61%	60%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	65%	73%
6.2	Are there any staff here you could turn to if you had a problem?	68%	74%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	28%	27%
6.4	Do you have a personal officer?	55%	55%
<i>For those who have a personal officer:</i>			
6.4	Is your personal or named officer very / quite helpful?	54%	54%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	7%	6%
6.6	Do you feel that you are treated as an individual in this prison?	39%	40%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	50%	36%
	If so, do things sometimes change?	30%	35%
FAITH			
7.1	Do you have a religion?	63%	71%
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	56%	69%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	55%	57%
7.4	Are you able to attend religious services, if you want to?	71%	82%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	21%	21%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	51%	60%
8.3	Are you able to use a phone every day (if you have credit)?	77%	93%
8.4	Is it very / quite easy for your family and friends to get here?	56%	55%
8.5	Do you get visits from family/friends once a week or more?	18%	26%
<i>For those who get visits:</i>			
8.6	Do visits usually start and finish on time?	54%	37%
8.7	Are your visitors usually treated respectfully by staff?	66%	72%

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Number of completed questionnaires returned

A, B, C and D wings	72	All other wings	107
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TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	77%	80%
<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?	46%	41%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	31%	11%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	5%	2%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	34%	30%
	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?	33%	37%
9.5	Do you get association more than 5 days in a typical week, if you want it?	18%	5%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	34%	24%
9.7	Do you typically go to the gym twice a week or more?	35%	35%
9.8	Do you typically go to the library once a week or more?	29%	36%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	76%	57%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	53%	57%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	50%	52%
	Are applications usually dealt with within 7 days?	50%	48%
10.3	Is it easy for you to make a complaint?	46%	49%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	17%	22%
	Are complaints usually dealt with within 7 days?	25%	33%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	23%	25%

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A, B, C and D wings	72	All other wings	107
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<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	44%	51%
	Attend legal visits?	61%	69%
	Get bail information?	21%	16%
<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?	45%	41%
<b>HEALTH CARE</b>			
11.1	Is it very / quite easy to see:		
	- Doctor?	28%	18%
	- Nurse?	48%	51%
	- Dentist?	23%	12%
	- Mental health workers?	29%	14%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	43%	49%
	- Nurse?	45%	57%
	- Dentist?	30%	21%
	- Mental health workers?	24%	19%
11.3	Do you have any mental health problems?	40%	42%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	27%	26%
11.5	Do you think the overall quality of the health services here is very / quite good?	33%	35%
<b>OTHER SUPPORT NEEDS</b>			
12.1	Do you consider yourself to have a disability?	33%	45%
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	21%	20%
12.3	Have you been on an ACCT in this prison?	13%	18%
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	44%	47%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	24%	36%
<b>ALCOHOL AND DRUGS</b>			
13.1	Did you have an alcohol problem when you came into this prison?	33%	15%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	57%	44%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	38%	17%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	17%	11%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	14%	9%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	56%	45%
13.7	Is it very / quite easy to get illicit drugs in this prison?	46%	54%
13.8	Is it very / quite easy to get alcohol in this prison?	28%	23%

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Number of completed questionnaires returned

A, B, C and D wings	72	All other wings	107
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SAFETY			
14.1	Have you ever felt unsafe here?	63%	75%
14.2	Do you feel unsafe now?	29%	41%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	40%	37%
	- Threats or intimidation?	29%	41%
	- Physical assault?	21%	23%
	- Sexual assault?	2%	2%
	- Theft of canteen or property?	37%	37%
	- Other bullying / victimisation?	14%	27%
	- Not experienced any of these from prisoners here	51%	40%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	32%	39%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	25%	33%
	- Threats or intimidation?	22%	24%
	- Physical assault?	8%	12%
	- Sexual assault?	2%	1%
	- Theft of canteen or property?	6%	10%
	- Other bullying / victimisation?	13%	21%
	- Not experienced any of these from staff here	59%	58%
14.6	If you were being bullied / victimised by staff here, would you report it?	43%	52%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	30%	34%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	30%	30%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	9%	7%
	<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?	14%	18%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	5%	5%
	<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?	0%	40%
	Could you shower every day?	0%	33%
	Could you go outside for exercise every day?	0%	33%
	Could you use the phone every day (if you had credit)?	0%	0%

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EDUCATION, SKILLS AND WORK				
16.1	In this prison, is it easy to get into the following activities:			
	- Education?		47%	56%
	- Vocational or skills training?		32%	36%
	- Prison job?		23%	46%
	- Voluntary work outside of the prison?		5%	2%
	- Paid work outside of the prison?		3%	2%
16.2	In this prison, have you done the following activities:			
	- Education?		66%	64%
	- Vocational or skills training?		57%	52%
	- Prison job?		61%	79%
	- Voluntary work outside of the prison?		38%	29%
	- Paid work outside of the prison?		37%	31%
<i>For those who have done the following activities, do you think they will help you on release:</i>				
	- Education?		66%	60%
	- Vocational or skills training?		63%	63%
	- Prison job?		44%	44%
	- Voluntary work outside of the prison?		41%	57%
	- Paid work outside of the prison?		43%	68%
16.3	Do staff encourage you to attend education, training or work?		40%	52%
PLANNING AND PROGRESSION				
17.1	Do you have a custody plan?		19%	28%
<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?		67%	71%
17.3	Are staff helping you to achieve your objectives or targets?		58%	42%
17.4	In this prison, have you done:			
	- Offending behaviour programmes?		46%	35%
	- Other programmes?		46%	48%
	- One to one work?		46%	35%
	- Been on a specialist unit?		18%	27%
	- ROTL - day or overnight release?		10%	18%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>				
	- Offending behaviour programmes?		100%	63%
	- Other programmes?		60%	75%
	- One to one work?		100%	75%
	- Being on a specialist unit?		100%	67%
	- ROTL - day or overnight release?		100%	50%



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PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	41%	23%
<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?	67%	52%
18.3	Is anybody helping you to prepare for your release?	56%	35%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	63%	64%
	- Getting employment?	63%	82%
	- Setting up education or training?	54%	50%
	- Arranging benefits?	63%	82%
	- Sorting out finances?	50%	64%
	- Support for drug or alcohol problems?	65%	30%
	- Health / mental Health support?	50%	45%
	- Social care support?	39%	29%
	- Getting back in touch with family or friends?	48%	26%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	40%	7%
	- Getting employment?	20%	11%
	- Setting up education or training?	8%	10%
	- Arranging benefits?	7%	22%
	- Sorting out finances?	0%	14%
	- Support for drug or alcohol problems?	47%	17%
	- Health / mental Health support?	27%	11%
	- Social care support?	0%	17%
	- Getting back in touch with family or friends?	18%	50%
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?	41%	57%