

Report on an announced inspection of

HMP Featherstone

by HM Chief Inspector of Prisons

1–5 October 2018

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Glossary of terms

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

Introduction

HMP Featherstone is a category C training and resettlement prison near Wolverhampton. Opened in 1976, the prison has seen additional house blocks added over the years and the establishment now holds up to 637 adult male prisoners. The majority of those held were serving more than two years and usually much longer than that, with about 170 men serving over 10 years or life. The prison was last inspected in 2016 when we found very poor outcomes in safety and outcomes which were not sufficiently good in our other three tests of a healthy prison. In contrast, at this inspection we were pleased to find evidence of significant improvement. Across all four tests we found measurable improvements with outcomes in respect, purposeful activity and rehabilitation now all sufficiently good. The prison was still not safe enough but here, too, meaningful improvements were evidenced.

Staff-prisoner relationships reflected this broad improvement and were now good. A largely inexperienced staff group were well supported by supervisors and managers and most prisoners indicated that they felt respected. Residential units were calm and ordered and staff demonstrated the confidence to challenge poor behaviour. Much of the site needed refurbishment but, again, living conditions were better than when we last inspected. Cells were cleaner and properly equipped and there was good access to kit and amenities. Prisoners disliked the food and arrangements to deal with applications and complaints needed to be better, but consultation with prisoners was good. The promotion of equality and diversity was better than we usually see and outcomes for protected groups were reasonable. Health services were similarly reasonably good.

The prison's recent success was underpinned by a much more purposeful regime. Time unlocked was good and daily routines predictable. Only 29 prisoners had not been allocated to activity, and during spot checks we found just 12% of prisoners locked up during the working day. The range of education, training and work had increased but the prison held a substantial number of prisoners with low-level skills in English and maths and more needed to be done to improve their skills – an issue to which we refer in our main recommendations. Allocation to activity was, however, working well and taking proper account of prisoner need. Teaching, learning and assessment in both education and vocational training were effective, leading to progress for most and high achievement rates. Most prisoners could develop skills and confidence in education, training or work, although the overall work ethic was undermined by frequent late attendance at activity. Our colleagues in Ofsted judged the overall effectiveness of provision as 'good'.

Help for prisoners to maintain their family ties was useful and had been recently enhanced by the recruitment of a Barnardo's family engagement worker. The visits hall was shabby and visits did not always start on time. The strategic management of reducing reoffending needed improvement, a priority in view of the high risk posed by many of those held. A recent analysis of need, for example, was too limited and had yet to influence the reducing reoffending action plan. Despite this, offender supervision was reasonable and the number of prisoners without an up-to-date offender assessment system (OASys) assessment had fallen. Public protection arrangements were sound. A key concern that we identified, and refer to in our main recommendations, was a lack of sufficient accredited offending behaviour work which would otherwise help men to reduce their risk and to progress.

More needed to be done to improve safety in the prison but, again, there was unmistakable evidence of improvement. In our survey about a quarter of respondents suggested to us they still felt unsafe and violence remained high, but it was falling, in recent times quite sharply. A range of initiatives had been put in place to confront violence and its causes and there were some encouraging indications that this work was having an impact. Linked to violence was the ready availability of illicit drugs, certainly one of the key challenges the prison still faced. The response of the prison was impressive with a whole series of active, intelligence-led measures in place to try to combat the problem. There was some early evidence that, like the initiatives to tackle violence, these measures were beginning to have an impact. In our main recommendations we argue that this work to confront drugs and

violence must be sustained.

Use of force remained high but supervision and accountability was good. The use of segregation was more limited and not normally imposed for long. The facility itself was run down but the case management and care of those held was good. We considered care for those in crisis to be good overall. Although there had been a sizable increase in the amount of recorded self-harm, relatively few prisoners accounted for a disproportionate number of incidents. However, since we last inspected, several prisoners had died with one confirmed as having taken his own life.

The key message of this inspection was one of improvement. The prison had come a considerable distance in a relatively brief period of time. Staff were supported to do their job and, despite many having been recruited quite recently, they knew the prisoners well and afforded them meaningful care and support. Energy and initiative were evidenced throughout the prison, being reflected in tangible benefits for those detained and the improved assessments. The governor, managers and the whole staff group should be congratulated for what they were achieving.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

November 2018

Fact page

Task of the establishment

HMP Featherstone is a category C training and resettlement prison.

Certified normal accommodation and operational capacity¹

Prisoners held at the time of inspection: 607

Baseline certified normal capacity: 622

In-use certified normal capacity: 622

Operational capacity: 637

Notable features from this inspection

83% of prisoners were serving four years or more.

A third of prisoners were serving sentences for violent offences.

61% of prisoners said that it was easy to get drugs.

24% of prisoners said that they had developed a drug problem while at the prison.

45% of prison officers had less than 12 months' service.

Over three-quarters of prisoners were involved in activities.

Of those assessed on entry to the prison, 70% of prisoners had English and 61% mathematics skill levels below level 1.

Prison status (public or private) and key providers

Public

Physical health provider: Care UK

Mental health provider: Inclusion (Midlands Partnership NHS Trust)

Substance misuse provider: Inclusion (Midlands Partnership NHS Trust)

Learning and skills provider: Milton Keynes College

Community rehabilitation company (CRC): Warwickshire and West Mercia CRC

Escort contractor: GeoAmev

Prison group/Department

Midlands

Brief history

HMP Featherstone was opened in November 1976, with house blocks 5, 6 and 7 being added later. It was originally a long-term category C training prison but in 2014 became a designated training and resettlement prison for prisoners returning to Warwickshire and West Mercia.

¹ Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Short description of residential units

House block 1 – General residential, including first night and induction

House block 2 - General residential

House block 3 - General residential

House block 4 - General residential

House block 5 - Resettlement

House block 6 - Enhanced

House block 7 - General residential

Care and separation unit

Name of governor and date in post

Babafemi Dada (March 2015)

Independent Monitoring Board chair

John Credland

Date of last inspection

24 October – 3 November 2016

About this inspection and report

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

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

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

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

Respect Prisoners are treated with respect for their human dignity.

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

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

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

- **Outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **Outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **Outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **Outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current

practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

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

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017)*.² 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.³

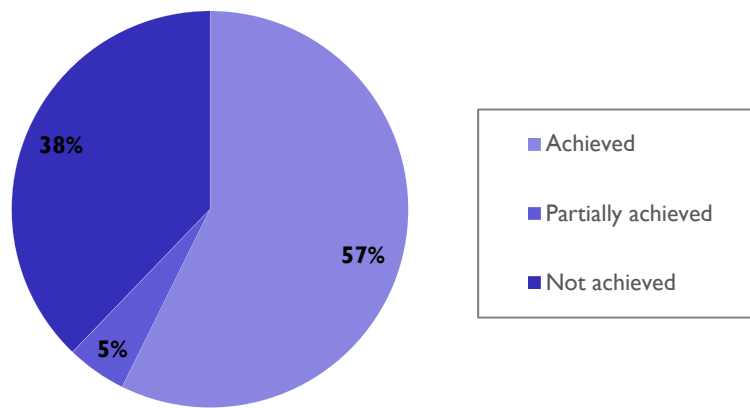
² <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>

³ 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 Featherstone in 2016 and made 82 recommendations overall. The prison fully accepted 66 of the recommendations and partially (or subject to resources) accepted 13. It rejected three of the recommendations.
- S2 At this follow up inspection, we found that the prison had achieved 47 of those recommendations, partially achieved four recommendations and not achieved 31 recommendations.

Figure 1: HMP Featherstone progress on recommendations from last inspection (n=82)



- S3 Since our last inspection, outcomes for prisoners improved in all healthy prison areas. Outcomes were still not sufficiently good in the healthy prison area of safety. Outcomes for prisoners were reasonably good in the respect, purposeful activity and rehabilitation and release planning healthy prison areas.

Figure 2: HMP Featherstone healthy prison outcomes 2016 and 2018⁴



⁴ 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 early days arrangements were good, prisoners were well informed and there was a suitable focus on risk. Too many prisoners still felt unsafe and experienced violence, much of which was associated with drugs and debt, although the number self-isolating had reduced substantially. Drugs were easily available and new psychoactive substances in particular posed a serious threat to the health and safety of prisoners and staff. The prison was committed to addressing levels of violence and drug use, and these had reduced recently. Adjudications and segregation were used appropriately and were well managed. Levels of use of force were relatively high and well governed. Security arrangements were mostly proportionate. Arrangements to support and care for prisoners at risk of suicide and self-harm had improved and were reasonably good. **Outcomes for prisoners were not sufficiently good.**

S5 At the last inspection in October 2016 we found that outcomes for prisoners in Featherstone were poor against this healthy prison test. We made 22 recommendations in the area of safety. At this inspection we found that 17 of the recommendations had been achieved, one had been partially achieved and four had not been achieved.

S6 The reception area had been refurbished to a high standard and staff were welcoming. Insiders (prisoners who introduce new arrivals to prison life) provided useful basic information for new arrivals, and a private interview with a reception officer focused on safety concerns. On the induction unit, first night cells were reasonably clean and well equipped, and levels of care and monitoring of new arrivals were good. A talk from the induction officer, supported by an induction orderly, provided new arrivals with essential information about the prison. The induction programme was tracked, to ensure that all prisoners attended all the sessions.

S7 In our survey, over a quarter of prisoners said that they currently felt unsafe, and 53% that they had experienced bullying from other prisoners at some time, both figures being similar to those at the time of the previous inspection and more recently at similar prisons. Levels of violence were too high but had begun to reduce, and were now slightly lower than at the time of the previous inspection and at similar prisons. Few incidents were serious. The prison was working hard to address violence and antisocial behaviour. Some in-depth analysis had been undertaken to identify the causes of violence and likely hotspots. Drugs and the associated debt were the primary causes. A wide range of actions had been taken to make the prison safer, but actions lacked coordination and their effectiveness was not monitored.

S8 Far fewer prisoners than at the time of the previous inspection were locking themselves away through fears for their safety. The management and support of those choosing to self-isolate were much improved, although their regime was still very limited. The weekly 'tasking' meeting focused well on individual prisoners and ensured a consistent and continuous process of assessing and addressing poor behaviour and providing support to vulnerable prisoners.

S9 The incentives and earned privileges scheme was managed reasonably well. Prisoners did not consider it to offer sufficient incentives, but house blocks 6 and 7, where many enhanced prisoners lived, provided better accommodation than the others.

S10 The number of adjudications had increased substantially since the previous inspection. The adjudications system was used effectively to tackle more serious concerns. Few adjudications were discontinued.

- S11 Levels of use of force was much higher than in similar prisons. Managerial oversight and data analysis were very good, and generated further investigation and actions when trends or concerns were identified. Except for injury-to-prisoner forms⁵, almost all dossiers were complete and the quality of those we reviewed was good, with evidence of de-escalation in most cases.
- S12 The use of segregation was lower than at similar prisons. The segregation unit was old and shabby but there had been a recent drive to improve conditions. Managerial oversight of the unit was good. Few prisoners stayed for long periods but their regime was minimal. Prisoners located on the unit spoke highly of the care and support they had received.
- S13 Security procedures were proportionate. Searching procedures were appropriate and visits restrictions reasonably applied, and prisoner movement around the site was not unduly curtailed. The monthly security meeting focused on the known and emerging risks to the prison such as drugs, mobile phones, violence and, more recently, tobacco. A range of initiatives had been implemented, but too few intelligence-led searches and drug tests were completed. Dynamic security⁶ was good. Staff knew the prisoners in their care, interacted well and provided a good flow of intelligence.
- S14 In our survey, 61% of prisoners said that drugs were easily obtainable and nearly a quarter, far more than at similar prisons, that they had developed a drug problem at the prison. There continued to be regular finds of illegal substances but there was evidence that the availability of drugs was reducing. There were far fewer drug-related medical emergencies than previously, and the mandatory drug testing rate in the year to date was just under 18%, having exceeded 45% earlier in the year. New psychoactive substances (NPS)⁷ remained the most prevalent drug used and continued to pose a significant threat to the health and safety of prisoners and staff alike. The drug strategy was reasonably good and included both supply and demand initiatives, but was not sufficiently underpinned by a comprehensive strategic action plan to monitor progress.
- S15 Levels of self-harm had more than doubled since the previous inspection but few were serious. Two prisoners accounted for nearly a third of the incidents. There had been an improvement in the overall quality of assessment, care in custody and teamwork (ACCT) case management documentation for prisoners at risk of suicide or self-harm since the previous inspection, driven by effective quality assurance, but we found some inadequacies in the use of trigger factors and care planning in the cases we examined. We found evidence of good support being given to those prisoners currently at risk of suicide and self-harm. The weekly safety interventions meeting provided an excellent forum to share information and direct action to support prisoners at risk. Since the previous inspection, there had been seven deaths in custody, one of which had been self-inflicted. Actions in response to Prisons and Probation Ombudsman recommendations were being progressed and monitored. Investigations of serious acts of self-harm did not adequately identify lessons learned in all cases. There were sufficient Listeners and access to them was good, but Samaritan telephones were not currently available.

⁵ Following any use of force, a F213 injury-to-prisoner form is completed by health staff, noting any injuries sustained during the use of force.

⁶ Dynamic security means that prison staff develop good personal relationships with prisoners, to engage with them as individuals, which contributes to a better understanding of their situation and potential risks posed.

⁷ 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.

Respect

S16 *Staff–prisoner relationships had improved substantially and were good. Much of the prisoner accommodation was run down and required a complete refurbishment. Most areas were clean, cells were suitably equipped and prisoners could access basic essentials. Prisoners did not like the food provided, and self-catering arrangements needed upgrading. Prisoner consultation was good. The application system did not work effectively. Most complaints were reasonably well managed but the failure to retain copies of serious complaints was unacceptable. Equality arrangements had improved and the needs of minority groups were generally met. Faith provision was satisfactory. Health and substance misuse services were generally good. **Outcomes for prisoners were reasonably good.***

S17 *At the last inspection in October 2016 we found that outcomes for prisoners in Featherstone were not sufficiently good against this healthy prison test. We made 33 recommendations in the area of respect. At this inspection we found that 16 of the recommendations had been achieved, one had been partially achieved and 16 had not been achieved.*

S18 Staff–prisoner relationships had improved and were generally good. Most prisoners said that staff treated them respectfully. Staff had a much better knowledge of the prisoners in their care than at the time of the previous inspection. There was better challenge of poor behaviour. Wings now appeared reasonably calm, and relationships were relaxed but professional. Some decision making was inconsistent and reflected the inexperience of many officers. The prison was addressing the issue, supported by an experienced group of senior officers.

S19 Living conditions had improved considerably. Outside areas were pleasant and well maintained. Internal communal areas were much cleaner, but there were still problems with rodents. Much of the site remained run down and the prison had begun a long overdue refurbishment programme.

S20 Some showers had been refurbished and were in good condition. Other showers remained poor, but most of these were cleaner than at the time of the previous inspection. Cells were now cleaner and better equipped. Prisoners had good access to essentials, such as clean clothing, sheets and towels. The prison had taken too long to address various problems with prisoners' property, such as lost items, delays in receiving property from sending prisons and allowing access to stored property.

S21 In our survey, only 23% of prisoners said that the food provided was good, fewer than at other recent category C prison inspections. However, the food we tasted was reasonably palatable, and portion sizes decent. Some food trollies were dirty, and some servery areas were blighted by vermin droppings, despite good efforts to keep them clean. Prisoners could do some basic cooking on their wings but cooking areas were not sufficiently well equipped and were unhygienic.

S22 Arrangements for prisoners to buy goods from the prison shop or catalogues were reasonably good. They could now get a vaping and grocery pack on arrival and had access to additional reception packs, which helped to reduce the likelihood of debt.

S23 Consultation with prisoners on general and domestic matters was good, and was led by the governor.

S24 Prisoners' applications to wing staff were dealt with promptly. There could be long delays for applications directed to other departments, and arrangements to track them did not work

effectively. Most complaints were responded to promptly. Responses from senior staff were good and from other staff were generally satisfactory, but some were curt and some complaints were not sufficiently investigated. The failure to retain copies of the most serious confidential access complaints was a serious concern.

- S25 The strategic management of equality and diversity had improved, and was reasonably good. The monitoring of outcomes for protected groups had also improved and was now comprehensive and timely, but not all disparities were tackled. Enthusiastic equality representatives saw all new arrivals, but lacked formal training and were not evenly located throughout the prison. Forum meetings with protected groups were sporadic but helpful when did they take place. Investigations into discrimination incidents were thorough but sometimes took too long to complete. Some incidents involving unconscious bias were incorrectly dismissed. In our survey, prisoners with protected characteristics generally reported similarly to their counterparts.
- S26 Around a third of prisoners were from a black and minority ethnic background. They raised few concerns but were not happy about recent changes to the prison shop list, although efforts had been made to resolve the issue. The needs of prisoners with disabilities were generally met and emergency evacuation planning was excellent.
- S27 Foreign national prisoners received reasonable support but we were not satisfied that professional telephone interpreting services were always used when necessary. Attention was paid to the needs of the few older prisoners, and there was good promotion of PE sessions for them.
- S28 The active chaplaincy provided a good service and faith facilities were adequate. Resettlement links with faith organisations in the community had improved and were strong.
- S29 Primary healthcare services were generally very good, with improved staffing levels, but the care of some patients with lifelong conditions required more focus. Too many patients had external hospital appointments cancelled because of insufficient escorts. Staffing had improved in the integrated mental health and substance misuse team. Provision was very good, with an impressive and growing range of therapeutic options available. There was a lack of professional oversight of some aspects of medicines management. For example, there was no routine updating of medicines in-possession risk assessments. The supervision of medication administration queues had improved, reducing the potential for bullying and diversion. However, the locations of some dispensary hatches were unsuitable. Dental services were generally good, with reasonably short waiting times.

Purposeful activity

S30 *Most prisoners had a reasonable amount of time unlocked. The daily regime was predictable. The quality of, and access to, library and PE services were good. The leadership and management of education, skills and work were effective. There were sufficient activity places for all prisoners and they were allocated well. Attendance was reasonably good, but punctuality sometimes poor. The range of vocational courses and qualifications had increased. The focus on employability had improved but work for some prisoners was not sufficiently purposeful. Not enough prisoners with low-level skills in English and mathematics undertook qualifications to improve these. Teaching, learning and assessment were effective. Most prisoners' achievements were high. **Outcomes for prisoners were reasonably good.***

S31 *At the last inspection in October 2016 we found that outcomes for prisoners in Featherstone were Not sufficiently good against this healthy prison test. We made 14 recommendations in the area of purposeful activity. At this inspection we found that 10 of the recommendations had been achieved, one had been partially achieved and three had not been achieved.*

S32 The amount of time out of cell was much improved. Most prisoners were unlocked for about nine and a half hours on weekdays and used this time constructively.

S33 In our roll checks, 12% of prisoners were locked up during the working day and 78% were engaged in purposeful activity. The regime was predictable and mostly ran to time. Access to exercise was good.

S34 Prisoners had good access to the library, and an impressive 64% of prisoners in our survey said that they attended every week. It was well stocked with materials which met the needs of the population, and literacy skills development was well supported.

S35 PE facilities were good, and supplemented by wing-based gym rooms on most house blocks. Prisoners had good, planned access to the gym without interrupting their work, education or training. There were no vocational PE courses provided.

S36 The leadership and management of education, skills and work activity were good. The prison had enough activity places for the population. The allocation of prisoners to work activities was efficient and took appropriate account of prisoners' needs.

S37 Prison managers had successfully reduced the number of prisoners who did not attend work, training or education, and around 80% attended their designated activity. The range of education, training and work had increased to help prisoners to gain employment on release. A substantial proportion of prisoners had low-level skills in English and mathematics but there was no effective strategy to help them to improve.

S38 Quality assurance arrangements were underdeveloped and did not focus sharply enough on prisoners' progress or improving their employability.

S39 Prisoners received effective careers information and guidance during their sentence and before release, but there were insufficient data on the employment destinations of prisoners who were released, which would have helped to shape provision.

S40 Teaching, learning and assessment in education and vocational training were effective, resulting in most prisoners making good progress with their studies.

- S41 Prisoners in engineering workshops and vocational training developed good skills. In some workshops and work areas, prisoners were not sufficiently busy, work was not sufficiently purposeful and prisoners did not develop or display the skills and attitudes needed to gain employment on release. Support for prisoners with additional learning needs ensured that they progressed at least as well as their peers.
- S42 In lessons, training and work, prisoners were polite and well behaved, although too many prisoners arrived late, which undermined the work ethic. The prison celebrated prisoners' success and promoted the benefits of qualifications well through celebration events which included family members, employers and ex-offenders.
- S43 Achievement rates overall were high; the majority of prisoners who completed their courses were successful. Most prisoners developed good skills and improved confidence at work and in training, and were proud of their work.

Rehabilitation and release planning

S44 *Good support was provided to enable prisoners to maintain family ties. The strategic management of reducing reoffending was underdeveloped. Too many prisoners did not have an up-to-date offender assessment system (OASys) assessment. Offender management had improved and was reasonable overall, and better for high-risk cases. Levels of offender supervisor contact were good. Opportunities for prisoners to reduce their risk and progress were hindered by the lack of offending behaviour programmes. Public protection arrangements were sound. Planning for prisoners' release was timely and prisoners could access good support with housing, and finance, benefit, debt issues. **Outcomes for prisoners were reasonably good.***

S45 *At the last inspection in October 2016 we found that outcomes for prisoners in Featherstone were not sufficiently good against this healthy prison test. We made 13 recommendations in the area of resettlement. At this inspection we found that four of the recommendations had been achieved, one had been partially achieved and eight had not been achieved.*

- S46 Help for prisoners to support and maintain family links was good: a Barnardo's family engagement worker had recently been recruited; the education department ran a popular two-week parent craft course; family days were held 12 times a year; and the prison produced more Storybook Dads recordings (whereby prisoners record stories for their children) than any other prison.
- S47 In contrast to the shabby visits hall, the visitors centre was welcoming. Many prisoners said that visits did not always start on time, possibly because of recent changes to the visits process.
- S48 The prison held a long-term and relatively high-risk population, with over 80% of prisoners serving long sentences and just over 40% assessed as presenting a high risk of harm to others. A third were convicted of a violent index offence. The strategic management of reducing reoffending was underdeveloped. A recent needs analysis was too limited and had not kept pace with a changing population. It did not yet inform a reducing reoffending action plan that could be used to measure progress. Resettlement pathway meetings were adequate but their limited focus did not reflect the pivotal role of offender management in a training prison.
- S49 Offender management staff worked well together and had developed good processes. Very little uniformed offender supervisor time was now lost to cross-deployment.

- S50 The number of prisoners who did not have an up-to-date offender assessment system (OASys) assessment had reduced but was still too high, at around 20%, and this inhibited their progression. The quality of high-risk OASys assessments was reasonably good, but those completed by offender supervisors for low- and medium-risk prisoners were inconsistent and sometimes lacked a sentence plan. Levels of offender supervisor contact overall met prisoners' needs. There was some particularly strong work with high-risk men which engaged their offender managers. Most prisoners were not eligible for home detention curfew, but a few had been wrongly turned down for release. Offender Management in Custody keyworkers were being gradually phased in and the first signs were encouraging.
- S51 Public protection arrangements were sound. The interdepartmental risk management meeting had improved, had an appropriate scope and was well sighted on risk management for prisoners approaching release. Monitoring arrangements and prisoners subject to child contact restrictions were well managed, with evidence of good joint working.
- S52 Despite strenuous efforts by the prison, half of multi-agency public protection arrangements (MAPPAs) management levels were still not confirmed well enough ahead of release, which impeded the prison's involvement in risk planning.
- S53 Opportunities for prisoners to reduce their risk and achieve recategorisation were sometimes hindered by the lack of places on relevant offending behaviour programmes. Most prisoners who were approved for category D were able to progress to open establishments.
- S54 The lack of sufficient and appropriate accredited offending behaviour work to help prisoners to reduce their risk had not been adequately addressed since the previous inspection and remained a serious concern. As a result of staffing issues at the time of the inspection, no accredited programmes would run at all for several months. Even at full staffing, the current number of places on offer was inadequate. For the substantial number of men with an index offence of domestic violence, there was no intervention to address their offending behaviour, which remained a significant gap. The community rehabilitation company (CRC) had started running two non-accredited short-duration interventions, which was positive.
- S55 CRC workers offered good support to prisoners to find housing on release but there was still no reliable monitoring of the number released to sustainable accommodation. Provision for prisoners needing help with finance, benefit and debt had recently increased, and was good.
- S56 Around 20 prisoners were released each month, which had roughly halved since the previous inspection. Almost all prisoners received a review of their resettlement plan from a CRC worker about 12 weeks before release. The designation of house block 5 as a resettlement unit had been partially successful.

Main concerns and recommendations

- S57 Concern: Too many prisoners felt unsafe and experienced violence. A range of measures had been taken to reduce violence (and levels had reduced recently) but actions were uncoordinated and were not yet making the prison safe enough.

Recommendation: The focus on violence reduction should continue. Actions to reduce violence should be coordinated and embedded, and their impact measured.

S58 Concern: Drugs were too readily available and posed a serious threat to the health and safety of prisoners and staff. A range of measures to reduce drug supply and demand were in place but actions were not routinely measured to assess effectiveness and were not yet reducing drug availability sufficiently.

Recommendation: The focus on drug reduction should continue. Actions to reduce the availability and demand for drugs should be coordinated and embedded, and their impact measured.

S59 Concern: A substantial number of prisoners had low-level skills in English and mathematics but there was no effective strategy to help them to improve.

Recommendation: Prisoners with low-level skills in English and mathematics should be enabled to improve them.

S60 Concern: The prison held a long-term and relatively high-risk population, with a substantial number of prisoners serving sentences for violence, including domestic violence. There was a lack of sufficient and appropriate accredited offending behaviour work to help men to reduce their risk and progress.

Recommendation: Sufficient relevant offending behaviour work should be provided, to enable prisoners to reduce their risk and progress.

Section 1. Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes:

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

- I.1 Most prisoners had short journeys to the prison, and told us that vans had been acceptably clean and that they had been treated well by escort staff. The few who had had longer journeys had been provided with refreshments.
- I.2 The reception area had been refurbished to a high standard. Holding rooms had displays of useful information and comfortable chairs. Communal areas were pleasantly decorated and welcoming. There were around nine new arrivals a week.
- I.3 We saw staff dealing with new arrivals politely and efficiently. In our survey, 86% of respondents said that they had been treated well in reception. New arrivals were no longer routinely subjected to a full search. They were interviewed by reception staff in private and the interview focused on safety concerns, with new cell sharing risk assessments completed. We observed safer custody staff being called down to meet new prisoners who had raised safety concerns, before taking them into the prison to discuss with them how they could be kept safe. Insiders (prisoners who introduce new arrivals to prison life) met new arrivals during the reception process, answered questions and provided basic information.
- I.4 In our survey, only 33% of respondents said that they had spent less than two hours in reception but those we saw arriving were dealt with promptly and swiftly moved to the induction wing.
- I.5 All new arrivals went to the induction wing on house block I, where they received an induction talk from an officer, supported by a prisoner orderly. This provided a wide range of information, backed up in a written form.
- I.6 In our survey, prisoners were more negative than those at comparator establishments about having been offered nicotine replacement, toiletries and a free telephone call on their first night. However, we saw bedding, toiletries and kettles being supplied, and prisoners being offered a free telephone call and credit to buy grocery and vaping packs. Those who had not made a prison shop order could buy more of these packs on the shop delivery day, which reduced their likelihood of accruing debt.
- I.7 Some prisoners reported difficulties in getting their telephone accounts activated, especially those who had transferred from prisons in the private sector, and in our survey 32% said that they had had problems in getting telephone numbers added to their PIN telephone account, and 30% that they had had problems contacting their family on arrival.
- I.8 First night cells were reasonably clean and adequately equipped. In our survey, only 61% of prisoners, compared with 76% in other category C prisons, said that they had felt safe on their first night at the establishment but during the inspection we found that care during the first night was good. Night staff introduced themselves to new arrivals and monitored them

closely. All new prisoners were located on the same spur, so that they could be easily monitored.

- I.9** Induction was reliably provided, with 92% of respondents to our survey saying that they had had an induction. It lasted up to a week and was comprehensive, including library and gym inductions, a chaplaincy visit, contact with the offender management unit and an education assessment. Induction was tracked so that prisoners who had been moved to other wings were included in sessions.

Recommendation

- I.10 Subject to security assessment, prisoners should have access to their telephone accounts on arrival.**

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.11** In our survey, over half of all prisoners said that they had felt unsafe at the establishment at some time, which was much higher than at similar prisons. Fifty-three per cent said that they had experienced bullying from other prisoners, and over a quarter that they currently felt unsafe, which was similar to the figure at the time of the previous inspection and more recently at similar prisons (see main recommendation S57).
- I.12** Levels of violence, including serious assaults, had reduced, with recent data showing a particularly sharp decline in the year to date, and were lower than at similar prisons. Few incidents were serious but we still considered levels of violence to be too high (see main recommendation S57).
- I.13** There was a renewed the focus on violence and antisocial behaviour, and the prison was working hard to reduce these. Monitoring and data collection were thorough and we were satisfied that all reported acts of violence were appropriately recorded, investigated and acted on. Some useful and in-depth analysis, including a prisoner survey, had been undertaken to understand the causes of violence. This was used well to identify regular hotspots of violence and any emerging issues. Drugs and the associated debt were primary causes.
- I.14** A range of meetings, including two dynamic weekly meetings, a bimonthly 'strategic' safety meeting, a bimonthly safer custody meeting and the security meeting, considered acts of violence and identified measures to be taken. All of the recorded actions were reviewed at subsequent meetings but there was a lack of overall coordination to capture the effectiveness of each and to concentrate efforts to reduce violence further (see main recommendation S57). The 'strategic' violence reduction action plan was described as 'work in progress'. We were impressed with the weekly 'tasking' meeting, which provided a consistent and continuous process of assessing and addressing poor behaviour, and support to vulnerable prisoners.

- I.15** Actions to tackle violence included mediation sessions, often utilising the prisoner peer violence reduction representatives, additional closed-circuit television in corridor blind spots, additional staffing during prisoner movements, and investigation of prisoners' recorded behaviour at sending prisons before arrival. When concerns were identified, newly arrived prisoners were interviewed and support measures implemented, to help them to settle quickly.
- I.16** The recent introduction of the Leap Confronting Conflict project⁸ onto house block 3, to encourage and involve prisoners in creating a safer community, was a promising initiative.
- I.17** Perpetrators of violence were tackled using the adjudication process and the incentives and earned privileges (IEP) scheme, with all being considered for management under the Challenge, Support and Intervention Plan (CSIP)⁹, in which bespoke interventions were applied to the most serious or prolific offenders. Victims of violence were well supported and could also be monitored and supported using the CSIP.
- I.18** Far fewer prisoners than at the time of the previous inspection were choosing to self-isolate because of fears for their safety. There was a clear and widely understood protocol to monitor, provide support and encourage prisoners to re-engage in the regime. Management checks took place regularly, the results of which were considered at the weekly safety interventions meeting (SIM; see also paragraph I.45) The regime afforded to self-isolators, although better than previously, was still very limited and did not include daily access to showers.
- I.19** The IEP scheme was managed reasonably well and we saw little poor behaviour going unchallenged. However, in our survey only 35% of respondents said that the incentives or rewards offered encouraged them to behave well. However, house blocks 6 and 7, where most enhanced prisoners lived (some chose to live on other house blocks), provided better accommodation than elsewhere.
- I.20** Although there were too few entries in P-NOMIS (electronic case notes) concerning prisoner behaviour, those that were made were more balanced than we usually see, and contributed well to the operation of the IEP scheme.
- I.21** At the time of the inspection, there were 44 prisoners on the basic level of the scheme. Target setting for these prisoners was too generic. However, most IEP reviews took place on time and staff exercised appropriate discretion in deciding how long a prisoner should remain on the basic level. The regime for basic prisoners was reasonable.

Recommendation

- I.22** **The regime for self-isolators should be improved, with a focus on mental well-being, and should include daily access to showers.**

Good practice

- I.23** *The weekly 'tasking' meeting provided effective oversight on emerging issues, and a dynamic and consistent approach to managing poor behaviour and supporting vulnerable prisoners.*

⁸ Staff from the Leap Confronting Conflict project encouraged prisoners to work with them to explore the causes of violence and identify ways to create a safer community.

⁹ Challenge, Support and Intervention Plan (CSIP) is a system used by some prisons to manage the most violent prisoners and support the most vulnerable prisoners in the system. Prisoners who are identified as the perpetrator of serious or repeated violence, or who are vulnerable due to being the victim of violence or bullying behaviour, are managed and supported on a plan with individualised targets and regular reviews.

Adjudications

- I.24** Adjudication were used effectively to deal with serious matters of indiscipline. There had been 1,108 adjudications in the previous six months, compared with 850 in the same period at the time of the previous inspection, which was more than we usually see in similar prisons. At the time of the inspection, there were few (30) hearings waiting to be dealt with, and only 10% of adjudications were discontinued.
- I.25** Quarterly adjudication standardisation meetings were chaired by the governor. They were well attended by senior staff, but less so by others. A wide range of data on the number and nature of adjudications was analysed and presented to meetings. There was evidence that inefficiencies in the administration of the process were identified and acted on.

Use of force

- I.26** Levels of use of force were high, and much higher than at comparator prisons. However, we did not consider any of the incidents we reviewed to be unnecessary, and observed a clear focus on de-escalation, both in written reports and in the video recordings of planned incidents that we selected for viewing. Handcuffs were not routinely used. Use of force reports were of good quality.
- I.27** Managerial oversight was very strong and a comprehensive data set was analysed each month to identify any trends or concerns, and this generated further investigation. Monitoring indicated that levels of use of force, and especially the application of full restraints, were reducing month on month. Video recordings and written records were closely scrutinised and, with the exception of F213 injury-to-prisoner forms, almost all use of force dossiers were complete, and referenced body-worn camera footage where applicable.
- I.28** All uses of batons were thoroughly investigated and we were satisfied that those we reviewed demonstrated a proportionate response to some very violent behaviour.
- I.29** Use of special accommodation was high. Records, although comprehensive, did not always justify its use, and we were not satisfied that there was an appropriate focus on removing prisoners at the earliest opportunity. Senior managers had also identified this as an issue and had implemented a temporary remedial measure, whereby this accommodation was used only with either the governor or deputy governor's authority until training and guidance of duty senior managers had been completed.

Segregation

- I.30** The use of segregation remained much lower than at similar prisons. Few stayed on the unit for long periods or were unnecessarily transferred out of the prison. Few prisoners were located on the unit for their own protection, with most serving punishments or being held for the good order of the prison.
- I.31** The design of the segregation unit was poor, and the fabric of the building old and shabby. There had been a recent drive to improve conditions there, and all cells and communal areas were well decorated and reasonably bright.
- I.32** The regime on the unit remained minimal, amounting to an hour's exercise, use of the telephone and a shower each day, and access to a small stock of books. Subject to risk assessment, segregated prisoners could attend communal worship.

- I.33** Managerial oversight of the unit was good and prisoners who were likely to remain there for longer periods were subject to a care and management plan which identified their issues, the risks posed and the departments to be involved, and provided a good written record of observations and interactions. The routine reintegration planning process for others was relatively new but was a good initiative.
- I.34** Interactions on the unit were authoritative while being supportive, and all prisoners on the unit during the inspection spoke favourably of their treatment there.

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.35** Security procedures were proportionate. Searching processes had been reviewed and were generally appropriate, and visits restrictions were reasonably applied in relation to trafficking activity. Following the post-escape review in 2015, weaknesses in procedures had been addressed, while maintaining relatively free movement of prisoners around the site.
- I.36** The monthly security meeting was well attended, focused on known and emerging threats to the prison, and identified actions to be taken to address and mitigate these risks. There was an appropriate focus on the risks posed by organised crime groups and by extremism. Clear actions were allocated and followed up at subsequent meetings.
- I.37** Dynamic security¹⁰ was much improved and evidenced an engaged staffing group who knew the prisoners in their care and provided a good level of intelligence through their interactions and observations.
- I.38** The flow of intelligence had increased considerably since the previous inspection and evidenced a prison-wide focus on security and the safety of the prison. Most prevalent was information on drug use, especially new psychoactive substances (NPS)¹¹ and, increasingly, tobacco, mobile phones and violence. A wide range of actions was taken to meet these threats, such as intelligence-led searching and drug testing, out-of-hours searches, use of drug testing technology, testing incoming mail for traces of drugs, replacement secure windows in vulnerable areas and additional external patrols. Previously low staffing levels had hampered the prison's ability to conduct sufficient searches and drug tests. Although staffing levels were now adequate and there had been a recent improvement, there were still too few searches and drug tests undertaken.
- I.39** Mandatory drug testing (MDT) data, search finds, drug-related health care emergencies and intelligence reports indicated a decline in the availability of drugs but they still remained too easily available. There were almost daily incidents of drug finds and prisoners found to be under the influence of NPS, and a large proportion of violence was attributed to drug use and the associated debt. In our survey, 61% of prisoners said that drugs were easily obtainable, and nearly a quarter, far more than at comparator prisons, that they had developed a drug problem at the prison (see main recommendation S58).

¹⁰ Dynamic security means that prison staff develop good personal relationships with prisoners, to engage with them as individuals, which contributes to a better understanding of their situation and potential risks posed.

¹¹ 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.

- I.40** There was a reasonably good drug strategy, which included initiatives both to prevent the ingress of drugs and provide treatment and support to reduce the demand. A number of drug-related meetings were reasonably well attended by relevant departments. Each had action plans that responded to emerging findings but plans were not always shared and we did not consider there to be a sufficiently strategic approach to addressing the problem or monitoring the effectiveness of actions taken. (see main recommendation S58).
- I.41** MDT processes were sound. The year-to-date random drug testing positive figure had fallen from 45% to just under 18% since January 2018, which was the average for similar prisons, and below the prison's target. In addition to the mandatory random tests, a good number of risk tests were undertaken on those prisoners who held more trusted positions.

Recommendation

- I.42** **The prison should ensure that, where practicable, all intelligence-led searching and drug testing is undertaken.**

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.43** The number of self-harm incidents had more than doubled since the previous inspection, although nearly a third of such incidents had been attributable to just two individuals. Only eight incidents in the previous six months had required hospital treatment.
- I.44** A safety meeting, which included prisoner representatives, took place bimonthly, alternating with a strategy meeting attended only by staff. Both meetings were useful forums for sharing information and implementing the action plan, but there was insufficient analysis of information from the safer custody report to identify trends and improve the targeting of resources.
- I.45** The SIM (see also paragraph I.18 and good practice point I.57) was impressive, with a range of prison departments contributing to making the prison safer. Agreed actions were appropriate to prisoners' needs and monitored to ensure delivery.
- I.46** The number of assessment, care in custody and teamwork (ACCT) case management documents opened was similar to that at the time of the previous inspection, and at comparator establishments. Their overall quality, especially of assessments and records of interaction with prisoners, was reasonably good and had improved since the previous inspection, but care maps and the recording of trigger factors were less impressive. An effective quality assurance and improvement process had been introduced which provided feedback to case managers on individual cases.
- I.47** In our survey, only 20% of prisoners who had been subject to ACCT processes said that they had felt cared for, and some prisoners we spoke to were negative about their care. However, we saw some examples of effective care being provided, and staff we spoke to had

a good knowledge of prisoners' needs and had taken action to progress targets included in their care maps.

- I.48** Investigations of serious incidents of self-harm took place but their quality was sometimes poor, and staff had failed to record obvious lessons which should have been learned and could have contributed to prisoner safety.
- I.49** Since the previous inspection, there had been seven deaths in custody; of those for which the cause had been determined, one had been self-inflicted and three due to natural causes. Where recommendations from the Prisons and Probation Ombudsman had been received, an action plan had been devised, and this was monitored by the safer custody meeting. The recommendations we examined were being progressed. The regional safer custody team had provided a report on immediate concerns for a recent death at the prison, but at the time of the inspection no action had been planned in response.
- I.50** At the time of the inspection, the two starkly furnished constant observation cells on the residential units were not in use. However, there was a good crisis suite for prisoners in need of increased care and support; this was comfortably furnished and well equipped, and had been used 12 times in the previous six months.
- I.51** There were sufficient Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) to meet need, and they told us that prisoners had good access to them. As well as responding to callouts, they visited all wings to facilitate informal conversations and to observe prisoners during association periods, to identify those who might welcome contact.
- I.52** Samaritans telephones were not currently available on the residential units; they had recently been replaced, as the previous ones had been broken, and had not yet been programmed to bar illicit calls.

Recommendations

- I.53** **Information about prisoner self-harm should be analysed, to inform action to improve prisoner safety.**
- I.54** **Investigations of serious incidents of self-harm should identify lessons learned, which should be shared with staff.**
- I.55** **Constant observation cells should be equipped with safe furniture, in addition to a bed.**
- I.56** **Samaritans telephones should be made available for prisoners who wish to use them.**

Good practice

- I.57** *The safety interventions meeting provided effective interdepartmental planning, which made an important contribution to keeping prisoners safe.*

Protection of adults at risk¹²

- I.58** The safeguarding strategy described how prisoners in need of protection and support could be assessed and referred for services internally and from local social services. For prisoners requiring social care, a memorandum of understanding with Stafford County Council (SCC) was in place but was out of date and not universally understood (see paragraph 2.69).
- I.59** Internally, the SIM (see above) planned services and identified more complex cases to be referred to the local authority adult safeguarding panel.
- I.60** The governor was a member of the local authority safeguarding board, and a prison adult safeguarding and social care group met monthly to oversee referrals. Staff and prisoners could make referrals, and action plans were developed. Examples of referrals we examined showed that potential vulnerability to abuse and exploitation had been identified and appropriate action taken.

¹² 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 improved and were generally good. Staffing levels had increased considerably and, although 45% of officers had less than 12 months' service, they were well supported by a group of experienced senior officers.
- 2.2 In our survey, 68% of respondents said that most staff treated them respectfully, and 71% that there were staff they could turn to if they had a problem, both of which were in line with similar prisons.
- 2.3 Staff had a much better knowledge of prisoners than at the time of the previous inspection. We observed better challenge of poor behaviour. Wings appeared calm, and relationships were relaxed but professional. Although there were insufficient entries in P- Nomis (electronic case notes), those we saw were more balanced than we usually see, reflecting both good and bad behaviour.
- 2.4 Prisoners we spoke to commented favourably on most staff, although a minority were said to be unhelpful. Men complained that there was a lack of consistency in how some staff applied the rules, and we saw some inconsistency in the records we examined. This reflected the inexperience of many staff. Senior managers acknowledged the issue and were addressing it well – for example, by giving staff clear, focused guidance on how key tasks should be undertaken.
- 2.5 The key worker scheme was being rolled out and was appropriately targeted at prisoners who struggled with life in custody. There were early signs that this was having a positive impact.

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 had improved considerably. Outside areas were pleasant and well maintained, and litter was no longer a serious problem. There were seven residential house blocks. House blocks 1 to 4 were dark and gloomy, whereas newer house blocks 5, 6 and 7 were lighter and brighter. Internal communal areas were much cleaner than previously, but

there were still problems with rodents. The house block 2 servery was cleaned thoroughly every day and yet we saw numerous rodent droppings under a serving trolley.

- 2.7** Much of the site was run down and the prison had begun a long overdue refurbishment programme. There were ongoing concerns with the maintenance contractor taking too long to make some repairs. Managers met the contractor regularly and had taken other steps to mitigate the problem. Each wing now had a supply of tools, which designated prisoners used to make minor repairs under supervision. A cell refreshment programme was also helping to bring cells to a basic standard of decoration and furnishing, pending their refurbishment.
- 2.8** Cells were cleaner and better equipped than at the time of the previous inspection. They now had televisions and kettles, and were generally well furnished, although many did not have lockable cupboards. Toilets were reasonably clean but many were poorly screened. There was relatively little graffiti. The prison did not provide cell curtains. There was still poor television reception in many cells. A small number of single cells held two prisoners and were very cramped.
- 2.9** Prisoners had good access to essentials, such as clean clothing, sheets and towels, and also to washing machines, and they could now wear their own clothes. However, they still did not have sufficient cleaning materials. In our survey, only 39% of prisoners, against the 64% comparator, said that they got cell cleaning materials every week.
- 2.10** Some showers had been refurbished and were in good condition; others remained poor, but most of these were much cleaner than at the time of the previous inspection. Showers in house block 6 were in an unacceptable condition but their refurbishment was imminent.
- 2.11** The prison had taken too long to address various problems with prisoners' property. Some of these issues related to staff shortages and others to poor processes, such as the poor logging of property when relocating prisoners. In our survey, only 20% of respondents said that they could get their stored property if they needed it. We found a substantial backlog of applications for access to stored property waiting to be processed.
- 2.12** Cell call bell monitoring software had been out of use for about 12 months, until shortly before the inspection. Recent monitoring records showed that most cell call bells were answered with five minutes. Senior staff conducted daily random tests of response times.

Recommendation

- 2.13 Prisoners should have prompt access to their property.**

Good practice

- 2.14** *Senior staff conducted random daily tests of cell call bell response times.*

Residential services

- 2.15** In our survey, fewer prisoners (23%) than at other recent category C prison inspections (36%) said that the food provided was good, and only a quarter said that they got enough to eat at mealtimes. Despite this, the food we tasted was reasonably good, and portion sizes decent. The menu was on a four-week cycle and was reasonably varied. Prisoners could eat two hot meals a day and menu options included fruit and vegetables. Lunch was served too early, at 11.45am. Prisoners were given breakfast cereals once a week, to cover the next

seven days, and long-life milk and bread on the day before it was to be consumed. Food consultation arrangements were reasonably good.

- 2.16** The central kitchen was cleaner than at the time of the previous inspection but the flooring remained in a poor state of repair, with broken tiles in the drainage gullies, and some food trollies were dirty. Good efforts were made to keep servery areas clean but vermin remained an issue in some of them (see paragraph 2.6). Prisoners serving food on the wings did not have full sets of appropriate white clothing, with some servery workers wearing jeans. Prisoners could do some basic cooking on their wings, but cooking areas were not fit for purpose, lacking sinks, running water, tables and storage facilities, and were unhygienic.
- 2.17** Arrangements for prisoners to buy goods from the prison shop or catalogues were reasonably good. However, in our survey only 39% of respondents said that the shop sold the things that they needed, which was far fewer than at similar prisons (55%). Shortly before the inspection, managers had removed some cooking items from the shop list without consulting prisoners, causing much disquiet, especially among black and minority ethnic prisoners. After listening to prisoners, some products had been added back onto the list.
- 2.18** Prisoners could buy items from four different catalogues but still had to pay a 50 pence administration charge. Delivery charges were kept to a minimum and spread between prisoners.

Recommendations

- 2.19** **The kitchen floor should be free from broken tiles and in a good state of repair.**
- 2.20** **House block serveries and food trolleys should be clean and well maintained, and servery workers should wear appropriate protective clothing.** (Repeated recommendation 2.91)

Prisoner consultation, applications and redress

- 2.21** Consultation through the prison council was good. This was well supported by the voluntary organisation, 'User Voice'. Formal six-weekly meetings with council members were chaired by the governor. These were supplemented by weekly consultation meetings with the deputy governor and head of residence. User Voice and men on the prison council were positive about consultation. However, minutes suggested some issues took too long to resolve.
- 2.22** Each house block had a communication orderly, who provided advice and assistance to prisoners in respect to their daily needs, including the application process. Although this was a good initiative, it was inconsistently implemented and governance was weak. On at least one house block, the orderly could see all prisoner applications.
- 2.23** Prisoners' applications to residential staff were generally dealt with promptly. However, we found some long overdue applications to other departments. The prison had recently introduced a new system to track applications but it was not working effectively. There was no quality assurance of application responses, and in our survey only 42% of respondents said that applications were usually dealt with fairly, compared with 57% at similar prisons.
- 2.24** A total of 808 complaints had been submitted in the previous six months. In our survey, 65% of respondents said that it was easy to make a complaint, and complaint forms were readily available. In general, complaints were dealt with promptly. However, in our survey, only 23% of prisoners who had made a complaint said that they were usually dealt with fairly.

Complaint responses from more senior staff were good, and from other staff were generally satisfactory. However, some responses were curt and some complaints were not sufficiently investigated. Complainants were rarely interviewed, even when it would have been helpful. The failure to retain copies of the most serious confidential access complaints was a serious concern, and we could not therefore be assured that complaints about staff were dealt with properly. Quality assurance processes were in place and some complaints were discussed at senior management team meetings. A sample of about 10% of responses was checked each month by senior managers.

- 2.25** Limited support was available to help prisoners with their legal problems. Offender supervisors could signpost prisoners to legal representatives, but this was of little help for the many legal problems which were no longer in the scope of legal aid. Legal visits took place in the visits hall, which compromised confidentiality and was a serious deficiency. There were no longer systemic delays in the delivery of legal mail.

Recommendations

- 2.26** The application system should be managed in confidence and prisoners should be able to have their applications dealt with quickly and fairly.
- 2.27** The prison should retain copies of complaints and responses made under the confidential access process.
- 2.28** Prisoners should be able to have a private legal visit. (Repeated recommendation 2.47)

Equality, diversity and faith

Expected outcomes:

There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics¹³ and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

- 2.29** The strategic management of equality and diversity had improved, and was reasonably good. The equality and diversity strategy was detailed, and underpinned by a good action plan. The governor chaired the bimonthly equality committee meetings. Nine members of the senior management team were each allocated a protected characteristic and were responsible for promoting positive outcomes for that group. However, some senior managers were not sufficiently effective in this role. Forum meetings with protected groups were held irregularly but were helpful when they did take place. The safer custody team was responsible for the day-to-day management of equality work and now devoted more time to the issue than at the time of the previous inspection. The team had tried to make links with community organisations to provide support and advice for each protected characteristic, but had not been successful.

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

- 2.30** The monitoring of outcomes for protected groups had improved, and was now timely and comprehensive. The equality team collated and analysed local data at the equality committee meetings, rather than relying on the national Her Majesty's Prisons and Probation Service equality monitoring data, which was often out of date. However, managers often sought to explain away disparities rather than tackle them.
- 2.31** The eight equality prisoner representatives were enthusiastic about their role but had not received formal equality training. They were not evenly spread throughout the prison, with most living on house blocks 5 and 6, which meant that they were not fully aware about life on the other units. Equality representatives saw all new arrivals. Identification of prisoners' protected characteristics was reasonably good.
- 2.32** Discrimination incident report forms were freely available around the prison. Twenty-five discrimination incidents had been reported in the previous six months. Staff of an appropriate grade investigated the incidents thoroughly and interviewed all relevant parties. However, some investigations took too long to complete – in one case we looked at, it had taken three months. Some involving unconscious bias had been incorrectly dismissed because the perpetrator had not shown intent. A scrutiny panel, comprising representatives from two neighbouring prisons, had not identified these failings.

Recommendation

- 2.33** **Managers should develop links with community organisations to provide support and advice for each protected characteristic.** (Repeat recommendation 2.26)

Protected characteristics

- 2.34** In our survey, the responses of prisoners from protected groups were generally comparable to those of their counterparts. Thirty-eight per cent of prisoners were from a black and minority ethnic background. Those we spoke to raised few concerns but were unhappy about recent changes to the prison shop list, although steps had been taken to resolve this (see also paragraph 2.17). It was Black History Month during the inspection but, other than a quiz, little was done to celebrate it.
- 2.35** Our survey suggested that about 31 Travellers or Gypsies were held but the prison had only identified 10. A focus group had been held earlier in the year and efforts were made to celebrate Gypsy, Roma and Traveller History Month.
- 2.36** The 71 foreign nationals currently at the establishment received reasonably good support. The foreign national strategy document was comprehensive. The managing chaplain acted as the foreign national coordinator and chaired monthly meetings for this group. In addition, foreign nationals could meet the coordinator every Thursday morning. Immigration enforcement staff attended the prison every six weeks and prisoners were asked before each visit if they wanted to see an officer. The prison could refer those requiring legal advice to a local third-sector organisation. The library stocked a reasonable range of foreign language books, immigration law texts and Tracks – a digital toolkit to help foreign nationals to plan for their resettlement on release. Despite efforts to promote the use of professional telephone interpreting services, these were rarely used, with only 35 uses in the previous six months.
- 2.37** The prison had identified 168 prisoners with a disability, and their needs were generally met. Planning for those who required help in the event of an emergency evacuation was excellent. Two prisoners acted as social care representatives and saw all new arrivals. No men were

receiving social care at the time of the inspection but managers had referred a stroke survivor who arrived during the inspection to the local social services department for an assessment. He had a walking stick but was in a cell without any grip rails. The prison lacked adapted cells, and a stair lift was out of order. There was no formal carers scheme to help prisoners who struggled to look after themselves (see also paragraphs 1.47 and 2.70).

- 2.38** No transgender prisoners were held at the time of the inspection but some elements of the policy on transgender prisoners were out of date. The prison had identified seven gay or bisexual prisoners but our survey suggested that about 18 such individuals were held. There was little provision for this group and no facilitated access to support groups. Gay men we spoke to felt safe and had not experienced homophobia at the prison.
- 2.39** The policies for the care and management of younger and older prisoners, respectively, were good. All younger and older prisoners had their needs assessed on arrival. At the time of the inspection, 14 prisoners were aged 60 and over, with the oldest being 74. Attention was paid to the needs of this group, and there was good promotion of PE sessions for them. There were over-50s gym sessions and walking football sessions.

Recommendation

- 2.40** **Staff should use the professional telephone interpreting service to communicate with non-English speakers whenever confidentiality is required.** (Repeat recommendation 2.35)

Faith and religion

- 2.41** Forty-eight per cent of the population were Christian, 26% had no religion and 21% were Muslim. The chaplaincy provided a good service and was active in many areas of prison life, and the managing chaplain was a member of the senior management team. Bereavement support was particularly good. In our survey, prisoners were reasonably positive about faith provision. For those of faith, 62% said that their religious beliefs were respected, 75% that they could speak to a faith leader in private if they wanted to, and 91% that they could attend a religious service if they so wished. Faith facilities were adequate. The chaplaincy now had a clear community and resettlement policy. Links with community faith organisations had improved and were strong.

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.

- 2.42** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹⁴ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

¹⁴ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

Strategy, clinical governance and partnerships

- 2.43** The CQC found no breaches of the relevant regulations.
- 2.44** NHS England commissioned Care UK to provide health services; Care UK subcontracted several services. Informative health needs assessments and a new mental health service specification informed service design and development. Working relationships between the commissioners, prison and providers were good, with a business-like local delivery board. However, some meetings to assure governance were not sufficiently rigorous or action focused.
- 2.45** Care UK and Inclusion (from Midlands Partnership NHS Trust; see section on mental health) held regular patient forums, and satisfaction surveys returned generally positive responses.
- 2.46** There was an appropriate focus on learning from the infrequent serious incidents. Clinical auditing took place three times a month, which was impressive. However, the approach was necessarily under review because these audits had been unusually positive over several months, yielding little learning.
- 2.47** A clinical nurse manager led the service, which offered nursing care from 7.30am to 6.30pm each day. The service had attained full staffing since the previous inspection. All primary care staff were up to date or booked into mandatory training, and support with more advanced training was available. Although one-to-one clinical supervision had not yet been embedded, group clinical supervision was held on a monthly basis.
- 2.48** In our survey, 59% of respondents said that the quality of services from the GP was good, which was better than the 45% in recent inspections of similar prisons. Although they were all sessional, the GPs worked at the prison regularly, providing continuity of care. A sixth GP session was to be introduced on Fridays, to address prescribing needs, which demonstrated a prompt response to changing needs. Out-of-hours GP arrangements were equivalent to those in the community.
- 2.49** Health services staff were clearly identifiable and we observed professional interactions with patients.
- 2.50** Clinical records on SystmOne (the electronic patient record) were clear. Health services staff used an appropriate range of policies, including communicable disease management and safeguarding. For patients subject to assessment, care in custody and teamwork (ACCT) case management procedures, a helpful flag appeared when SystmOne was opened, reminding staff of the need to coordinate care with the ACCT supervisor, thereby reducing the likelihood of untoward events.
- 2.51** Primary care services were provided from the health centre, which was a large facility, with clinical rooms that met infection control standards. Some areas were in a poor state of decoration.
- 2.52** Suitable emergency equipment was strategically placed in medical rooms on the wings, although it was not regularly checked. Some bags contained discontinued items and none contained glucagon (to assist in a diabetic crisis), although this omission was rectified during the inspection. Twenty-five per cent of custodial staff were first-aid trained and all staff had easy access to automated external defibrillators, although not all prison emergency equipment was regularly checked or in date.
- 2.53** The health care complaints system was well managed. Few complaints (an average of 15 a month) were submitted, with the key issues being treatment and applications. All

complainants were seen face to face, which ensured that they felt listened to and that minor issues were speedily resolved; if the matter was not resolved in this way, it was investigated as a complaint. Responses to complaints were typed and exemplary.

Recommendations

- 2.54** There should be regular and recorded clinical supervision for all clinical staff.
- 2.55** Equipment for use in medical emergencies should be standardised, in line with UK Resuscitation Council guidelines, and be subject to regular documented checking.

Good practice

- 2.56** *The assessment, care in custody and teamwork (ACCT) flag on a patient's clinical record alerted clinical staff to coordinate care with the ACCT supervisor, and thereby reduced the likelihood of untoward events.*
- 2.57** *Every person registering a health complaint was seen face to face, which ensured that complainants felt listened to and that minor issues were speedily resolved.*

Promoting health and well-being

- 2.58** There was an energetic prison-wide approach to promoting well-being. NHS health checks were offered regularly, and dedicated events took place, in line with the World Health Organization timetable. An impressive range of accessible advice leaflets was available in the health centre and on the wings. Peer health champions offered initial advice and health checks in the health centre waiting area.
- 2.59** There was age-appropriate health screening for patients, including for chlamydia, abdominal aortic aneurysm, and bowel and prostate cancers. Immunisations were promoted, including hepatitis B and seasonal 'flu vaccinations. There was no lead nurse for the care of older prisoners but one was appointed during the inspection. Nicotine replacement therapy and barrier protection were available.

Primary care and inpatient services

- 2.60** All new arrivals received a health assessment and information on health care in reception. Prompt referrals were made as necessary, and required immunisations and blood-borne virus testing was promptly completed. Professional telephone interpreting services were available, although rarely used (see paragraph 2.36 and recommendation 2.40).
- 2.61** A relevant range of primary care services was offered, including GP consultations, nurse-led clinics, and optometry and sexual health clinics. Secondary care was also available onsite, including hepatology and physiotherapy services, and visiting diagnostic services included X-ray and ultrasound. These and the use of telemedicine reduced the number of external appointments.
- 2.62** Patients with long-term conditions were generally well managed and monitored by GPs. However, some elements of monitoring for diabetes required improvement. A lead nurse for this condition had been appointed but was yet to take up post.

- 2.63** Non-attendance at appointments had improved, with only 5.5% of GP appointments missed in the previous six months, which had more than halved since the year before that. This improvement was attributed to assertive management by the health care porter, who ensured that patients were reminded of their appointments and located those who did not attend to ascertain the reason for non-attendance. This reduced failures to attend and minimised wasted clinical time. Waiting lists were relatively short and well managed.
- 2.64** Despite close partnership working between prison and health services staff, 33% of patients had not attended their external hospital appointments since April 2018 because of insufficient escorts, which demonstrated a lack of capacity.
- 2.65** Health care release and discharge planning arrangements were timely and effective. Patients received a week's supply of medication as necessary, and were given help to establish community health support. There were useful links with local palliative care services, but these were rarely used.

Recommendations

- 2.66** **The care planning and monitoring of patients with diabetes should be consistent.**
- 2.67** **The prison should enable patients with external hospital appointments to attend at the appointed times.**

Good practice

- 2.68** *The health care porter ensured that patients were reminded of their appointments and located those who did not attend, to ascertain the reason for non-attendance. This reduced failures to attend and minimised wasted clinical time.*

Social care

- 2.69** The memorandum of understanding with Stafford County Council (SCC) for the provision of social care was out of date and, although there was a local operating procedure, some staff were unaware of the pathway.
- 2.70** Social care needs were triaged by the reception nurse, with a referral process to SCC for a full assessment if required. Two social care peer representatives helped prisoners to make their support needs known. Although Care UK was contracted to provide social care, no prisoners had received it in the previous year, although peer supporters helped some with non-intimate care (see also paragraphs 1.47 and 2.37).

Recommendation

- 2.71** **There should be an up-to-date memorandum of understanding and clarity of understanding between the prison and local authority staff about the assessment and commissioning of social care for those meeting the threshold.**

Mental health care

- 2.72** Inclusion provided integrated mental health and substance misuse services. Prisoners had good access to these services. All new arrivals were screened for mental health problems and prisoners could self-refer, or be referred by staff.
- 2.73** In our survey, 40% of respondents said they had mental health problems, yet only 25% of officers had received mental health awareness training, even though it was available from Inclusion.
- 2.74** Staff recruitment was no longer an issue and the team had a rich skills mix, including nursing, occupational therapy, psychiatry, psychology and social work. Practitioners supported more than 50 patients at any one time, with around 14 of the most complex being managed using the care programme approach.
- 2.75** There was an impressive range of therapies available, including self-help guides; counselling by the chaplaincy; group and individual therapies for emotional, primary and severe mental health problems using cognitive approaches; and specific care pathways for veterans and others using trauma-informed therapy. Clinical records and care plans were detailed and demonstrated patient choice. Transfers under the Mental Health Act were reasonably prompt.

Recommendation

- 2.76** **There should be dedicated mental health awareness training for custody staff.**

Substance use treatment¹⁵

- 2.77** Inclusion regularly contributed to the whole-prison drug and alcohol strategy via multi-departmental meetings (see paragraph 1.40).
- 2.78** Chronic staff recruitment problems had been resolved, and the team was well managed and competent. Peer recovery workers were visible and accessible at induction and around the prison. However, only 27% of respondents to our survey said that they had been helped with their drug problem at the prison, against a comparator of 57%. We saw unsolicited prisoners visiting the Inclusion office each day to seek help, and none were turned away.
- 2.79** All new arrivals were assessed for their substance misuse needs and were offered harm minimisation advice during induction. Joint care planning and record keeping on SystemOne facilitated integrated care.
- 2.80** Psychosocial support had improved since the previous inspection, with 220 patients at any one time. Engaging self-help materials, distraction packs, one-to-one work and group interventions were used to support patients in their recovery, including designated gym sessions to build relationships. Weekly mutual aid groups, such as Alcoholics Anonymous and Narcotics Anonymous, offered valued peer support.
- 2.81** Care UK provided flexible clinical management of substance misuse. At the time of the inspection, 57 patients were receiving methadone (an opiate substitute), with about 28% reducing at any one time, which was appropriate. Controlled drug administration was well supervised, but the central dispensing point still lacked privacy for queueing patients.

¹⁵ 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).

Treatment was individualised, reviewed regularly and well integrated with psychosocial and mental health input.

- 2.82** Preparation for release included naloxone (to treat opiate overdose) training and provision, and prescribing regimes were adjusted to enable prisoners to continue treatment in the community. In addition, recovery workers could use community follow-up to assist men in creating support mechanisms in the community. The coordination of release plans with the offender management unit required improvement.

Recommendations

- 2.83** **The opiate substitute dispensing point in the prison should offer adequate privacy to those attending for treatment.**
- 2.84** **Drug and alcohol recovery service release plans should be shared with the offender management unit, to ensure a coordinated approach to resettlement planning.**

Medicines optimisation and pharmacy services

- 2.85** An offsite pharmacy was commissioned to supply medicines as stock and on a named-patient basis. Although prisoners told us of instances when they had not received their medicines on time, there were processes for following up non-receipt of requested medicines. The ordering and disposal of controlled drugs was not always in line with current legislation or best practice.
- 2.86** Medicines, including controlled drugs, were stored securely. However, the service was unable to provide assurance that drugs were stored within their recommended temperature ranges, as a result of either a lack of records or not following up readings that were outside of the recommended range.
- 2.87** Prisoners received most medicines via prescriptions. Health services staff could administer and/or supply a suitable range of medicines without a prescription. They could access appropriate medications out of hours, but there was no clear audit trail of usage. Medicines that were not given in-possession were prescribed to be taken once or twice daily, which meant that those that should have been taken three or four times a day were not administered at the prescribed times, potentially reducing their effectiveness.
- 2.88** Administered medicines were dispensed from rooms on the house blocks, but some administration hatches opened onto thoroughfares with limited space – especially on house block 5 – which restricted confidentiality. Although officer supervision of medication queues had improved, we observed some prisoners on house block 5 crowding around the treatment hatch, which created opportunities for diversion and bullying.
- 2.89** Prisoners identified as diverting medicines or having taken illicit substances were appropriately reviewed by the safer prescribing group. We observed a few gaps in drug administration records and were not confident that prisoners who missed doses were followed up systematically.
- 2.90** At the time of the inspection, 64% of prescribed medicines were supplied in-possession, including a few tradable medicines, although most of these were appropriately administered only as supervised doses. Although prisoners were given in-possession risk assessments,

these were not reviewed regularly. There were no systematic processes to monitor in-possession medicines.

- 2.91** The drugs and therapeutics committee was ineffective. Although prescribing activity was monitored via a dashboard (which brings together a range of current data related to medicines), we saw no data or analysis to indicate the appropriateness and effectiveness of the medicines used, and some patients told us that they remained in pain, despite the treatment options available.

Recommendations

- 2.92** The ordering and disposal of controlled drugs should comply with legislation and best practice.
- 2.93** The health care manager should be assured that all medicines are stored within their recommended temperature ranges.
- 2.94** The health care manager should ensure that medicine administration times, in-possession risk assessments and monitoring processes optimise patients' access to and benefit from medicines.
- 2.95** Prisoners should receive medicines confidentially, with suitable officer supervision to prevent bullying and diversion.
- 2.96** Prisoners not attending for the administration of medicines or collection of in-possession medicines should be systematically followed up.

Dental services and oral health

- 2.97** A community dentist provided NHS-equivalent dental services. Following the previous inspection, the broken dental chair had been replaced and the number of dental sessions increased, so that the patient waiting time was reasonably short. At the time of the inspection, five dental sessions were being held each week. In our survey, 54% of respondents said that the quality of the dental service was good, against a recent comparator of 34%.
- 2.98** There was good provision of oral health advice and information. Dental records were detailed, with good patient treatment plans. Audits of antimicrobial prescribing and the quality of X-rays were satisfactory.
- 2.99** The dental facility was of a decent size, clean and had separate decontamination rooms. However, it did not fully meet infection control standards owing to some non-compliant fixtures and fittings. All equipment was maintained appropriately. Sterile supplies and waste management arrangements were sound.

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 much improved and prisoners used this time constructively. The regime was predictable and mostly ran to time. Only 29 prisoners were not allocated to an activity, which included one who was retired and five who were unfit for work. Those in full-time work, education or training were unlocked for about nine and a half hours on weekdays and seven hours 45 minutes on weekends. Unemployed prisoners had about seven hours 30 minutes out of their cell on weekdays.
- 3.2 Prisoners on the basic level of the incentives and earned privileges scheme had a more predictable regime than we usually see. They were expected to engage in activities, and those who did received about seven and a half hours out of their cell on weekdays. The amount of time out of cell for the few self-isolators was reliable but too little, at around 30 minutes each day.
- 3.3 Access to outside exercise was good, particularly during the summer.
- 3.4 In our roll checks, 12% of prisoners were locked up during the core day and 78% were engaged in purposeful activity.
- 3.5 The library met the needs of the population, providing material at a range of literacy levels and of interest to prisoners with protected characteristics. Consultation had also led to changes to provision. Outreach work was also targeted on segregated, self-isolating and older prisoners.
- 3.6 Computers were available in a quiet study room. Prisoners could use these to prepare legal papers and Open University work.
- 3.7 Library use had improved since the previous inspection, with an impressive 64% of prisoners in our survey saying that they attended every week. They could visit during evening association and on Saturday mornings, and could take part in a range of literacy development activities.
- 3.8 Effective monitoring identified groups of prisoners and individuals who were not regular users, and they were then provided with information relevant to their likely interests, to promote library use.
- 3.9 PE facilities were good, comprising a gym with a sports hall and weights room; exercise rooms on all but one of the residential blocks; and outdoor pitches. The exercise rooms on residential units were to be redesigned and complemented by gym equipment on exercise yards.

- 3.10** In our survey, 57% of respondents said that they visited the gym twice a week or more. Access was well managed, so that prisoners could have three sessions a week without interrupting work or education. Some useful monitoring (by location and ethnicity) was undertaken to ensure that access was equitable.
- 3.11** There was a wide range of PE activities to encourage participation, including over-50s exercise sessions, and prisoner teams competed successfully in community leagues.
- 3.12** Healthy living was promoted in partnership with the health care department. A prisoner had been appointed as a health trainer, exercise on prescription was provided and weightwatchers classes ran weekly. There were sessions for the Inclusion team, which supported those with mental health and substance use problems.
- 3.13** Vocational PE training was not provided at the time of the inspection, so prisoners could not gain qualifications leading to employment in the fitness industry.

Recommendation

- 3.14 Vocational courses leading to accredited qualifications in PE should be provided.**

Good practice

- 3.15** *Thorough and comprehensive monitoring of library attendance was used to inform outreach work and make substantial improvements to the use of the library.*

Education, skills and work activities (Ofsted)¹⁶

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.¹⁷

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

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

¹⁶ 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.

¹⁷ 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

- 3.17** The overall effectiveness of the leadership and management of education, skills and work was good. The prison had enough activity places for every prisoner to have a full-time role. Almost all prisoners were allocated to an activity (see section on time out of cell) which, where possible, took appropriate account of their aspirations and needs. Pay rates were fair and did not discourage prisoners' attendance at education or training.
- 3.18** Since the previous inspection, leaders and managers had substantially reduced the number of prisoners who did not attend work, training or education. As a result, around 80% of prisoners were engaged in purposeful activity during the core day.
- 3.19** The education and training provided by Milton Keynes College, which accounted for over 80% of the provision, were good. College managers' observations of lessons, and their resulting actions for improvement, ensured that teaching, learning and assessment were at least good.
- 3.20** The range of education, training and work had increased since the previous inspection. Vocational training included motor mechanics, rail track maintenance, carpentry, painting and decorating, hospitality and landscaping. There were plans to introduce welding and bricklaying courses. However, apart from distance learning programmes, prisoners could not access courses above level 2. Work was available in engineering manufacture, furniture manufacture, printing, textiles, recycling, cleaning, stores, work parties and the kitchens, and as orderlies and education mentors. A few prisoners successfully undertook distance learning, Open University and access to higher education courses.
- 3.21** Managers worked closely with local employer groups and employers to develop further opportunities for training and employment on release. As a result, managers were in the early stages of working with two national employers to provide training in vehicle tyre and windscreen replacement.
- 3.22** Managers had implemented arrangements to ensure that prisoners continued to receive effective careers information and guidance during their sentence and before release following the cessation of the National Careers Service contract. Prisoners were encouraged to consider how they should best use their time in the prison during induction and had appropriate access to Jobcentre Plus staff and the virtual campus (internet access for prisoners to community education, training and employment opportunities) to help to produce a CV ready for release.
- 3.23** Too few prisoners addressed their lack of qualifications in English and mathematics while at the prison. Of those assessed on entry to the prison, 70% of prisoners had English and 61% mathematics skill levels below level 1, and managers had not implemented an effective strategy to help more prisoners to overcome this barrier to employment (see main recommendation S59).
- 3.24** Quality assurance arrangements were underdeveloped. Managers used data well to monitor and challenge the performance of the main education and training provider, but less so for the other provision. The quality improvement group was poorly attended, limiting the opportunity to work collaboratively and promote improvement across the prison. The self-assessment report was reasonably accurate about the provision it covered, but it was not well informed by the full range of provision, or the views of prisoners.
- 3.25** Managers did not have adequate data on the employment and destinations of prisoners who were released, to enable them to identify the full impact of their work in helping individuals to gain useful and sustained employment on release.

Recommendations

- 3.26** Prisoners who need them should be able to access courses above level 2.
- 3.27** Quality assurance arrangements should extend to all learning and skills and work activities, and self-assessment should include the views of prisoners.
- 3.28** Data on the destinations of prisoners should be collected and used, to ensure that provision meets their needs and is effective.

Quality of provision

- 3.29** The quality of teaching, learning and assessment was good. Most tutors and trainers planned and delivered learning well. As a result, most prisoners made good progress and achieved their qualifications.
- 3.30** Tutors and instructors accurately identified each prisoner's individual needs and were aware of the personal challenges that prisoners experienced in their personal and prison life. They used this information well to provide good individualised coaching and training. Regular reviews helped prisoners to achieve their qualifications and to understand fully how these could help them on release and resettlement.
- 3.31** Tutors and trainers provided helpful feedback on prisoners' work and behaviour. In most cases, tutors and trainers explained in detail what prisoners had done successfully and what they needed to do to improve. Prisoners used this to improve their work and to develop improved confidence and the ability to work with others. Most tutors and trainers helped prisoners to develop independent problem-solving skills well. They skilfully enabled prisoners to solve for themselves problems that they found challenging.
- 3.32** In practical lessons, learners developed professional skills to industry standards. For example, in a barbering lesson, prisoners worked professionally and to strict salon timings that ensured a cost-effective flow of customers, while still producing high-quality styling and cuts that satisfied each client. Prisoners in engineering workshops developed new skills, knowledge and understanding of techniques that would be useful to them on release or transfer.
- 3.33** Support for prisoners with additional learning needs ensured that they progressed at least as well as their peers. Peer mentors helped learners to remain focused and to complete learning and work activities successfully. Prisoners who were given enhanced and/or trusted roles regained the confidence that they felt they had lost by being in prison. However, those who already held higher-level qualifications and/or had significant experience in the industry they were working in were unable to access higher-level qualifications or training (see recommendation 3.26).

Personal development and behaviour

- 3.34** Most prisoners were polite and well behaved. In most learning and work activities, prisoners displayed positive attitudes and behaviour towards their learning and skills development, and quickly got to work or study on arrival. Although attendance rates were high, too many prisoners arrived late at work, training and education, which undermined the work ethic.
- 3.35** In practical lessons, prisoners adopted safe working practices. For example, in a catering lesson, prisoners applied their knowledge of professional hygiene standards, ensuring correct

serving temperatures, separate food preparation and cold storage to prevent cross-contamination. Prisoners felt safe in classes and workshops, and knew who to speak to if they felt unsafe.

- 3.36** Prisoners in education and training had a good understanding of the progress they were making. Most of them developed skills that helped them to achieve their goals and ambitions in readiness for release, resettlement and future employment, and thereby developed improved confidence and self-esteem. They demonstrated good leadership, teamwork and empathy when supporting their peers and when they were given high levels of responsibility and trust. However, a minority of prisoners, including those working in furniture assembly, textiles and as wing cleaners, were underemployed and did not develop or display the skills and attitudes needed to gain employment on release.
- 3.37** Prisoners' behaviours and attitudes were developed well through a range of additional activities, including parenting courses, singing groups, song writing courses, a business challenge event and taking part in team sports. Success was celebrated well. Employers, family members and ex-offenders attended celebration events to reward success and encourage prisoners to pursue their aspirations and employment opportunities.
- 3.38** Careers advice and guidance were effective and helped prisoners to understand their options and make informed decisions. However, staff did not routinely reinforce information about the opportunities available to prisoners in education, vocational training and work throughout their sentences. As a result, not all prisoners were clear about the options open to them and how they could apply for them.

Recommendations

- 3.39 Prisoners should arrive at education, training and work on time to maximise the use of these resources and help prisoners to develop the discipline of punctuality.**
- 3.40 Prisoners in all work areas and workshops should be productively employed and develop high levels of employability skills.**

Outcomes and achievements

- 3.41** Achievement rates overall were high. The majority of prisoners who completed their courses were successful and most remained on their course until the end. However, this masked a very small number of underperforming courses in which achievement rates were low, in particular mathematics level 1.
- 3.42** The number of prisoners achieving qualifications had increased by around 45% since the previous inspection. However, too few prisoners took qualifications in English and mathematics (see main recommendation S59).
- 3.43** There were no significant gaps in performance by different groups of prisoners. However, the prison did not routinely analyse performance by different groups across the whole prison, relying only on data from Milton Keynes college.
- 3.44** Prisoners in the engineering workshops and on vocational training courses developed good skills and were proud of their work.

Recommendation

- 3.45 The achievement rate for mathematics and other underperforming courses should be increased to acceptable levels.**

Section 4. Rehabilitation and release planning

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

Children and families and contact with the outside world

Expected outcomes:

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

- 4.1 In our survey, 61% of respondents said that they had a child under the age of 18. Help for prisoners to maintain and support their family ties was good. A Barnardo's family engagement worker had recently started working in the prison. The education department ran a popular two-week parent craft course, and about 42 prisoners completed the course each year. A Prison Advice and Care Trust (PACT) worker provided advice to those with small or newborn children. In addition, PACT ran a one-day coming home course. The 12 family days held each year were very popular. The Storybook Dads scheme (in which prisoners record stories for their children) was run, and in 2017 more recordings had been made at the establishment than at any other prison in the UK.
- 4.2 Visits arrangements were reasonably good but they did not always start on time. In our survey, only 19% of prisoners who received visits said that they started on time, which was less than at other recent category C prison inspections (49%).
- 4.3 Barnardo's ran the welcoming visitors centre, which contained a snack bar and helpful information displays. Staff were polite to visitors in the sessions we observed. The visits hall was shabby, with a grubby carpet and little natural light. Arrangements to safeguard children were very good. Visits staff were briefed on prisoners who may have presented a risk to children. They had a folder containing photographs of children who visited such prisoners. Visits staff observed how the children and prisoner interacted, and recorded their observations in a log.
- 4.4 Prisoners had good access to telephones but many men, in our survey and during the inspection, complained of problems with sending or receiving mail. Delays in incoming mail may have arisen because this was tested for drugs; mail that was found to contain drugs was passed to the police.

Good practice

- 4.5 *Visits staff were aware of prisoners who may have presented a risk to children, and kept a folder with the photographs of the visiting children. Visits staff observed the interactions between the prisoner and child, and recorded their observations in a log.*

Reducing risk, rehabilitation and progression

Expected outcomes:

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

- 4.6** The prison held a long-term and relatively high-risk population, with 83% of prisoners serving sentences of four years or more and 42% assessed as presenting a high risk of harm to others. A third of the population were convicted of a violent index offence, and within this group just over 100 men were convicted for an offence of domestic violence.
- 4.7** The strategic management of reducing reoffending was underdeveloped. The prison had commissioned a needs analysis since the previous inspection but it was too limited, relied solely on a prisoner survey and did not use the valuable data held on P-NOMIS (electronic case notes) and the offender assessment system (OASys). Although recent, the needs analysis had not kept pace with the prison's changing population and had yet to be fully exploited strategically; it did not inform a reducing reoffending action plan that could be used to measure progress. Local policies were generic and did not reflect the specific needs of Featherstone's population.
- 4.8** The prison had done some good work to promote the seven resettlement pathways around the prison. There was an adequate, regular bimonthly meeting based on these pathways. However, the focus of this meeting was too limited and did not reflect the pivotal role of offender management in a training prison. Barriers to progression (such as the continuing lack of sufficient and relevant offending behaviour work) and up-to-date information about the changing population were not informing and driving the meeting and its associated actions (see main recommendation S60). In addition, there was not a sufficiently clear understanding of resettlement outcomes, in order to assess the effectiveness of the provision.
- 4.9** Offender management unit (OMU) staff worked well together and had developed good processes to ensure the smooth completion of most tasks. There were sufficient probation officers, uniformed offender supervisors and non-operational offender supervisors in place. Very little uniformed offender supervisor time was now lost to cross-deployment. Appropriately, about 80% of high-risk prisoners were supervised by probation staff. The allocation of the remaining 20% to uniformed and non-operational offender supervisors was sensibly handled. For example, they only tended to hold high-risk cases during periods when less supervision was needed, and these cases were then reallocated to more experienced probation staff near to release, in order better to manage the risk.
- 4.10** Almost every prisoner was serving over 12 months and therefore required an OASys assessment. The proportion of prisoners who did not have an up-to-date or an initial assessment had reduced from a third at the time of the previous inspection to around a fifth, but this was still too high. This group, about 120 men, lacked a current sentence plan to inform their progression. Many prisoners continued to arrive from local prisons without any OASys assessment.
- 4.11** The quality of high-risk OASys assessments (completed by offender managers in the community) was reasonably good. Assessments completed by offender supervisors for low- and medium-risk prisoners were generally of adequate quality, with appropriate risk assessments and sentence objectives, although they were sometimes brief. In two instances, we found assessments, signed off by probation staff, which had no sentence plan at all, which was a serious oversight.

- 4.12** Levels of offender supervisor contact met prisoners' needs overall and did not differ significantly across the probation and uniformed staff. They tended to be variable, but mostly appropriately so, with increased contact when interventions were delivered, parole was considered or release was imminent. Contact was generally planned rather than reactive, which was positive. There was too little quality assurance of entries and this needed more focus from managers. There was some particularly strong work with high-risk prisoners to develop sentence plans in conjunction with offender managers, using video-link facilities.
- 4.13** Indeterminate-sentenced prisoners made up about 10% of the population and were appropriately supervised by probation officers. Lifer family days were poorly attended and provision for this group was generally underdeveloped. However, work had recently begun to address this gap, including a recent prisoner survey, a couple of forums and a short action plan.
- 4.14** Over 80% of prisoners were serving a sentence of four years or more and were therefore not eligible for home detention curfew (HDC). The number released on HDC had reduced since the previous inspection, in line with the overall drop in the number of releases. Of the 38 prisoners considered for HDC in the previous six months, 30 had been approved. Of those refused, a few had been wrongly turned down for release because of days previously added to their sentence for poor behaviour in prison; according to recently revised guidance, this could delay but not rule out HDC. Of those approved, two men were still in the prison beyond their eligibility date because of an ongoing shortage of available Bail Accommodation and Support Service (BASS) accommodation.
- 4.15** The prison had started to implement the Offender Management in Custody (OMiC)¹⁸ model but it was in its very early days; 27 prisoners so far had a keyworker. The project was being phased in gradually and sensibly, with resources targeted at the most complex and challenging prisoners identified through the safety interventions meeting (see paragraph I.18). Some good-quality work was being carried out and the first signs were encouraging.

Recommendations

- 4.16** **Offender management and resettlement provision should be informed by a comprehensive and robust analysis of needs, including evidence gathered from offender assessment system (OASys) assessments and P-NOMIS.**
- 4.17** **An up-to-date reducing reoffending action plan to develop provision should measure improvement across time.**
- 4.18** **All eligible prisoners should have an up-to-date OASys assessment with a sentence plan, to inform their progression.**
- 4.19** **Home detention curfew processes should be applied according to the latest Her Majesty's Prisons and Probation Service guidance.**

Public protection

- 4.20** Public protection arrangements were sound. The interdepartmental risk management meeting had improved and had an appropriate scope. The level of detail brought to the

¹⁸ Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new prison officer key workers. The second phase, core Offender Management, and the introduction of prison offender managers (POM), is being introduced during 2019.

meeting about each prisoner was impressive. The meeting was well sighted on the management of high-risk prisoners approaching release, which was an improvement. When gaps in release arrangements were identified, action was instigated and the outcome was recorded at the next meeting. For example, high-risk cases were sometimes reallocated to more experienced OMU staff (see paragraph 4.9), or the offender manager in the community was asked to confirm release arrangements. A series of pre-release checks completed by an OMU case administrator two weeks before release provided an additional safety net.

- 4.21** Despite strenuous efforts by OMU staff to contact offender managers and escalate concerns, multi-agency public protection arrangements (MAPPA) management levels were still not confirmed well enough ahead of release. Twenty-one MAPPA-eligible prisoners (12 of whom were high risk) were due to be released in the next three months but only 10 so far had a confirmed MAPPA level. This gap impeded the prison's involvement in risk planning. MAPPA F forms completed by probation staff in the OMU were of good quality.
- 4.22** Monitoring arrangements were well managed. There were 34 prisoners subject to these checks at the time of the inspection, and all eligible new arrivals were initially monitored for three months. Appropriately, risk assessments following a period of monitoring were completed by an offender supervisor. There was evidence of good joint working between the OMU, the security department and the local MAPPA panel to use monitoring to manage risk both inside the prison and on release.
- 4.23** The 23 prisoners subject to child contact restrictions at the time of the inspection were also well managed. Visits staff were well briefed about these prisoners, understood their role and recorded their observations about interactions during visits, to inform risk management (see also paragraph 4.3 and good practice point 4.5). The public protection clerk informed the relevant social services department six weeks before a prisoner subject to restrictions was due for release.

Recommendation

- 4.24 Multi-agency public protection arrangements (MAPPA) management levels should be confirmed at least six months before release, to promote the offender management unit's involvement in risk management release plans.** (Repeated recommendation 4.20)

Categorisation and transfers

- 4.25** Recategorisation reviews were timely but opportunities for prisoners to reduce their risk and achieve recategorisation were sometimes hindered by poor sequencing and the shortage of places on relevant offending behaviour programmes (see section on interventions). We found examples of prisoners who had been unable to complete accredited programmes being required to demonstrate a reduction in their risk. These prisoners were sometimes refused category D status, and missed the chance to reach open conditions before release.
- 4.26** Most prisoners who were approved for category D status were able to progress to open establishments. In the previous seven months, there had been regular moves and just over 100 prisoners (half of all transfers out) had progressed to an open prison.

Interventions

Expected outcomes:

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

- 4.27** The lack of sufficient and appropriate accredited offending behaviour work to help prisoners to reduce their risk had not been adequately addressed since the previous inspection and remained a serious concern. The programmes team was commissioned to provide a total of 50 spaces per year on either the thinking skills programme (TSP) or Resolve (a moderate intensity programme for prisoners convicted of violent offences). During the inspection, there were no facilitators in post, so no accredited programmes were due to run until 2019. However, even with full staffing, the number of places would be insufficient to meet need. In the previous six months, only 18 prisoners had completed a programme, and at the time of the inspection 67 prisoners were on the waiting list. Offender supervisors had been encouraged to refer prisoners to other establishments, but few prisoners had successfully transferred to access an accredited programme (see main recommendation S60).
- 4.28** As well as a lack of places, prisoners were also frustrated by the poor sequencing of accredited programmes. We found several examples of prisoners who were suitable for a programme but were allocated to other work and, once this had been completed, were left without enough time before release to complete the programme, despite it being one of their sentence objectives (see main recommendation S60).
- 4.29** A substantial number of prisoners needed accredited programmes which the establishment did not offer. Just over 100 men had an index offence of domestic violence but there was still no intervention to address their offending behaviour. Staff we spoke to were clearly sighted on this gap but it was not identified in the prison's needs analysis (see also paragraph 4.7). Some prisoners convicted of other, serious violent offences were unsuitable for Resolve because of their high risk and needed to transfer to a prison which delivered an appropriate intervention (see main recommendation S60).
- 4.30** The community rehabilitation company (CRC) had just started running two non-accredited short-duration interventions. One addressed behavioural change and the other victim awareness. Early signs were encouraging, but at the time of the inspection offender supervisors were not including these courses in sentence plans.
- 4.31** The two CRC workers offered good support to prisoners to find housing on release. They made referrals but there were no interventions to educate men about securing and maintaining tenancies. The prison still did not monitor the number of prisoners released to sustainable accommodation, so it was impossible to know if they had managed to hold on to their accommodation three months after release.
- 4.32** Provision for prisoners needing help with finance, benefit and debt had recently improved, and was good. A Citizens Advice worker helped prisoners to tackle their debts and open bank accounts. Her contracted hours had just doubled to four days a week. She had helped 36 prisoners to apply for bank accounts in the previous five months, but the CRC did not know how many of these applications had succeeded. A financial capability course had just been introduced. A worker provided by CF03 (a European social fund project) provided individual coaching in money management and budgeting. A Jobcentre Plus worker offered support for benefit claims. Wolverhampton had adopted the new Universal Credit system; this presented a serious barrier to prisoners released locally, as applications had to be made online and this was not yet possible before release.

Recommendation

- 4.33 Resettlement outcomes following release should be gathered and analysed, to evidence the effectiveness of the resettlement services.** (Repeated recommendation 4.34)

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.

- 4.34** The number of releases had roughly halved since the previous inspection, with around 20 prisoners released each month. Resettlement work was provided by two workers from Warwickshire and West Mercia CRC. They made early and effective contact with offender supervisors and offender managers to identify likely release arrangements. They then saw prisoners 12 weeks before release to review their resettlement plans. Almost all prisoners received a timely review, apart from a small number each month who were released on HDC or parole. The CRC was not currently working to these potential release dates.
- 4.35** Prisoners attended a useful pre-release briefing with a CRC worker about five weeks before release, which helped them to prepare for release and understand licence conditions.
- 4.36** The designation of house block 5 as a resettlement unit had been partially successful but prisoners were reluctant to move onto the unit in their last 12 months because it only offered double cells. Apart from the CRC, there was little on the unit specifically to help men prepare for release.
- 4.37** The meet and mentor scheme, run by Futures Unlocked (a charity helping offenders to improve their life chances), offered a limited amount of ‘through-the-gate’ support to more complex and vulnerable prisoners being released to Shropshire, Telford, Worcestershire and Warwickshire. They had helped six prisoners in the previous six months.

Recommendation

- 4.38 The community rehabilitation company should review resettlement plans far enough ahead of home detention curfew eligibility and parole release dates to provide effective support.**

Section 5. Summary of recommendations and good practice

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

Main recommendation

To HMPPS

- 5.1** Sufficient relevant offending behaviour work should be provided, to enable prisoners to reduce their risk and progress. (S60)

Main recommendations

To the governor

- 5.2** The focus on violence reduction should continue. Actions to reduce violence should be coordinated and embedded, and their impact measured. (S57)
- 5.3** The focus on drug reduction should continue. Actions to reduce the availability and demand for drugs should be coordinated and embedded, and their impact measured. (S58)
- 5.4** Prisoners with low-level skills in English and mathematics should be enabled to improve them. (S59)

Recommendations

Early days in custody

- 5.5** Subject to security assessment, prisoners should have access to their telephone accounts on arrival. (1.10)

Managing behaviour

- 5.6** The regime for self-isolators should be improved, with a focus on mental well-being, and should include daily access to showers. (1.22)

Security

- 5.7** The prison should ensure that, where practicable, all intelligence-led searching and drug testing is undertaken. (1.42)

Safeguarding

- 5.8** Information about prisoner self-harm should be analysed, to inform action to improve prisoner safety. (1.53)
- 5.9** Investigations of serious incidents of self-harm should identify lessons learned, which should be shared with staff. (1.54)

- 5.10** Constant observation cells should be equipped with safe furniture, in addition to a bed. (1.55)
- 5.11** Samaritans telephones should be made available for prisoners who wish to use them. (1.56)

Daily life

- 5.12** Prisoners should have prompt access to their property. (2.13)
- 5.13** The kitchen floor should be free from broken tiles and in a good state of repair. (2.19)
- 5.14** House block serveries and food trolleys should be clean and well maintained, and serverly workers should wear appropriate protective clothing. (2.20, repeated recommendation 2.91)
- 5.15** The application system should be managed in confidence and prisoners should be able to have their applications dealt with quickly and fairly. (2.26)
- 5.16** The prison should retain copies of complaints and responses made under the confidential access process. (2.27)
- 5.17** Prisoners should be able to have a private legal visit. (2.28, repeated recommendation 2.47)

Equality, diversity and faith

- 5.18** Managers should develop links with community organisations to provide support and advice for each protected characteristic. (2.33, repeat recommendation 2.26)
- 5.19** Staff should use the professional telephone interpreting service to communicate with non-English speakers whenever confidentiality is required. (2.40, repeat recommendation 2.35)

Health, well-being and social care

- 5.20** There should be regular and recorded clinical supervision for all clinical staff. (2.54)
- 5.21** Equipment for use in medical emergencies should be standardised, in line with UK Resuscitation Council guidelines, and be subject to regular documented checking. (2.55)
- 5.22** The care planning and monitoring of patients with diabetes should be consistent. (2.66)
- 5.23** The prison should enable patients with external hospital appointments to attend at the appointed times. (2.67)
- 5.24** There should be an up-to-date memorandum of understanding and clarity of understanding between the prison and local authority staff about the assessment and commissioning of social care for those meeting the threshold. (2.71)
- 5.25** There should be dedicated mental health awareness training for custody staff. (2.76)
- 5.26** The opiate substitute dispensing point in the prison should offer adequate privacy to those attending for treatment. (2.83)
- 5.27** Drug and alcohol recovery service release plans should be shared with the offender management unit, to ensure a coordinated approach to resettlement planning. (2.84)

- 5.28** The ordering and disposal of controlled drugs should comply with legislation and best practice. (2.92)
- 5.29** The health care manager should be assured that all medicines are stored within their recommended temperature ranges. (2.93)
- 5.30** The health care manager should ensure that medicine administration times, in-possession risk assessments and monitoring processes optimise patients' access to and benefit from medicines. (2.94)
- 5.31** Prisoners should receive medicines confidentially, with suitable officer supervision to prevent bullying and diversion. (2.95)
- 5.32** Prisoners not attending for the administration of medicines or collection of in-possession medicines should be systematically followed up. (2.96)

Time out of cell

- 5.33** Vocational courses leading to accredited qualifications in PE should be provided. (3.14)

Education, skills and work activities

- 5.34** Prisoners who need them should be able to access courses above level 2. (3.26)
- 5.35** Quality assurance arrangements should extend to all learning and skills and work activities, and self-assessment should include the views of prisoners. (3.27)
- 5.36** Data on the destinations of prisoners should be collected and used, to ensure that provision meets their needs and is effective. (3.28)
- 5.37** Prisoners should arrive at education, training and work on time to maximise the use of these resources and help prisoners to develop the discipline of punctuality. (3.39)
- 5.38** Prisoners in all work areas and workshops should be productively employed and develop high levels of employability skills. (3.40)
- 5.39** The achievement rate for mathematics and other underperforming courses should be increased to acceptable levels. (3.45)

Reducing risk, rehabilitation and progression

- 5.40** Offender management and resettlement provision should be informed by a comprehensive and robust analysis of needs, including evidence gathered from offender assessment system (OASys) assessments and P-NOMIS. (4.16)
- 5.41** An up-to-date reducing reoffending action plan to develop provision should measure improvement across time. (4.17)
- 5.42** All eligible prisoners should have an up-to-date OASys assessment with a sentence plan, to inform their progression. (4.18)
- 5.43** Home detention curfew processes should be applied according to the latest Her Majesty's Prisons and Probation Service guidance. (4.19)

Public protection

- 5.44** Multi-agency public protection arrangements (MAPPA) management levels should be confirmed at least six months before release, to promote the offender management unit's involvement in risk management release plans. (4.24, repeated recommendation 4.20)

Interventions

- 5.45** Resettlement outcomes following release should be gathered and analysed, to evidence the effectiveness of the resettlement services. (4.33, repeated recommendation 4.34)

Release planning

- 5.46** The community rehabilitation company should review resettlement plans far enough ahead of home detention curfew eligibility and parole release dates to provide effective support. (4.38)

Examples of good practice

Managing behaviour

- 5.47** The weekly 'tasking' meeting provided effective oversight on emerging issues, and a dynamic and consistent approach to managing poor behaviour and supporting vulnerable prisoners. (1.23)

Safeguarding

- 5.48** The safety interventions meeting provided effective interdepartmental planning, which made an important contribution to keeping prisoners safe. (1.57)

Daily life

- 5.49** Senior staff conducted random daily tests of cell call bell response times. (2.14)

Health, well-being and social care

- 5.50** The assessment, care in custody and teamwork (ACCT) flag on a patient's clinical record alerted clinical staff to coordinate care with the ACCT supervisor, and thereby reduced the likelihood of untoward events. (2.56)
- 5.51** Every person registering a health complaint was seen face to face, which ensured that complainants felt listened to and that minor issues were speedily resolved. (2.57)
- 5.52** The health care porter ensured that patients were reminded of their appointments and located those who did not attend, to ascertain the reason for non-attendance. This reduced failures to attend and minimised wasted clinical time. (2.68)

Time out of cell

- 5.53** Thorough and comprehensive monitoring of library attendance was used to inform outreach work and make substantial improvements to the use of the library. (3.15)

Children and families and contact with the outside world

- 5.54** Visits staff were aware of prisoners who may have presented a risk to children, and kept a folder with the photographs of the visiting children. Visits staff observed the interactions between the prisoner and child, and recorded their observations in a log. (4.5)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Alison Perry	Team leader
Paul Rowlands	Inspector
Jonathan Tickner	Inspector
Andrew Rooke	Inspector
Martyn Griffiths	Inspector
Deri Hughes-Roberts	Inspector
Colin Carroll	Inspector
Laura Green	Researcher
Patricia Taflan	Researcher
Emma Seymour	Researcher
Claudia Vince	Researcher
Holly Tuson	Researcher
Paul Tarbuck	Lead health and social care inspector
Tania Osborne	Health and social care inspector
Malcolm Irons	Care Quality Commission
Phil Romain	Ofsted inspector
Suzanne Wainwright	Ofsted inspector
Malcolm Bruce	Ofsted inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

*At the last inspection, in 2016, peer workers provided good support and information to new arrivals but there was too little focus on specific safety risks. Levels of violence and intimidation were very high and often related to drugs and debt. Far too many prisoners felt unsafe, with some self-isolating for many months. Care for those at risk of suicide and self-harm was inadequate. Many more prisoners than at similar prisons said that drugs were easily available. Use of new psychoactive substances was particularly problematic and the number of prisoners saying that they had developed a drug problem while at the prison was worryingly high. Too little was done to reduce drug supply. The number of adjudications had increased and levels of use of force were high. Living conditions on the segregation unit were unacceptably poor. There was too little help available for prisoners with substance misuse issues. **Outcomes for prisoners were poor against this healthy prison test.***

Main recommendations

All violent incidents should be analysed, to understand the causes and identify patterns and trends. Coordinated action should be taken to make the prison safer. (S49)

Achieved

Prisoners who are described as self-isolating and are effectively in unregulated segregation should have adequate safeguards and managerial oversight. These prisoners and also those officially segregated should have an adequate regime which safeguards their mental well-being. The underlying causes behind problems or vulnerable behaviour should be addressed effectively and appropriately, and options for prisoners' safe reintegration back into the main prison or transfer should be identified. (S50)

Partially achieved

The full extent of drug availability should be monitored, and a strategy and action plan put in place to reduce drug supply. (S51)

Achieved

Recommendations

First night risk interviews should take account of all prisoner issues and ensure that these are adequately dealt with and relevant departments notified. (1.11)

Achieved

New arrivals should be able to buy a reception pack. (1.12)

Achieved

Investigations into and formal monitoring of perpetrators of violent and antisocial incidents should be improved and should include interventions that are evaluated for effectiveness. (1.17)

Achieved

Support for victims of violent and antisocial behaviour, including those in debt, should be improved. (1.18)

Achieved

Information about self-harm incidents and trends should be analysed and shared with relevant departments, to identify appropriate strategic action. (1.24)

Not achieved

Entries in assessment, care in custody and teamwork (ACCT) documents should clearly demonstrate meaningful interaction with prisoners and decisions made at MASH meetings should inform and be informed by the ACCT document. (1.25)

Achieved

All suicide attempts with potentially the most serious consequences should be investigated quickly and action taken to prevent similar incidents. (1.26)

Not achieved

Prisoners should be able to speak to a Listener or to the Samaritans when they wish. (1.27)

Not achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.29)

Achieved

Security meetings should have clear monthly security objectives, communicated to staff, relating to the threats and actions required to mitigate the risk. (1.36)

Achieved

All serious incidents should be reported and recorded accurately. (1.37)

Achieved

Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (1.38)

Achieved

All suspicion drug testing should be undertaken in time. (1.39)

Not achieved

Data on adjudications should be routinely analysed to identify emerging patterns, with trends investigated and appropriate action taken to address them. (1.46)

Achieved

Adjudications should be completed within the proper timescales. (1.47)

Achieved

Oversight of use of force should be improved to ensure that documentation is completed, force is used appropriately and as a last resort, and that information about trends and patterns is used strategically to help to reduce the use of force. (1.52)

Achieved

Living conditions in the segregation unit should be improved. (1.59)

Achieved

The drug and alcohol health needs assessment should include clear recommendations to develop future services. (1.65)

Achieved

The psychosocial team should be sufficiently well staffed to ensure the consistent delivery of group work and one-to-one interventions. (1.66)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

*At the last inspection, in 2016, living conditions on most of the house blocks were poor and prisoners struggled to get access to basic essentials. We saw some good staff–prisoner interactions, but some residential staff were either too busy or reluctant to help prisoners, and some poor behaviour went unchallenged. Prisoner applications and consultation arrangements required improvement. Equality and diversity arrangements were weak and there was insufficient structured support for prisoners with protected characteristics. Faith services were adequate. Health services were stretched but provision was reasonable. Prisoners were negative about the food provided, and the serveries were dirty. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

Main recommendation

The showers should be fully refurbished. Cells and communal areas should be maintained and decorated to an acceptable and decent standard. (S52)

Not achieved

Recommendations

Prisoners should be able to access basic essentials such as adequate clean clothing, bedding, kettles, cell furniture and televisions. (2.9)

Achieved

Cell bells should be answered within five minutes. (2.10)

Achieved

The application system should be managed effectively and prisoners should be able to have their applications dealt with quickly and fairly. (2.11)

Not achieved

Prison officers should consistently challenge and report inappropriate conduct. (2.17)

Achieved

Establishments should be provided with timely and relevant equality monitoring data. (2.22)

Not achieved

Monitoring data should be routinely interrogated, to determine if any minority groups are being disadvantaged, and remedial action taken where necessary. (2.23)

Partially achieved

The prison should have an equality policy which is specific to the population at Featherstone, including arrangements for the monitoring of equality against all protected characteristics and detailing the provision for prisoners from each minority group. (2.24)

Achieved

Discrimination incident report forms should be freely available on all house blocks. (2.25)

Achieved

Managers should develop links with community organisations to provide support and advice for each protected characteristic. (2.26)

Not achieved (recommendation repeated, 2.33)

There should be effective consultation arrangements for all minority groups. (2.34)

Achieved

Staff should use the professional telephone interpreting service to communicate with non-English speakers whenever confidentiality is required. (2.35)

Not achieved (recommendation repeated, 2.40)

Independent immigration advice should be available within the prison. (2.36)

Not achieved

Personal emergency evacuation plans should be up to date and clearly located in each house block office, and staff should be regularly reminded of their importance. (2.37)

Achieved

The chaplaincy should have a clear strategy for resettling prisoners in their faith communities, including stronger ties with community faith leaders and arrangements for support on release. (2.41)

Achieved

Complaints, particularly those against staff, should be fully investigated. (2.44)

Not achieved

Prisoners should be able to have a private legal visit. (2.47)

Not achieved (recommendation repeated, 2.28)

Prisoners should be given their legal correspondence without a delay. (2.48)

Achieved

Health services staff should be in date with all mandatory training, receive regular recorded supervision and have a current performance appraisal. (2.58)

Achieved

Prisoners should be able to access routine GP appointments within two weeks. (2.63)

Achieved

Clinical records should accurately reflect all the care given and prisoners with complex health needs should have comprehensive care plans. (2.64)

Not achieved

Prisoners who require secondary health services should be seen within community-equivalent waiting times. (2.65)

Achieved

Prison officers should consistently monitor and manage medication administration queues, to reduce the opportunities for bullying and diversion and maintain patient confidentiality. (2.71)

Achieved

Prisoners who do not attend for prescribed medication should be followed up systematically. (2.72)

Achieved

Prisoners should receive in-possession medication following a consistent recorded risk assessment that is regularly reviewed. (2.73)

Not achieved

There should be effective oversight of prescribing trends to ensure appropriate prescribing. (2.74)

Not achieved

The integrated mental health and substance misuse team should be sufficiently staffed to meet patients' mental health needs. All staff should have access to regular structured managerial supervision and undertake mandatory training to support their role. (2.83)

Achieved

All discipline officers should receive mental health awareness training, to enable them to recognise and support prisoners with mental health problems. (2.84)

Achieved

Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current transfer guidelines. (2.85)

Not achieved

The kitchen should be clean and in a good state of repair. (2.90)

Not achieved

House block serveries and food trolleys should be clean and well maintained, and servery workers should wear appropriate protective clothing. (2.91)

Not achieved (recommendation repeated, 2.20)

Consultation arrangements to update the prison shop list should be formalised and include prisoner representatives from each protected characteristic. (2.95)

Not achieved

Prisoners should not have to pay a catalogue administration fee. (2.96)

Not achieved

Purposeful activity

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

*At the last inspection, in 2016, a restricted regime reduced prisoners' time out of cell and too many prisoners were locked up during the working day. Access to exercise was inadequate. The management of learning and skills and work required improvement. There were sufficient activity places for the population but too many prisoners failed to attend. The range of education classes was too narrow and opportunities to accredit work were missed. The quality of teaching and learning and the level of prisoners' achievements were mostly good. Support for prisoners with learning difficulties was impressive. Peer mentors were used well. Attendance at the library and PE was low. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

Main recommendation

Learning and skills and work activities should be given a far higher priority. The number of activities interrupting the working day should be reduced. Staff at all levels should cooperate to promote participation and attendance at learning and skills and work activities, and prisoners who do not attend should be challenged. (S53)

Achieved

Recommendations

The prison should operate a full category C regime, with daily association and unlock of at least 10 hours a day. (3.3)

Achieved

Daily exercise periods of at least one hour should be available to all prisoners. (3.4)

Learning and skills and work activities

Achieved

Senior managers should introduce a greater number and range of employability-related courses, better to meet the resettlement needs of the population. (3.14)

Achieved

The number of vocational training opportunities should be increased across all work areas. (3.15)

Achieved

Senior managers should further extend education and training provision to include higher-level learning and a greater range of subjects, better to meet the needs of those serving longer sentences or with higher prior academic attainment. (3.16)

Not achieved

Teachers should ensure that they use the results of initial assessment well to deliver teaching and assessment that meets the needs of all learners, including those with high levels of prior attainment. (3.23)

Achieved

Instructors in all work areas should provide detailed feedback to prisoners, to help them to develop useful employability and personal skills, including English and mathematics. (3.24)

Not achieved

All instructors should be qualified in the technical aspects of the work that they oversee. (3.25)

Not achieved

Senior managers should take immediate action to drive up success rates on courses in English at level 1 and mathematics at levels 1 and 2. (3.35)

Partially achieved

Prisoners should be able to access the library at least once a week. (3.41)

Achieved

Library staff should collect data on library usage, so that they can identify whether particular groups of prisoners are not benefiting from library services and activities, and take appropriate action. (3.42)

Achieved

Managers should analyse available data to monitor participation in activities and take appropriate action to ensure good access by all groups of prisoners. (3.47)

Achieved

Staff should monitor and manage the safe use of fitness equipment in the house blocks. (3.48)

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 2016, despite a relatively high-risk population, offender management work was weak. Too many prisoners were without an up-to-date offender assessment system (OASys) assessment, and those completed often failed to address risks and needs sufficiently well. Ongoing contact with offender supervisors was limited and some prisoners, especially those serving long sentences, struggled to progress. Home detention curfew and categorisation processes were sound. Some aspects of public protection required improvement. Prisoners' resettlement needs were assessed effectively. Provision across the resettlement pathways was mostly good. Family and visits provision was particularly strong but more needed to be done to address prisoners' offending behaviour and help them to find employment on release. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

Main recommendation

Prisoners should receive regular structured and meaningful contact from their offender supervisors. There should be sufficient opportunities for them to address their offending behaviour, reduce their risk and progress. (S54)

Partially achieved

Recommendations

Offender management and resettlement provision should be fully informed by a comprehensive and robust analysis of needs, including evidence gathered from an analysis of offender assessment system (OASys) data, and be specific to the different types of prisoner held at the establishment. (4.4)

Not achieved

Offender management should be fully integrated into the reducing reoffending strategy and action plan, in order to ensure that it is at the heart of the work undertaken across the prison. (4.5)

Not achieved

Initial OASys assessments and sentence plans should be completed at the local prison before transfer. (4.13)

Not achieved

OASys assessments and sentence plans should be reviewed regularly, and be of a good quality and tailored to the individual prisoner. (4.14)

Not achieved

All high risk of harm cases should be reviewed by the interdepartmental risk management team, and comprehensive risk management plans should be developed and reviewed each month to monitor progress made. (4.19)

Achieved

Multi-agency public protection arrangements (MAPPA) management levels should be confirmed at least six months before release, to promote the offender management unit's involvement in risk management release plans. (4.20)

Not achieved (recommendation repeated, 4.24)

Prisoner transfers should not be delayed owing to a lack of escort arrangements. (4.25)

Achieved

Resettlement outcomes following release should be gathered and analysed, to evidence the effectiveness of the resettlement services. (4.34)

Not achieved (recommendation repeated, 4.33)

The use of the virtual campus should be increased, to help with electronic CV preparation and support 'live' job searches and applications. (4.42)

Achieved

Drug and alcohol recovery service release plans should be shared with the offender management unit, to ensure a coordinated approach to resettlement planning. (4.46)

Not achieved

A comprehensive analysis of the offending behaviour needs of the population should be completed and used to develop the appropriate range and number of interventions to meet prisoners' needs. (4.57)

Not achieved

Prisoners should be provided with money management skills. (4.49)

Achieved

Appendix III: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	0	552	91.40
Recall	0	52	8.60
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	0	0
Total	0	604	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	0	0
Less than six months	0	1	0.2
six months to less than 12 months	0	0	0
12 months to less than 2 years	0	12	2.0
2 years to less than 4 years	0	89	14.8
4 years to less than 10 years	0	341	56.5
10 years and over (not life)	0	96	15.8
ISPP (indeterminate sentence for public protection)	0	23	3.8
Life	0	42	6.9
Total	0	604	100

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years	0	0.0
21 years to 29 years	199	32.9
30 years to 39 years	217	35.9
40 years to 49 years	123	20.5
50 years to 59 years	51	8.4
60 years to 69 years	12	2.0
70 plus years	2	0.3
Please state maximum age here:	74	
Total	604	100%

Nationality	18–20-year-olds	21 and over	%
British	0	536	88.7
Foreign nationals	0	68	11.3
Total	0	604	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	0	0	0.0
Uncategorised sentenced	0	0	0.0
Category A	0	0	0.0
Category B	0	0	0.0
Category C	0	582	96.4
Category D	0	22	3.6
Other	0	0	0.0
Total	0	604	100%

Ethnicity	18–20-year-olds	21 and over	%
White	0	370	61.3
British	0	317	52.5
Irish	0	6	1.0
Gypsy/Irish Traveller	0	12	2.0
Other white	0	35	5.8
Mixed	0	32	5.3
White and black Caribbean	0	20	3.3
White and black African	0	4	0.7
White and Asian	0	3	0.5
Other mixed	0	5	0.8
Asian or Asian British	0	93	15.4
Indian	0	22	3.6
Pakistani	0	52	8.6
Bangladeshi	0	3	0.5
Chinese	0	0	0.0
Other Asian	0	16	2.6
Black or black British	0	95	15.7
Caribbean	0	73	12.1
African	0	11	1.8
Other black	0	11	1.8
Other ethnic group	0	9	1.5
Arab	0	0	0.0
Other ethnic group	0	9	1.5
Not stated	0	5	0.8
Total	0	604	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	1	0.2
Church of England	0	94	15.6
Roman Catholic	0	92	15.2
Other Christian denominations	0	102	16.9
Muslim	0	126	20.9
Sikh	0	17	2.8
Hindu	0	0	0.0
Buddhist	0	5	0.8
Jewish	0	1	0.2
Other	0	9	1.5
No religion	0	157	26.0
Total	0	604	100

Sentenced prisoners only

Length of stay	18–20-year olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0.0	39	6.5
1 month to 3 months	0	0.0	82	13.6
3 months to six months	0	0.0	111	18.4
six months to 1 year	0	0.0	232	38.4
1 year to 2 years	0	0.0	94	15.5
2 years to 4 years	0	0.0	38	6.3
4 years or more	0	0.0	8	1.3
Total	0	0.0	604	100

Appendix IV: Prisoner survey methodology and results

Prisoner survey methodology

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

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.¹⁹

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.²⁰ 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.²¹ 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 17 September 2018, the prisoner population at HMP Featherstone was 612. Using the sampling method described above, questionnaires were distributed to 204 prisoners. We received a total of 169 completed questionnaires, a response rate of 83%. This included one questionnaire completed via face-to-face interview. Sixteen prisoners declined to participate in the survey and 18 questionnaires were either not returned at all, or returned blank.

¹⁹ Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

²⁰ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

²¹ 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 Featherstone. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.²² 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 Featherstone 2018²³ compared with those from other HMI Prisons surveys²⁴

- Survey responses from HMP Featherstone in 2018 compared with survey responses from the most recent inspection at all other category C training prisons.
- Survey responses from HMP Featherstone in 2018 compared with survey responses from other category C training prisons inspected since September 2017.
- Survey responses from HMP Featherstone in 2018 compared with survey responses from HMP Featherstone in 2016.

Comparisons between sub-populations of prisoners within HMP Featherstone 2018²⁵

- 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.
- Responses of prisoners who reported that they had a disability compared to those who did not.
- Responses of prisoners who reported that they had mental health problems compared with those who did not.
- 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.²⁶

In the comparator analyses, statistically significant differences are indicated by shading.²⁷ Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

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

²² Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

²³ Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

²⁴ 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.

²⁵ These analyses are carried out on summary data from selected survey questions only.

²⁶ A minimum of 10 responses which must also represent at least 10% of the total response.

²⁷ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Survey summary

Background information

I.1	What wing or houseblock are you currently living on?	
	Houseblock A	33 (20%)
	Houseblock B.....	15 (9%)
	Houseblock C	33 (20%)
	Houseblock D	33 (20%)
	Houseblock E	24 (14%)
	Houseblock P	11 (7%)
	Houseblock F	19 (11%)
	Segregation unit.....	1 (1%)
I.2	How old are you?	
	Under 21	1 (1%)
	21 - 25	25 (15%)
	26 - 29	31 (19%)
	30 - 39	53 (32%)
	40 - 49	41 (25%)
	50 - 59	14 (8%)
	60 - 69	1 (1%)
	70 or over	1 (1%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British	86 (53%)
	White - Irish.....	3 (2%)
	White - Gypsy or Irish Traveller.....	3 (2%)
	White - any other White background	6 (4%)
	Mixed - White and Black Caribbean	12 (7%)
	Mixed - White and Black African	1 (1%)
	Mixed - White and Asian	3 (2%)
	Mixed - any other Mixed ethnic background	4 (2%)
	Asian/ Asian British - Indian.....	5 (3%)
	Asian/ Asian British - Pakistani.....	13 (8%)
	Asian/ Asian British - Bangladeshi.....	1 (1%)
	Asian/ Asian British - Chinese.....	1 (1%)
	Asian - any other Asian Background	2 (1%)
	Black/ Black British - Caribbean.....	12 (7%)
	Black/ Black British - African	5 (3%)
	Black - any other Black/ African/ Caribbean background.....	2 (1%)
	Arab.....	3 (2%)
	Any other ethnic group	1 (1%)
I.4	How long have you been in this prison?	
	Less than 6 months.....	41 (24%)
	6 months or more	127 (76%)
I.5	Are you currently serving a sentence?	
	Yes	150 (90%)
	Yes - on recall.....	16 (10%)
	No - on remand or awaiting sentence.....	0 (0%)
	No - immigration detainee.....	1 (1%)

1.6 How long is your sentence?

Less than 6 months.....	1 (1%)
6 months to less than 1 year.....	3 (2%)
1 year to less than 4 years.....	35 (21%)
4 years to less than 10 years.....	94 (56%)
10 years or more.....	17 (10%)
IPP (indeterminate sentence for public protection).....	7 (4%)
Life.....	10 (6%)
Not currently serving a sentence.....	1 (1%)

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

Yes.....	23 (14%)
No.....	131 (78%)
Don't remember.....	14 (8%)

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

Less than 2 hours.....	55 (33%)
2 hours or more.....	102 (61%)
Don't remember.....	10 (6%)

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

Yes.....	136 (81%)
No.....	23 (14%)
Don't remember.....	8 (5%)

2.4 Overall, how were you treated in reception?

Very well.....	33 (20%)
Quite well.....	110 (66%)
Quite badly.....	15 (9%)
Very badly.....	5 (3%)
Don't remember.....	4 (2%)

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

Problems getting phone numbers.....	52 (32%)
Contacting family.....	50 (30%)
Arranging care for children or other dependants.....	4 (2%)
Contacting employers.....	2 (1%)
Money worries.....	29 (18%)
Housing worries.....	20 (12%)
Feeling depressed.....	50 (30%)
Feeling suicidal.....	9 (5%)
Other mental health problems.....	28 (17%)
Physical health problems.....	29 (18%)
Drug or alcohol problems (e.g. withdrawal).....	14 (8%)
Problems getting medication.....	35 (21%)
Needing protection from other prisoners.....	9 (5%)
Lost or delayed property.....	50 (30%)
Other problems.....	22 (13%)
Did not have any problems.....	35 (21%)

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

Yes.....	35 (23%)
No.....	85 (55%)
Did not have any problems when I first arrived.....	35 (23%)

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.....	60 (36%)
Toiletries / other basic items	61 (37%)
A shower.....	56 (34%)
A free phone call	49 (30%)
Something to eat.....	117 (71%)
The chance to see someone from health care	83 (50%)
The chance to talk to a Listener or Samaritans.....	38 (23%)
Support from another prisoner (e.g. Insider or buddy).....	41 (25%)
Wasn't offered any of these things	27 (16%)

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

Very clean	1 (1%)
Quite clean	47 (28%)
Quite dirty	48 (29%)
Very dirty	62 (38%)
Don't remember	7 (4%)

3.3 Did you feel safe on your first night here?

Yes.....	101 (61%)
No.....	51 (31%)
Don't remember	13 (8%)

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

	Yes	No	Don't remember
Access to the prison shop / canteen?	37 (23%)	110 (70%)	11 (7%)
Free PIN phone credit?	69 (44%)	81 (51%)	8 (5%)
Numbers put on your PIN phone?	57 (38%)	83 (55%)	12 (8%)

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

Yes.....	77 (47%)
No.....	73 (45%)
Have not had an induction.....	13 (8%)

On the wing

4.1 Are you in a cell on your own?

Yes.....	125 (75%)
No, I'm in a shared cell or dormitory.....	42 (25%)

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

Yes.....	51 (31%)
No.....	90 (55%)
Don't know.....	22 (13%)
Don't have a cell call bell.....	1 (1%)

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

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	108 (65%)	50 (30%)	7 (4%)
Can you shower every day?	152 (91%)	11 (7%)	4 (2%)
Do you have clean sheets every week?	123 (74%)	37 (22%)	6 (4%)
Do you get cell cleaning materials every week?	65 (39%)	97 (58%)	6 (4%)
Is it normally quiet enough for you to relax or sleep at night?	102 (63%)	53 (33%)	7 (4%)
Can you get your stored property if you need it?	32 (20%)	97 (60%)	33 (20%)

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

Very clean	10 (6%)
Quite clean	72 (45%)
Quite dirty	54 (34%)
Very dirty	23 (14%)

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

Very good	1 (1%)
Quite good	36 (22%)
Quite bad	67 (41%)
Very bad	59 (36%)

5.2 Do you get enough to eat at mealtimes?

Always	5 (3%)
Most of the time	36 (22%)
Some of the time	63 (38%)
Never	61 (37%)

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

Yes	62 (39%)
No	93 (58%)
Don't know	5 (3%)

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

Yes	108 (68%)
No	51 (32%)

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

Yes	113 (71%)
No	47 (29%)

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

Yes	32 (19%)
No	135 (81%)

6.4	How helpful is your personal or named officer?	
	Very helpful.....	21 (13%)
	Quite helpful.....	30 (18%)
	Not very helpful	21 (13%)
	Not at all helpful.....	25 (15%)
	Don't know.....	24 (15%)
	Don't have a personal / named officer	42 (26%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly.....	18 (11%)
	Sometimes.....	60 (37%)
	Hardly ever.....	78 (48%)
	Don't know.....	8 (5%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes.....	55 (34%)
	No.....	105 (66%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change.....	16 (10%)
	Yes, but things don't change.....	65 (40%)
	No.....	62 (38%)
	Don't know.....	19 (12%)

Faith

7.1	What is your religion?	
	No religion.....	52 (32%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	65 (40%)
	Buddhist.....	3 (2%)
	Hindu.....	0 (0%)
	Jewish	1 (1%)
	Muslim.....	32 (20%)
	Sikh	4 (2%)
	Other	5 (3%)
7.2	Are your religious beliefs respected here?	
	Yes	69 (42%)
	No.....	19 (12%)
	Don't know.....	23 (14%)
	Not applicable (no religion).....	52 (32%)
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	
	Yes.....	83 (51%)
	No.....	9 (6%)
	Don't know.....	19 (12%)
	Not applicable (no religion).....	52 (32%)
7.4	Are you able to attend religious services, if you want to?	
	Yes.....	101 (62%)
	No.....	6 (4%)
	Don't know.....	4 (2%)
	Not applicable (no religion).....	52 (32%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	34 (21%)
	No	130 (79%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	99 (61%)
	No	62 (39%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	153 (94%)
	No	10 (6%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	19 (12%)
	Quite easy	47 (29%)
	Quite difficult	47 (29%)
	Very difficult	30 (19%)
	Don't know	17 (11%)
8.5	How often do you have visits from family or friends?	
	More than once a week	4 (2%)
	About once a week	28 (17%)
	Less than once a week	85 (53%)
	Not applicable (don't get visits)	44 (27%)
8.6	Do visits usually start and finish on time?	
	Yes	21 (19%)
	No	92 (81%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	69 (62%)
	No	43 (38%)

Time out of cell

9.1	Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?	
	Yes, and these times are usually kept to	84 (52%)
	Yes, but these times are not usually kept to	66 (40%)
	No	13 (8%)
9.2	How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?	
	Less than 2 hours	13 (8%)
	2 to 6 hours	60 (38%)
	6 to 10 hours	57 (36%)
	10 hours or more	14 (9%)
	Don't know	16 (10%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	9 (6%)
	2 to 6 hours	96 (59%)
	6 to 10 hours	38 (23%)
	10 hours or more	9 (6%)
	Don't know	11 (7%)

9.4	How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?		
	None	2	(1%)
	1 or 2	29	(18%)
	3 to 5.....	28	(17%)
	More than 5.....	95	(58%)
	Don't know.....	10	(6%)
9.5	How many days in a typical week do you get association, if you want it?		
	None	4	(2%)
	1 or 2	10	(6%)
	3 to 5.....	19	(12%)
	More than 5.....	120	(73%)
	Don't know.....	12	(7%)
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?		
	None	3	(2%)
	1 or 2	15	(9%)
	3 to 5.....	20	(12%)
	More than 5.....	115	(71%)
	Don't know.....	10	(6%)
9.7	Typically, how often do you go to the gym?		
	Twice a week or more	90	(57%)
	About once a week.....	17	(11%)
	Less than once a week.....	14	(9%)
	Never	38	(24%)
9.8	Typically, how often do you go to the library?		
	Twice a week or more	8	(5%)
	About once a week.....	95	(59%)
	Less than once a week.....	22	(14%)
	Never	37	(23%)
9.9	Does the library have a wide enough range of materials to meet your needs?		
	Yes	64	(41%)
	No.....	56	(36%)
	Don't use the library	37	(24%)

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?			
	Yes.....	117	(73%)	
	No.....	37	(23%)	
	Don't know.....	7	(4%)	
10.2	If you have made any applications here, please answer the questions below:			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	57 (39%)	79 (54%)	10 (7%)
	Are applications usually dealt with within 7 days?	42 (28%)	99 (66%)	10 (7%)
10.3	Is it easy for you to make a complaint?			
	Yes	107	(65%)	
	No.....	38	(23%)	
	Don't know.....	19	(12%)	

10.4	If you have made any complaints here, please answer the questions below:				
		Yes	No	Not made any complaints	
	Are complaints usually dealt with fairly?	26 (17%)	86 (56%)	41 (27%)	
	Are complaints usually dealt with within 7 days?	25 (17%)	81 (55%)	41 (28%)	
10.5	Have you ever been prevented from making a complaint here when you wanted to?				
	Yes			44 (28%)	
	No.....			88 (56%)	
	Not wanted to make a complaint.....			24 (15%)	
10.6	In this prison, is it easy or difficult for you to...				
		Easy	Difficult	Don't know	Don't need this
	Communicate with your solicitor or legal representative?	53 (34%)	42 (27%)	34 (22%)	29 (18%)
	Attend legal visits?	59 (38%)	25 (16%)	45 (29%)	27 (17%)
	Get bail information?	18 (12%)	28 (18%)	60 (38%)	50 (32%)
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?				
	Yes				74 (46%)
	No.....				53 (33%)
	Not had any legal letters				33 (21%)

Health care

11.1	How easy or difficult is it to see the following people?					
		Very easy	Quite easy	Quite difficult	Very difficult	Don't know
	Doctor	11 (7%)	39 (24%)	57 (35%)	49 (30%)	5 (3%)
	Nurse	20 (13%)	60 (38%)	49 (31%)	25 (16%)	6 (4%)
	Dentist	5 (3%)	23 (14%)	55 (35%)	69 (43%)	7 (4%)
	Mental health workers	12 (8%)	12 (8%)	33 (21%)	43 (27%)	57 (36%)
11.2	What do you think of the quality of the health service from the following people?					
		Very good	Quite good	Quite bad	Very bad	Don't know
	Doctor	29 (18%)	66 (41%)	32 (20%)	20 (13%)	13 (8%)
	Nurse	24 (15%)	73 (46%)	34 (22%)	16 (10%)	11 (7%)
	Dentist	29 (18%)	56 (35%)	23 (15%)	22 (14%)	28 (18%)
	Mental health workers	13 (8%)	29 (19%)	21 (14%)	24 (16%)	67 (44%)
11.3	Do you have any mental health problems?					
	Yes					63 (40%)
	No.....					95 (60%)
11.4	Have you been helped with your mental health problems in this prison?					
	Yes					20 (13%)
	No.....					43 (27%)
	Don't have any mental health problems.....					95 (60%)

11.5	What do you think of the overall quality of the health services here?	
	Very good	10 (6%)
	Quite good	65 (41%)
	Quite bad	36 (23%)
	Very bad	34 (21%)
	Don't know.....	14 (9%)

Other support needs

12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?	
	Yes	50 (31%)
	No.....	111 (69%)
12.2	If you have a disability, are you getting the support you need?	
	Yes	13 (8%)
	No.....	36 (23%)
	Don't have a disability	111 (69%)
12.3	Have you been on an ACCT in this prison?	
	Yes	27 (17%)
	No.....	129 (83%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes	5 (3%)
	No.....	20 (13%)
	Have not been on an ACCT in this prison.....	129 (84%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	37 (23%)
	Quite easy	37 (23%)
	Quite difficult	12 (8%)
	Very difficult	10 (6%)
	Don't know.....	62 (39%)
	No Listeners at this prison	2 (1%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	20 (12%)
	No.....	141 (88%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	7 (4%)
	No.....	13 (8%)
	Did not / do not have an alcohol problem	141 (88%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	44 (27%)
	No.....	117 (73%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	39 (24%)
	No.....	122 (76%)

13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	27 (17%)
	No	132 (83%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	15 (10%)
	No	40 (26%)
	Did not / do not have a drug problem.....	96 (64%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	72 (46%)
	Quite easy	24 (15%)
	Quite difficult	4 (3%)
	Very difficult	4 (3%)
	Don't know.....	54 (34%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	25 (16%)
	Quite easy	27 (17%)
	Quite difficult	18 (11%)
	Very difficult	13 (8%)
	Don't know.....	74 (47%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	86 (54%)
	No	74 (46%)
14.2	Do you feel unsafe now?	
	Yes	41 (26%)
	No	116 (74%)
14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)	
	Verbal abuse	57 (37%)
	Threats or intimidation.....	52 (34%)
	Physical assault.....	39 (25%)
	Sexual assault.....	4 (3%)
	Theft of canteen or property.....	50 (32%)
	Other bullying / victimisation	34 (22%)
	Not experienced any of these from prisoners here.....	73 (47%)
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	46 (30%)
	No.....	105 (70%)

14.5	Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)	
	Verbal abuse	44 (29%)
	Threats or intimidation.....	41 (27%)
	Physical assault.....	17 (11%)
	Sexual assault.....	3 (2%)
	Theft of canteen or property.....	25 (16%)
	Other bullying / victimisation	31 (20%)
	Not experienced any of these from staff here.....	84 (55%)

14.6	If you were being bullied / victimised by staff here, would you report it?	
	Yes	62 (41%)
	No.....	91 (59%)

Behaviour management

15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?		
	Yes	54 (35%)	
	No.....	88 (57%)	
	Don't know what the incentives / rewards are	13 (8%)	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?		
	Yes	53 (34%)	
	No.....	73 (46%)	
	Don't know.....	20 (13%)	
	Don't know what this is	11 (7%)	
15.3	Have you been physically restrained by staff in this prison in the last 6 months?		
	Yes	14 (9%)	
	No.....	145 (91%)	
15.4	If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?		
	Yes	4 (3%)	
	No.....	9 (6%)	
	Don't remember	2 (1%)	
	Not been restrained here in last 6 months	145 (91%)	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?		
	Yes	10 (6%)	
	No.....	148 (94%)	
15.6	If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:		
		Yes	No
	Were you treated well by segregation staff?	7 (70%)	3 (30%)
	Could you shower every day?	8 (80%)	2 (20%)
	Could you go outside for exercise every day?	8 (80%)	2 (20%)
	Could you use the phone every day (if you had credit)?	8 (80%)	2 (20%)

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	96 (63%)	32 (21%)	24 (16%)	0 (0%)
Vocational or skills training	64 (44%)	45 (31%)	37 (25%)	0 (0%)
Prison job	96 (65%)	31 (21%)	21 (14%)	0 (0%)
Voluntary work outside of the prison	12 (8%)	30 (21%)	41 (29%)	60 (42%)
Paid work outside of the prison	7 (5%)	32 (22%)	40 (28%)	64 (45%)

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	76 (52%)	43 (30%)	26 (18%)
Vocational or skills training	67 (47%)	46 (32%)	31 (22%)
Prison job	54 (36%)	82 (55%)	12 (8%)
Voluntary work outside of the prison	25 (19%)	30 (22%)	80 (59%)
Paid work outside of the prison	25 (19%)	28 (21%)	80 (60%)

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

Yes	110 (72%)
No.....	40 (26%)
Not applicable (e.g. if you are retired, sick or on remand)	2 (1%)

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

Yes	91 (58%)
No.....	67 (42%)

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

Yes	64 (71%)
No.....	19 (21%)
Don't know what my objectives or targets are.....	7 (8%)

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

Yes	35 (40%)
No.....	46 (52%)
Don't know what my objectives or targets are.....	7 (8%)

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	23 (28%)	12 (15%)	46 (57%)
Other programmes	14 (19%)	13 (18%)	47 (64%)
One to one work	18 (24%)	12 (16%)	45 (60%)
Being on a specialist unit	3 (4%)	11 (15%)	57 (80%)
ROTL - day or overnight release	4 (5%)	12 (16%)	59 (79%)

Preparation for release

18.1	Do you expect to be released in the next 3 months?			
	Yes			18 (11%)
	No			133 (83%)
	Don't know			9 (6%)
18.2	How close is this prison to your home area or intended release address?			
	Very near			1 (6%)
	Quite near			9 (53%)
	Quite far			6 (35%)
	Very far			1 (6%)
18.3	Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?			
	Yes			12 (67%)
	No			6 (33%)
18.4	Are you getting help to sort out the following things for when you are released?			
		Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
	Finding accommodation	5 (29%)	6 (35%)	6 (35%)
	Getting employment	2 (12%)	8 (47%)	7 (41%)
	Setting up education or training	2 (12%)	5 (29%)	10 (59%)
	Arranging benefits	5 (29%)	10 (59%)	2 (12%)
	Sorting out finances	2 (12%)	8 (47%)	7 (41%)
	Support for drug or alcohol problems	2 (12%)	4 (24%)	11 (65%)
	Health / mental health support	2 (12%)	6 (35%)	9 (53%)
	Social care support	1 (6%)	3 (18%)	13 (76%)
	Getting back in touch with family or friends	0 (0%)	6 (35%)	11 (65%)

More about you

19.1	Do you have children under the age of 18?		
	Yes		96 (61%)
	No		62 (39%)
19.2	Are you a UK / British citizen?		
	Yes		143 (89%)
	No		17 (11%)
19.3	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?		
	Yes		8 (5%)
	No		146 (95%)
19.4	Have you ever been in the armed services (e.g. army, navy, air force)?		
	Yes		6 (4%)
	No		151 (96%)
19.5	What is your gender?		
	Male		157 (99%)
	Female		1 (1%)
	Non-binary		1 (1%)
	Other		0 (0%)

19.6	How would you describe your sexual orientation?	
	Straight / heterosexual.....	152 (97%)
	Gay / lesbian / homosexual.....	2 (1%)
	Bisexual.....	1 (1%)
	Other.....	1 (1%)
19.7	Do you identify as transgender or transsexual?	
	Yes.....	6 (4%)
	No.....	144 (96%)

Final questions about this prison

20.1	Do you think your experiences in this prison have made you more or less likely to offend in the future?	
	More likely to offend.....	17 (11%)
	Less likely to offend.....	68 (44%)
	Made no difference.....	71 (46%)

HMP Featherstone 2018

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

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

- Summary statistics from most recent surveys of all other category C training prisons (39 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.
- Summary statistics from surveys of category C training prisons conducted since the introduction of the new questionnaire in September 2017 (11 prisons). Please note that this does not include all category C training prisons.
- Summary statistics from HMP Featherstone in 2018 are compared with those from HMP Featherstone in 2016. Please note that we do not have comparable data for the new questions introduced in September 2017.

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169	6,687	169	1,937	169	148

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION								
1.2	Are you under 21 years of age?	<i>n=167</i>	1%	4%	1%	9%	1%	0%
	Are you 25 years of age or younger?	<i>n=167</i>	16%		16%	32%	16%	
	Are you 50 years of age or older?	<i>n=167</i>	10%	18%	10%	11%	10%	7%
	Are you 70 years of age or older?	<i>n=167</i>	1%	2%	1%	1%	1%	0%
1.3	Are you from a minority ethnic group?	<i>n=163</i>	40%	27%	40%	29%	40%	39%
1.4	Have you been in this prison for less than 6 months?	<i>n=168</i>	24%		24%	33%	24%	
1.5	Are you currently serving a sentence?	<i>n=167</i>	99%	100%	99%	100%	99%	100%
	Are you on recall?	<i>n=167</i>	10%	8%	10%	9%	10%	14%
1.6	Is your sentence less than 12 months?	<i>n=168</i>	2%	6%	2%	7%	2%	6%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n=168</i>	4%	7%	4%	3%	4%	5%
7.1	Are you Muslim?	<i>n=162</i>	20%	14%	20%	16%	20%	18%
11.3	Do you have any mental health problems?	<i>n=158</i>	40%		40%	44%	40%	
12.1	Do you consider yourself to have a disability?	<i>n=161</i>	31%	27%	31%	34%	31%	22%
19.1	Do you have any children under the age of 18?	<i>n=158</i>	61%	48%	61%	47%	61%	55%
19.2	Are you a foreign national?	<i>n=160</i>	11%	11%	11%	5%	11%	10%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n=154</i>	5%	4%	5%	4%	5%	5%
19.4	Have you ever been in the armed services?	<i>n=157</i>	4%	7%	4%	5%	4%	7%
19.5	Is your gender female or non-binary?	<i>n=159</i>	1%		1%	0%	1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n=156</i>	3%	4%	3%	4%	3%	1%
19.7	Do you identify as transgender or transsexual?	<i>n=150</i>	4%		4%	1%	4%	
ARRIVAL AND RECEPTION								
2.1	Were you given up-to-date information about this prison before you came here?	<i>n=168</i>	14%		14%	16%	14%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n=167</i>	33%	55%	33%	45%	33%	29%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n=167</i>	81%	85%	81%	82%	81%	85%
2.4	Overall, were you treated very / quite well in reception?	<i>n=167</i>	86%		86%	86%	86%	

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2.5	When you first arrived, did you have any problems?	n=165	79%	66%	79%	73%	79%	68%
2.5	Did you have problems with:							
	- Getting phone numbers?	n=165	32%	18%	32%	27%	32%	16%
	- Contacting family?	n=165	30%	21%	30%	28%	30%	24%
	- Arranging care for children or other dependents?	n=165	2%		2%	2%	2%	
	- Contacting employers?	n=165	1%	2%	1%	2%	1%	1%
	- Money worries?	n=165	18%	14%	18%	17%	18%	11%
	- Housing worries?	n=165	12%	12%	12%	13%	12%	13%
	- Feeling depressed?	n=165	30%		30%	30%	30%	
	- Feeling suicidal?	n=165	6%		6%	9%	6%	
	- Other mental health problems?	n=165	17%		17%	21%	17%	
	- Physical health problems?	n=165	18%	14%	18%	14%	18%	11%
	- Drugs or alcohol (e.g. withdrawal)?	n=165	9%		9%	12%	9%	
	- Getting medication?	n=165	21%		21%	22%	21%	
	- Needing protection from other prisoners?	n=165	6%	5%	6%	6%	6%	9%
	- Lost or delayed property?	n=165	30%	20%	30%	22%	30%	26%
	<i>For those who had any problems when they first arrived:</i>							
2.6	Did staff help you to deal with these problems?	n=120	29%	35%	29%	31%	29%	35%
FIRST NIGHT AND INDUCTION								
3.1	Before you were locked up on your first night, were you offered:							
	- Tobacco or nicotine replacement?	n=165	36%	67%	36%	68%	36%	63%
	- Toiletries / other basic items?	n=165	37%	52%	37%	52%	37%	29%
	- A shower?	n=165	34%	33%	34%	41%	34%	26%
	- A free phone call?	n=165	30%	41%	30%	44%	30%	42%
	- Something to eat?	n=165	71%	60%	71%	75%	71%	61%
	- The chance to see someone from health care?	n=165	50%	67%	50%	60%	50%	65%
	- The chance to talk to a Listener or Samaritans?	n=165	23%	32%	23%	26%	23%	42%
	- Support from another prisoner (e.g. Insider or buddy)?	n=165	25%		25%	22%	25%	
	- None of these?	n=165	16%		16%	6%	16%	
3.2	On your first night in this prison, was your cell very / quite clean?	n=165	29%		29%	34%	29%	
3.3	Did you feel safe on your first night here?	n=165	61%	76%	61%	72%	61%	
3.4	In your first few days here, did you get:							
	- Access to the prison shop / canteen?	n=158	23%	30%	23%	39%	23%	23%
	- Free PIN phone credit?	n=158	44%		44%	46%	44%	
	- Numbers put on your PIN phone?	n=152	38%		38%	46%	38%	
3.5	Have you had an induction at this prison?	n=163	92%	92%	92%	94%	92%	86%
	<i>For those who have had an induction:</i>							
3.5	Did your induction cover everything you needed to know about this prison?	n=150	51%		51%	54%	51%	

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ON THE WING						
4.1	Are you in a cell on your own?	n=167	75%		75%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=164	31%	33%	31%	24%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	n=165	66%	69%	66%	66%
	- Can you shower every day?	n=167	91%	88%	91%	87%
	- Do you have clean sheets every week?	n=166	74%	67%	74%	60%
	- Do you get cell cleaning materials every week?	n=168	39%	64%	39%	59%
	- Is it normally quiet enough for you to relax or sleep at night?	n=162	63%	69%	63%	67%
	- Can you get your stored property if you need it?	n=162	20%	25%	20%	26%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=159	52%		52%	61%
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	n=163	23%		23%	36%
5.2	Do you get enough to eat at meal-times always / most of the time?	n=165	25%		25%	31%
5.3	Does the shop / canteen sell the things that you need?	n=160	39%	55%	39%	62%
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	n=159	68%	76%	68%	69%
6.2	Are there any staff here you could turn to if you had a problem?	n=160	71%	72%	71%	70%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=167	19%	30%	19%	28%
6.4	Do you have a personal officer?	n=163	74%		74%	81%
For those who have a personal officer:						
6.4	Is your personal or named officer very / quite helpful?	n=121	42%		42%	42%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=164	11%		11%	9%
6.6	Do you feel that you are treated as an individual in this prison?	n=160	34%		34%	42%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=162	50%		50%	50%
	If so, do things sometimes change?	n=81	20%		20%	30%
FAITH						
7.1	Do you have a religion?	n=162	68%	70%	68%	66%
For those who have a religion:						
7.2	Are your religious beliefs respected here?	n=111	62%		62%	69%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=111	75%		75%	70%
7.4	Are you able to attend religious services, if you want to?	n=111	91%		91%	87%

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169	148

CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	<i>n=164</i>	21%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	<i>n=161</i>	62%
8.3	Are you able to use a phone every day (if you have credit)?	<i>n=163</i>	94%
8.4	Is it very / quite easy for your family and friends to get here?	<i>n=160</i>	41%
8.5	Do you get visits from family/friends once a week or more?	<i>n=161</i>	20%
<i>For those who get visits:</i>			
8.6	Do visits usually start and finish on time?	<i>n=113</i>	19%
8.7	Are your visitors usually treated respectfully by staff?	<i>n=112</i>	62%
TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	<i>n=163</i>	92%
<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?	<i>n=150</i>	56%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	<i>n=160</i>	8%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	<i>n=160</i>	9%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	<i>n=163</i>	6%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	<i>n=163</i>	6%
9.4	Do you have time to do domestics more than 5 days in a typical week?	<i>n=164</i>	58%
9.5	Do you get association more than 5 days in a typical week, if you want it?	<i>n=165</i>	73%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	<i>n=163</i>	71%
9.7	Do you typically go to the gym twice a week or more?	<i>n=159</i>	57%
9.8	Do you typically go to the library once a week or more?	<i>n=162</i>	64%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	<i>n=120</i>	53%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	<i>n=161</i>	73%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	<i>n=136</i>	42%
	Are applications usually dealt with within 7 days?	<i>n=141</i>	30%
10.3	Is it easy for you to make a complaint?	<i>n=164</i>	65%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	<i>n=112</i>	23%
	Are complaints usually dealt with within 7 days?	<i>n=106</i>	24%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	<i>n=132</i>	33%

21%	25%
62%	59%
94%	85%
41%	38%
20%	16%
19%	49%
62%	74%
92%	91%
56%	54%
8%	20%
9%	8%
6%	23%
6%	3%
58%	54%
73%	61%
71%	64%
57%	50%
64%	45%
53%	58%
73%	73%
42%	51%
30%	37%
65%	61%
23%	30%
24%	25%
33%	27%

21%	
62%	53%
94%	
41%	
20%	
19%	
62%	
92%	
56%	
8%	14%
9%	17%
6%	
6%	
58%	
73%	
71%	
57%	
64%	36%
53%	56%
73%	74%
42%	42%
30%	32%
65%	53%
23%	24%
24%	24%
33%	

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For those who need it, is it easy to:								
10.6	Communicate with your solicitor or legal representative?	n=129	41%		41%	37%	41%	
	Attend legal visits?	n=129	46%		46%	47%	46%	
	Get bail information?	n=106	17%		17%	15%	17%	
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?	n=127	58%	50%	58%	55%	58%	60%
HEALTH CARE								
11.1	Is it very / quite easy to see:							
	- Doctor?	n=161	31%		31%	30%	31%	
	- Nurse?	n=160	50%		50%	51%	50%	
	- Dentist?	n=159	18%		18%	15%	18%	
	- Mental health workers?	n=157	15%		15%	24%	15%	
11.2	Do you think the quality of the health service is very / quite good from:							
	- Doctor?	n=160	59%		59%	45%	59%	
	- Nurse?	n=158	61%		61%	56%	61%	
	- Dentist?	n=158	54%		54%	34%	54%	
	- Mental health workers?	n=154	27%		27%	28%	27%	
11.3	Do you have any mental health problems?	n=158	40%		40%	44%	40%	
For those who have mental health problems:								
11.4	Have you been helped with your mental health problems in this prison?	n=63	32%		32%	41%	32%	
11.5	Do you think the overall quality of the health services here is very / quite good?	n=159	47%		47%	41%	47%	
OTHER SUPPORT NEEDS								
12.1	Do you consider yourself to have a disability?	n=161	31%	27%	31%	34%	31%	22%
For those who have a disability:								
12.2	Are you getting the support you need?	n=49	27%		27%	33%	27%	
12.3	Have you been on an ACCT in this prison?	n=156	17%		17%	16%	17%	
For those who have been on an ACCT:								
12.4	Did you feel cared for by staff?	n=25	20%		20%	44%	20%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=160	46%		46%	41%	46%	
ALCOHOL AND DRUGS								
13.1	Did you have an alcohol problem when you came into this prison?	n=161	12%	15%	12%	14%	12%	21%
For those who had / have an alcohol problem:								
13.2	Have you been helped with your alcohol problem in this prison?	n=20	35%	61%	35%	52%	35%	44%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=161	27%	25%	27%	28%	27%	33%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=161	24%	13%	24%	18%	24%	22%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=159	17%		17%	11%	17%	
For those who had / have a drug problem:								
13.6	Have you been helped with your drug problem in this prison?	n=55	27%	57%	27%	45%	27%	51%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=158	61%		61%	52%	61%	
13.8	Is it very / quite easy to get alcohol in this prison?	n=157	33%		33%	33%	33%	

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SAFETY								
14.1	Have you ever felt unsafe here?	n=160	54%	42%	54%	46%	54%	57%
14.2	Do you feel unsafe now?	n=157	26%	19%	26%	22%	26%	37%
14.3	Have you experienced any of the following from other prisoners here:							
	- Verbal abuse?	n=154	37%	37%	37%	35%	37%	37%
	- Threats or intimidation?	n=154	34%	34%	34%	31%	34%	34%
	- Physical assault?	n=154	25%	25%	25%	18%	25%	25%
	- Sexual assault?	n=154	3%	3%	3%	2%	3%	3%
	- Theft of canteen or property?	n=154	33%	33%	33%	26%	33%	33%
	- Other bullying / victimisation?	n=154	22%	22%	22%	17%	22%	22%
	- Not experienced any of these from prisoners here	n=154	47%	47%	47%	54%	47%	47%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=151	31%	31%	31%	32%	31%	31%
14.5	Have you experienced any of the following from staff here:							
	- Verbal abuse?	n=154	28%	28%	28%	31%	28%	28%
	- Threats or intimidation?	n=154	26%	26%	26%	23%	26%	26%
	- Physical assault?	n=154	10%	10%	10%	10%	10%	10%
	- Sexual assault?	n=154	2%	2%	2%	2%	2%	2%
	- Theft of canteen or property?	n=154	16%	16%	16%	8%	16%	16%
	- Other bullying / victimisation?	n=154	20%	20%	20%	15%	20%	20%
	- Not experienced any of these from staff here	n=154	55%	55%	55%	58%	55%	55%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=153	41%	41%	41%	49%	41%	41%
BEHAVIOUR MANAGEMENT								
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=155	35%	35%	35%	39%	35%	35%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=157	34%	34%	34%	37%	34%	34%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=159	9%	9%	9%	13%	9%	16%
<i>For those who have been restrained in the last 6 months:</i>								
15.4	Did anyone come and talk to you about it afterwards?	n=15	27%	27%	27%	19%	27%	27%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=158	6%	6%	6%	9%	6%	6%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>								
15.6	Were you treated well by segregation staff?	n=10	70%	70%	70%	57%	70%	70%
	Could you shower every day?	n=10	80%	80%	80%	78%	80%	80%
	Could you go outside for exercise every day?	n=10	80%	80%	80%	79%	80%	80%
	Could you use the phone every day (if you had credit)?	n=10	80%	80%	80%	64%	80%	80%

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EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education?	n=152	63%		63%
	- Vocational or skills training?	n=146	44%		44%
	- Prison job?	n=148	65%		65%
	- Voluntary work outside of the prison?	n=143	8%		8%
	- Paid work outside of the prison?	n=143	5%		5%
16.2	In this prison, have you done the following activities:				
	- Education?	n=145	82%	81%	82%
	- Vocational or skills training?	n=144	79%	74%	79%
	- Prison job?	n=148	92%	84%	92%
	- Voluntary work outside of the prison?	n=135	41%		41%
	- Paid work outside of the prison?	n=133	40%		40%
<i>For those who have done the following activities, do you think they will help you on release:</i>					
	- Education?	n=119	64%	58%	64%
	- Vocational or skills training?	n=113	59%	61%	59%
	- Prison job?	n=136	40%	43%	40%
	- Voluntary work outside of the prison?	n=55	46%		46%
	- Paid work outside of the prison?	n=53	47%		47%
16.3	Do staff encourage you to attend education, training or work?	n=150	73%		73%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	n=158	58%		58%
<i>For those who have a custody plan:</i>					
17.2	Do you understand what you need to do to achieve your objectives or targets?	n=90	71%		71%
17.3	Are staff helping you to achieve your objectives or targets?	n=88	40%		40%
17.4	In this prison, have you done:				
	- Offending behaviour programmes?	n=81	43%		43%
	- Other programmes?	n=74	37%		37%
	- One to one work?	n=75	40%		40%
	- Been on a specialist unit?	n=71	20%		20%
	- ROTL - day or overnight release?	n=75	21%		21%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>					
	- Offending behaviour programmes?	n=35	66%		66%
	- Other programmes?	n=27	52%		52%
	- One to one work?	n=30	60%		60%
	- Being on a specialist unit?	n=14	21%		21%
	- ROTL - day or overnight release?	n=16	25%		25%

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PREPARATION FOR RELEASE					
18.1	Do you expect to be released in the next 3 months?	<i>n=160</i>	11%		11%
<i>For those who expect to be released in the next 3 months:</i>					
18.2	Is this prison very / quite near to your home area or intended release address?	<i>n=17</i>	59%	59%	59%
18.3	Is anybody helping you to prepare for your release?	<i>n=18</i>	67%	67%	67%
18.4	Do you need help to sort out the following for when you are released:				
	- Finding accommodation?	<i>n=17</i>	65%	65%	65%
	- Getting employment?	<i>n=17</i>	59%	59%	59%
	- Setting up education or training?	<i>n=17</i>	41%	41%	41%
	- Arranging benefits?	<i>n=17</i>	88%	88%	88%
	- Sorting out finances?	<i>n=17</i>	59%	59%	59%
	- Support for drug or alcohol problems?	<i>n=17</i>	35%	35%	35%
	- Health / mental Health support?	<i>n=17</i>	47%	47%	47%
	- Social care support?	<i>n=17</i>	24%	24%	24%
18.4	Are you getting help to sort out the following for when you are released, if you need it:				
	- Finding accommodation?	<i>n=11</i>	46%	46%	46%
	- Getting employment?	<i>n=10</i>	20%	20%	20%
	- Setting up education or training?	<i>n=7</i>	29%	29%	29%
	- Arranging benefits?	<i>n=15</i>	33%	33%	33%
	- Sorting out finances?	<i>n=10</i>	20%	20%	20%
	- Support for drug or alcohol problems?	<i>n=6</i>	33%	33%	33%
	- Health / mental Health support?	<i>n=8</i>	25%	25%	25%
	- Social care support?	<i>n=4</i>	25%	25%	25%
- Getting back in touch with family or friends?	<i>n=6</i>	0%	0%	0%	
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	<i>n=156</i>	44%	44%	44%

HMP Featherstone 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
65	98	32	130

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	20%	12%	25%	13%
	Are you 50 years of age or older?	5%	13%	0%	13%
1.3	Are you from a minority ethnic group?			91%	29%
7.1	Are you Muslim?	45%	3%		
11.3	Do you have any mental health problems?	27%	48%	23%	43%
12.1	Do you consider yourself to have a disability?	25%	35%	33%	31%
19.2	Are you a foreign national?	10%	9%	7%	11%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	8%	0%	7%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	82%	81%	81%	81%
2.4	Overall, were you treated very / quite well in reception?	84%	87%	84%	86%
2.5	When you first arrived, did you have any problems?	86%	73%	84%	78%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	39%	23%	31%	30%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	59%	63%	58%	63%
3.5	Have you had an induction at this prison?	97%	89%	90%	93%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	49%	51%	48%	53%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	33%	31%	29%	31%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	63%	67%	65%	65%
	- Can you shower every day?	94%	90%	91%	91%
	- Do you have clean sheets every week?	78%	74%	77%	73%
	- Do you get cell cleaning materials every week?	34%	41%	19%	43%
	- Is it normally quiet enough for you to relax or sleep at night?	63%	63%	65%	62%
	- Can you get your stored property if you need it?	18%	22%	19%	21%

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Number of completed questionnaires returned

Black and minority ethnic	White
65	98

Muslim	Non-Muslim
32	130

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	19%	28%
5.3	Does the shop / canteen sell the things that you need?	16%	55%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	65%	71%
6.2	Are there any staff here you could turn to if you had a problem?	64%	76%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	14%	23%
6.6	Do you feel that you are treated as an individual in this prison?	28%	38%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	64%	63%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	76%	74%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	19%	21%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	69%	57%
8.3	Are you able to use a phone every day (if you have credit)?	98%	92%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	57%	66%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	10%	8%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	12%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	40%	64%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	60%	80%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	32%	49%
10.3	Is it easy for you to make a complaint?	64%	66%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	19%	28%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	33%	35%

26%	25%
23%	42%
61%	70%
59%	73%
13%	20%
31%	35%
66%	61%
69%	77%
19%	21%
72%	59%
97%	93%
56%	64%
6%	7%
6%	9%
55%	52%
69%	72%
30%	44%
69%	64%
12%	26%
33%	34%

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	Black and minority ethnic	White	Muslim	Non-Muslim
	65	98	32	130

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	32%	29%	34%	32%
	- Nurse?	45%	51%	52%	49%
	- Dentist?	18%	15%	22%	17%
	- Mental health workers?	20%	10%	16%	15%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	25%	31%	29%	30%
11.5	Do you think the overall quality of the health services here is very / quite good?	47%	46%	52%	45%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	21%	27%	20%	29%
SAFETY					
14.1	Have you ever felt unsafe here?	55%	54%	48%	54%
14.2	Do you feel unsafe now?	27%	25%	36%	25%
14.3	Not experienced bullying / victimisation by other prisoners	49%	45%	47%	48%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	28%	32%	26%	32%
14.5	Not experienced bullying / victimisation by members of staff	46%	61%	36%	61%
14.6	If you were being bullied / victimised by staff here, would you report it?	32%	46%	36%	42%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	34%	34%	32%	36%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	25%	40%	19%	38%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	2%	14%	7%	9%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	5%	7%	3%	7%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	68%	77%	61%	76%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	67%	50%	70%	55%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	29%	47%	24%	47%
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?	71%	64%	100%	63%
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?	43%	47%	47%	44%

HMP Featherstone 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
 - responses of foreign national prisoners are compared with those of British national prisoners
 Please note that these analyses are based on summary data from selected survey questions only.

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

	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

Foreign national	British national
17	143

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 25 years of age?	12%	16%
	Are you 50 years of age or older?	18%	9%
1.3	Are you from a minority ethnic group?	43%	39%
7.1	Are you Muslim?	13%	20%
11.3	Do you have any mental health problems?	0%	44%
12.1	Do you consider yourself to have a disability?	0%	34%
19.2	Are you a foreign national?		
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	7%	5%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	94%	81%
2.4	Overall, were you treated very / quite well in reception?	94%	85%
2.5	When you first arrived, did you have any problems?	56%	81%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	43%	29%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	69%	62%
3.5	Have you had an induction at this prison?	94%	91%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	63%	51%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	31%	32%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	65%	66%
	- Can you shower every day?	100%	90%
	- Do you have clean sheets every week?	59%	76%
	- Do you get cell cleaning materials every week?	35%	38%
	- Is it normally quiet enough for you to relax or sleep at night?	71%	62%
	- Can you get your stored property if you need it?	6%	21%

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

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

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

	Foreign national	British national
Number of completed questionnaires returned	17	143

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	19%	25%
5.3	Does the shop / canteen sell the things that you need?	31%	39%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	71%	67%
6.2	Are there any staff here you could turn to if you had a problem?	80%	71%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	24%	19%
6.6	Do you feel that you are treated as an individual in this prison?	47%	33%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	53%	63%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	60%	77%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	31%	19%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	63%	61%
8.3	Are you able to use a phone every day (if you have credit)?	100%	94%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	75%	61%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	6%	8%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	18%	8%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	21%	58%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	81%	73%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	44%	43%
10.3	Is it easy for you to make a complaint?	71%	65%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	18%	24%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	18%	34%

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

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
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* less than 1% probability that the difference is due to chance

Foreign national	British national
17	143

Number of completed questionnaires returned

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	41%	29%
	- Nurse?	71%	48%
	- Dentist?	27%	16%
	- Mental health workers?	14%	15%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?		33%
11.5	Do you think the overall quality of the health services here is very / quite good?	50%	48%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?		27%
SAFETY			
14.1	Have you ever felt unsafe here?	59%	53%
14.2	Do you feel unsafe now?	25%	26%
14.3	Not experienced bullying / victimisation by other prisoners	53%	47%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	64%	27%
14.5	Not experienced bullying / victimisation by members of staff	71%	54%
14.6	If you were being bullied / victimised by staff here, would you report it?	69%	36%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	38%	35%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	31%	35%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0%	10%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	7%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	57%	76%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	63%	58%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	44%	39%
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?		67%
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?	44%	44%

HMP Featherstone 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners who reported that they had mental health problems compared with those who did not.
- responses of prisoners who reported that they had a disability compared with those who did not.

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

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

	Green shading shows results that are significantly more positive than the comparator
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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Mental health problems	No mental health problems	Have a disability	Do not have a disability
63	95	50	111

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	16%	15%	21%	14%
	Are you 50 years of age or older?	7%	12%	6%	11%
1.3	Are you from a minority ethnic group?	26%	47%	31%	43%
7.1	Are you Muslim?	12%	25%	20%	19%
11.3	Do you have any mental health problems?			80%	22%
12.1	Do you consider yourself to have a disability?	62%	11%		
19.2	Are you a foreign national?	0%	17%	0%	14%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	9%	3%	8%	4%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	76%	85%	71%	86%
2.4	Overall, were you treated very / quite well in reception?	82%	88%	80%	88%
2.5	When you first arrived, did you have any problems?	82%	76%	86%	77%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	28%	30%	31%	27%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	52%	70%	47%	69%
3.5	Have you had an induction at this prison?	85%	96%	86%	94%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	44%	58%	45%	54%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	27%	36%	21%	36%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	62%	70%	60%	67%
	- Can you shower every day?	84%	96%	84%	95%
	- Do you have clean sheets every week?	68%	77%	63%	78%
	- Do you get cell cleaning materials every week?	35%	41%	24%	44%
	- Is it normally quiet enough for you to relax or sleep at night?	44%	74%	53%	66%
	- Can you get your stored property if you need it?	18%	21%	10%	24%

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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	Have a disability	Do not have a disability
	63	95	50	111

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	21%	27%	18%	28%
5.3	Does the shop / canteen sell the things that you need?	48%	34%	47%	36%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	55%	77%	60%	71%
6.2	Are there any staff here you could turn to if you had a problem?	62%	76%	65%	73%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	19%	20%	18%	20%
6.6	Do you feel that you are treated as an individual in this prison?	32%	39%	27%	39%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	61%	65%	52%	65%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	70%	80%	64%	79%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	21%	20%	20%	20%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	63%	60%	67%	59%
8.3	Are you able to use a phone every day (if you have credit)?	90%	96%	92%	95%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	48%	72%	50%	67%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	10%	5%	10%	7%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	7%	11%	4%	11%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	60%	50%	62%	49%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	77%	70%	75%	72%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	44%	43%	34%	45%
10.3	Is it easy for you to make a complaint?	68%	64%	64%	66%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	25%	22%	29%	21%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	34%	31%	36%	33%

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

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

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

Number of completed questionnaires returned

	Mental health problems	No mental health problems		
	63	95	Have a disability	Do not have a disability
			50	111

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	25%	35%	19%	36%
	- Nurse?	48%	53%	47%	51%
	- Dentist?	16%	17%	17%	17%
	- Mental health workers?	18%	14%	16%	15%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	33%		29%	36%
11.5	Do you think the overall quality of the health services here is very / quite good?	44%	50%	33%	53%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	26%	33%	27%	
SAFETY					
14.1	Have you ever felt unsafe here?	62%	47%	60%	50%
14.2	Do you feel unsafe now?	34%	21%	35%	22%
14.3	Not experienced bullying / victimisation by other prisoners	41%	54%	42%	51%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	23%	36%	21%	34%
14.5	Not experienced bullying / victimisation by members of staff	46%	63%	49%	58%
14.6	If you were being bullied / victimised by staff here, would you report it?	37%	42%	37%	42%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	33%	35%	33%	35%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	37%	33%	32%	34%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	18%	1%	15%	6%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	15%	1%	10%	5%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	84%	68%	79%	72%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	42%	68%	53%	59%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	38%	42%	40%	40%
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?	60%	86%	83%	58%
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?	36%	48%	47%	42%

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

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

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
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25 and under	Over 25
26	141

Number of completed questionnaires returned

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	4%	0%
	Are you 50 years of age or older?	0%	11%
1.3	Are you from a minority ethnic group?	52%	38%
7.1	Are you Muslim?	32%	18%
11.3	Do you have any mental health problems?	42%	39%
12.1	Do you consider yourself to have a disability?	39%	29%
19.2	Are you a foreign national?	8%	11%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	13%	3%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	69%	84%
2.4	Overall, were you treated very / quite well in reception?	92%	84%
2.5	When you first arrived, did you have any problems?	92%	76%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	19%	32%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	48%	64%
3.5	Have you had an induction at this prison?	92%	93%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	38%	54%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	8%	36%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	56%	68%
	- Can you shower every day?	73%	95%
	- Do you have clean sheets every week?	76%	74%
	- Do you get cell cleaning materials every week?	15%	43%
	- Is it normally quiet enough for you to relax or sleep at night?	62%	63%
	- Can you get your stored property if you need it?	12%	22%

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

	25 and under	Over 25
Number of completed questionnaires returned	26	141

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	23%	26%
5.3	Does the shop / canteen sell the things that you need?	42%	39%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	52%	71%
6.2	Are there any staff here you could turn to if you had a problem?	64%	72%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	16%	20%
6.6	Do you feel that you are treated as an individual in this prison?	29%	36%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	60%	63%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	67%	76%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	12%	23%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	81%	58%
8.3	Are you able to use a phone every day (if you have credit)?	96%	94%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	78%	59%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	16%	7%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	11%
<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%	52%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	77%	71%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	16%	48%
10.3	Is it easy for you to make a complaint?	54%	68%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	9%	27%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	39%	33%

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

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	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

	25 and under	Over 25
Number of completed questionnaires returned	26	141

HEALTH CARE		
11.1	Is it very / quite easy to see:	
	- Doctor?	28% 31%
	- Nurse?	40% 51%
	- Dentist?	12% 19%
	- Mental health workers?	16% 15%
<i>For those who have mental health problems:</i>		
11.4	Have you been helped with your mental health problems in this prison?	56% 26%
11.5	Do you think the overall quality of the health services here is very / quite good?	54% 46%
OTHER SUPPORT NEEDS		
<i>For those who have a disability:</i>		
12.2	Are you getting the support you need?	44% 21%
SAFETY		
14.1	Have you ever felt unsafe here?	56% 54%
14.2	Do you feel unsafe now?	28% 26%
14.3	Not experienced bullying / victimisation by other prisoners	58% 45%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	23% 32%
14.5	Not experienced bullying / victimisation by members of staff	29% 60%
14.6	If you were being bullied / victimised by staff here, would you report it?	38% 42%
BEHAVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	32% 35%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	13% 37%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	22% 7%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	4% 7%
EDUCATION, SKILLS AND WORK		
16.3	Do staff encourage you to attend education, training or work?	71% 73%
PLANNING AND PROGRESSION		
17.1	Do you have a custody plan?	42% 60%
<i>For those who have a custody plan:</i>		
17.3	Are staff helping you to achieve your objectives or targets?	9% 43%
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?	0% 75%
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?	36% 45%