

Report on an unannounced inspection of

# **HMP Ashfield**

by HM Chief Inspector of Prisons

**25 March – 12 April 2019**

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



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### **Glossary of terms**

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

# Introduction

HMP Ashfield is a category C prison for men who have been convicted of sexual offences. It is operated by Serco and situated in Pucklechurch a few miles to the east of Bristol, and has been fulfilling its current role since 2013.

At the time of this inspection it held some 400 prisoners, of whom 85% had been assessed as presenting a high or very high risk of harm to the public. This fact is directly relevant to the main concerns that we had as a result of this inspection, and our judgement that in terms of rehabilitation and release planning, the outcomes for prisoners were not sufficiently good. In all other areas the prison inspected well, and we had no hesitation in awarding our highest grade of good for safety, respect and purposeful activity.

The prison was very safe, with only one fight and seven assaults recorded in the six months prior to the inspection. As one would expect, the use of force was similarly low, with six incidents in the same period. However, and perhaps as a consequence of the rarity of violence, the oversight of the use of force was poor and needed focused management attention. Similarly, the response to the few violent incidents was not as thorough as it should have been. It was also notable that in our survey around a third of prisoners told us that they had felt unsafe at some point during their time in Ashfield. This was somewhat at odds with the reality that the prison was generally a very safe place, and the reasons for these perceptions need to be understood so that they could be addressed.

We found that the prison provided a respectful environment, and relationships between staff and prisoners were particularly strong, with 86% of prisoners saying that the staff treated them with respect. This was an exceptionally high figure, and was reflected in the positive views prisoners held about the way in which applications and complaints were dealt with. The buildings were in good condition, there was no overcrowding, and there were areas devoted to gardens and animal husbandry. The food was well liked by the prisoners, health and social care provision was good, as was consultation with prisoners. In light of all this, it was slightly surprising to find that the strategic management of equality and diversity was weak, and was in need of senior management intervention. As with the management weaknesses in the area of safety, this was perhaps due to the fact that there were no obvious negative outcomes. However, of course this did not absolve management from the need to maintain monitoring and oversight.

Purposeful activity had improved significantly since the last inspection in 2015. Our colleagues from Ofsted found that provision across the board in education, skills and work was good. When this was combined with high quality facilities for sports and exercise, a good library and exceptionally good time out of cell, we concluded that the outcomes justified the award of our highest grade, good, in this area. This was two levels up from the previous inspection, and was a significant achievement.

However, this was to some extent balanced by some disappointing findings in rehabilitation and resettlement planning. The section of this report that sets out in detail our findings is worthy of scrutiny as we believe the weaknesses we found were serious, and were exacerbated by the specialist requirements of the prisoner population at Ashfield. We found that the level and quality of contact between offender supervisors and prisoners had declined since 2015. The ability of the prison to reduce the risk posed by this high risk group of prisoners was inhibited by the fact that some 45% of them did not have an up to date OASys assessment. To make matters worse, offender supervisors were not sufficiently trained or properly supervised in working with prisoners convicted of sexual offences. In addition, the number and range of interventions to enable prisoners to address their offending behaviour and to make progress through their sentence towards the eventual point of release was insufficient. There was very little provision for those who maintained their innocence. This was all very concerning, particularly as these issues had been the subject of recommendations at the last inspection, and they had not been addressed in the intervening four years. The problems had been made worse by some systemic failures, such as the fact that there were insufficient category D

places for prisoners to move to in open prisons. This meant that Ashfield, a prison with no formal resettlement function, was having to release prisoners back into the community. At the time of the last inspection the prison was releasing on average around four prisoners each month, but by the time of this inspection the figure had doubled. Given the high risk nature of the vast majority of the prisoners at Ashfield, this was an issue of great concern.

With the exception of the serious problems in rehabilitation and release planning, we found that there had been an unusually good response from the prison to the last inspection. Of the recommendations that we made in 2015, 71% had been fully or partially achieved. The progress in purposeful activity was particularly noteworthy, as was the maintenance of high standards in safety and respect. The prison is aware of what needs to be done to address the risks presented by the weaknesses highlighted in our main recommendations, and my hope is that on this occasion they will be properly addressed.

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

May 2019

# Fact page

## Task of the establishment

HMP Ashfield is a category C prison for men who have been convicted of sexual offences.

## Certified normal accommodation and operational capacity<sup>1</sup>

Prisoners held at the time of inspection: 398

Baseline certified normal capacity: 416

In-use certified normal capacity: 416

Operational capacity: 400

## Notable features from this inspection

*All prisoners had been convicted of sexual offences and nearly all were serving sentences of four years or more.*

*85% of prisoners had been assessed as presenting a high or very high risk of harm to the public.*

*There were not enough accredited offending behaviour programmes or interventions to meet the needs of the population.*

*Levels of violence were very low.*

*There was no segregation unit and there were no designated segregation cells.*

*No prisoners were on opiate substitute treatment.*

*Over 40% of the population was over 50 years of age.*

*There were enough full-time activity places for the population, and almost all prisoners were employed full time.*

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

Private

Physical health provider: Bristol Community Health

Mental health provider: Avon and Wiltshire Mental Health Partnership NHS Trust

Substance misuse provider: Avon and Wiltshire Mental Health Partnership NHS Trust

Learning and skills provider: Serco

Escort contractor: GEOAmev

## Prison group/Department

South-West England

<sup>1</sup> 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.

**Brief history**

HMP Ashfield opened in November 1999, following the award of a contract to Premier Prison Services Ltd. It is built on the site of the former Pucklechurch remand centre. The establishment was re-roled in 2005 to accommodate juveniles after investment from the Youth Justice Board. In July 2013, HMP Ashfield was re-roled again to accommodate category C adult men convicted of sexual offences.

**Short description of residential units**

There are two main house blocks, Avon and Severn, each with four wings housing between 40 and 60 prisoners, and the early days centre, where newly received prisoners complete five days of induction.

**Name of governor/director and date in post**

Martin Booth (25 March 2019)

**Independent Monitoring Board chair**

Ann Morton

**Date of last inspection**

17–28 August 2015



# About this inspection and report

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

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

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

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

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

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

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

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

- **Outcomes for prisoners are good.**

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

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

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

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

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

- **Outcomes for prisoners are poor.**

There is evidence that the outcomes for prisoners are seriously affected by current

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

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

## This report

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

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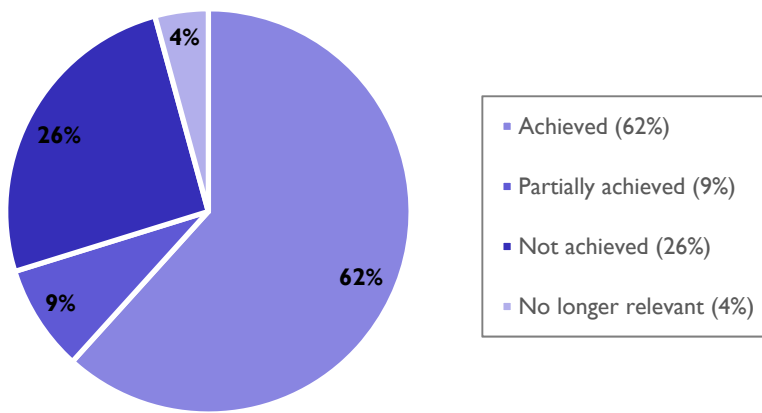
<sup>2</sup> <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>

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

# Summary

- S1 We last inspected HMP Ashfield in 2015 and made 47 recommendations overall. The prison fully accepted 39 of the recommendations and partially (or subject to resources) accepted seven. It rejected one of the recommendations.
- S2 At this follow-up inspection, we found that the prison had achieved 29 of those recommendations, partially achieved four recommendations and not achieved 12 recommendations. Two recommendations were no longer relevant.

Figure 1: HMP Ashfield’s progress on recommendations from the last inspection (n=47)



- S3 Since our last inspection, outcomes for prisoners had improved in the healthy prison area of Purposeful activity, remained good in the areas of Respect and Safety, and declined in Rehabilitation and release planning. Outcomes for prisoners were good in all areas apart from Rehabilitation and release planning, where outcomes were not sufficiently good.

Figure 2: HMP Ashfield healthy prison outcomes 2015 and 2019<sup>4</sup>



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

## Safety

- S4** *Arrival and early days procedures were good. Incidents involving violence or bullying were rare, but support for the few victims was poor. The incentives and earned privileges scheme was well managed. Adjudication processes were fair and the number of hearings was low. Force was rarely used but paperwork did not always fully justify its use. There was little use of segregation, and governance was good. Security arrangements were largely proportionate. There were few self-harm incidents, and prisoners in crisis were well cared for. Safeguarding arrangements were sound.*  
**Outcomes for prisoners were good against this healthy prison test.**
- S5** *At the last inspection in 2015, we found that outcomes for prisoners in HMP Ashfield were good against this healthy prison test. We made eight recommendations in the area of safety. At this inspection, we found that six of the recommendations had been achieved, one had been partially achieved and one had not been achieved.*
- S6** Escorts generally arrived at a reasonable time, and vehicles were clean and mostly graffiti free. Prisoners said that they had been treated well by the escorting staff. The reception area was clean, the staff were welcoming and the information provided to prisoners was relevant and accurate. Peer mentors helped to address initial concerns. Private interviews with health and prison staff identified areas of risk effectively. All new receptions received a hot drink, food and a shower but prisoners could not speak to their families by telephone on arrival. The early days centre was clean, cells were well equipped, and the unit and staff were welcoming. In our survey, 98% of prisoners said that they had felt safe during their first night at the prison. The peer-led induction process was comprehensive.
- S7** The numbers of violent and bullying incidents were very low, with one fight and seven assaults in the previous six months. However, in our survey around a third of prisoners reported feeling unsafe at the prison at some time. The strategic management of violence was underdeveloped. Not all violent incidents were appropriately investigated and support for victims was poor.
- S8** The incentives and earned privileges scheme was well managed, and positive behaviour was rewarded. The number of adjudications had increased since the previous inspection but was still much lower than we normally see. Adjudication processes had improved considerably and punishments were proportionate.
- S9** The number of incidents involving the use of force was low, with six incidents in the previous six months. However, not all documentation and closed-circuit television footage demonstrated de-escalation or that the force used had been necessary. Management oversight and governance of use of force were poor.
- S10** We welcomed the closure of the designated segregation cells that had previously been in use. Use of segregation conditions was rare, governance was good and we were satisfied that arrangements were appropriate.
- S11** Physical and procedural security were largely proportionate but too many prisoners were strip-searched without sufficient justification. The security department did not collate or analyse intelligence reports regularly. The intelligence that was gathered did not form part of a strategic approach, and no security objectives were set. Levels of drug use were low, with a random mandatory drug testing rate of 5% over the previous six months. However, the substance use strategy was not based on an assessment of local issues and not supported by an effective action plan.

- S12 There had been no self-inflicted deaths since the prison had re-roled to hold prisoners convicted of sexual offences. In the previous six months, there had been only 25 self-harm incidents and 39 assessment, care in custody and teamwork (ACCT) case management documents opened for prisoners at risk of suicide or self-harm. The quality of ACCT documents was generally good. Reviews were timely, multidisciplinary and well attended. Prisoners in crisis were positive about the support they were given. Prisoner intervention plans, used to support those with a history of self-harm, were good practice. 'Here to Hear' was a good scheme, providing confidential peer support for prisoners.
- S13 The safeguarding policy was comprehensive. There had been no safeguarding referrals since the previous inspection. The safeguarding manager regularly met the South Gloucestershire Safeguarding Adults Board. Staff could report safeguarding concerns through the safer custody referral process.

## Respect

- S14** *Staff-prisoner relationships were good and prisoners found their key workers helpful. Outside areas, residential units and cells were very clean. The quality of the food provided was good. Prison shop arrangements were sound, and the availability of over-the-counter health products through the shop, with appropriate clinical oversight, was good practice. Consultation arrangements were thorough and led to practical change. Applications processes were effective. Fewer complaints were submitted than at similar prisons, and responses to these were polite and helpful. Despite a lack of senior managerial oversight of equality and diversity work, outcomes for protected groups were good. Faith and pastoral care provision was strong. Health and social care provision was good. **Outcomes for prisoners were good against this healthy prison test.***
- S15 *At the last inspection in 2015, we found that outcomes for prisoners in HMP Ashfield were good against this healthy prison test. We made 12 recommendations in the area of respect. At this inspection, we found that seven of the recommendations had been achieved, one had been partially achieved, three had not been achieved and one was no longer relevant.*

- S16 Relationships between staff and prisoners were good. In our survey, 86% prisoners said that staff treated them respectfully. The key worker scheme was fully rolled out, detailed training had been delivered to staff, and case note entries from key workers were good. Prisoners knew their key worker, and most respondents to our survey said that they found them helpful.
- S17 Outside areas and residential units were very clean. Cells were well furnished, with telephones, screened toilets and lockable safes. None were overcrowded or contained graffiti. Most prisoners wore their own clothing, could easily obtain cleaning materials and had ready access to clean, well-screened showers. Laundry facilities for personal items and bedding were adequate. Although we were confident that emergency cell bell calls during lock-up were rare, data on their use were not monitored to ensure that they were always answered quickly. Prisoners valued the touchscreen information kiosks on the wings, and these were used widely and effectively.
- S18 Prisoners reported very positively about the food provided, and the meals we tasted were good. The menu was varied, catered for all diets and included fruit and vegetables. The prison shop list was reasonable and included items for transgender prisoners. The availability of over-the-counter health care items, with appropriate clinical oversight, was good practice.

- S19 Consultation with prisoners was good, and monthly meetings with prisoner representatives led to meaningful changes. Relevant issues were escalated to the senior management team. Weekend duty director consultation sessions with prisoners were good practice. Most applications were responded to promptly. The number of complaints submitted was much lower than at similar prisons. They were well managed and responses were polite and responsive to the issues raised.
- S20 The management and oversight of equality work had deteriorated and was weak. The diversity and equality action team (DEAT) meetings were no longer chaired by the director or deputy director. They consisted mainly of reports from the protected characteristic forums, with no monitoring of equality data. Equality work was underpinned by excellent forums that were chaired by prisoner representatives and nominally supported by a senior manager and an officer 'champion'. These proactive forums addressed emerging issues, improved outcomes for protected groups and raised awareness through regular diversity events.
- S21 Approximately 17% of prisoners were from a black and minority ethnic background. Their responses to our survey were generally positive, and comparable with those of their white counterparts. Support for foreign national prisoners was limited, but most of those we spoke to said that they were treated well. Support was good for the 42% of the population aged over 50. Where necessary, 'buddies' (prisoners who provide informal support across a range of issues) helped prisoners with disabilities with general tasks and with moving around the prison. Support for gay and transgender prisoners was good.
- S22 The chaplaincy provided a valuable service and was well integrated into the wider life of the prison. Pastoral care provision was strong, and, where practicable, there was a good focus on resettlement.
- S23 Health and social care provision was good. Governance arrangements and partnership working were well developed and robust. Primary care services were delivered by suitably trained and supervised practitioners, and waiting times were in line with those in the community. Despite the lack of care plans, the needs of prisoners with long-term conditions were met. Support for prisoners with social care needs was very good, with strong, well-established processes. The integrated well-being team provided a range of mental health services, including group work for those with anxiety and low mood, and there were neurodevelopmental practitioners for those with complex needs. Services for the few prisoners with substance use problems were good. Medicines management was safe and effective, with pharmacy staff providing strong clinical oversight. Dental services were effective.

## Purposeful activity

**S24** *The amount of time out of cell was impressive, at over 10 hours a day during the week. Library and PE facilities were good, and access was excellent. The leadership and management of activities had improved and were reasonably good. There were sufficient activity places for the population. The quality of most of the teaching was good. Prisoners generally behaved well in education and training. Educational achievements were good overall, and practical work in workshops was excellent.*  
**Outcomes for prisoners were good against this healthy prison test.**

**S25** *At the last inspection in 2015, we found that outcomes for prisoners in HMP Ashfield were not sufficiently good against this healthy prison test. We made 15 recommendations in the area of purposeful activity. At this inspection, we found that 11 of the recommendations had been achieved, two had been partially achieved and two had not been achieved.*

**S26** The amount of time that prisoners were unlocked was routinely good, at over 10 hours a day during the week. No prisoners were locked up during our roll checks. The regime ran to time, and the varied weekly timetable ensured sufficient time for, and access to, association facilities. The library and PE facilities were good, and both were very well used.

**S27** Managers had made substantial improvements in most education, skills and work areas. There were enough full-time activity places for the population, and an annual needs analysis was carried out. Courses and work activities were well matched to the needs of the prison population. Facilities and equipment for training had improved and were now good. The large number of prisoners engaged in open and distance learning, including the Open University, received good support. Data on some aspects of prisoners' performance were not fully used to plan improvements. Prisoners were not routinely provided with advice and guidance to help them to choose activities most likely to support progress towards their long-term goals.

**S28** The quality of most of the teaching was good, enabling prisoners to make good progress and learn new skills, although target setting and feedback to prisoners required improvement. Most workshops provided a professional environment that simulated real working conditions. Trainers embedded English and mathematics well into work environments and vocational areas. Teachers and peer mentors provided good support for prisoners with additional learning needs. However, there was no specialist support for those with complex needs or specific learning difficulties.

**S29** Prisoners' behaviour in lessons, training and work areas was good. They had a good work ethic and completed tasks safely, within expected time limits. Close links with the Shannon Trust (which provides peer-mentored reading plan resources and training to prisons) enabled prisoners to access effective literacy support. Attendance was generally good but punctuality was sometimes poor. Wing work did not keep prisoners occupied throughout the day. Many prisoners took on extra responsibilities in workshops, and as mentors and peer supporters.

**S30** Prisoners produced high-quality work, achieving industry standards in workshops, and demonstrating good improvements in their skills on vocational training courses. Overall achievement rates in education classes were good, and very good in some areas. However, achievement rates required improvement in a few education courses. In most work areas, prisoners could gain vocational qualifications, but a few workplaces did not offer this.

## Rehabilitation and release planning

**S31** *Visits arrangements were good. Work to help prisoners to rebuild and maintain family ties was reasonably good. The reducing reoffending strategy did not clearly improve outcomes for prisoners. The number of prisoners without an up-to-date offender assessment system (OASys) assessment had increased and was too high. Offender supervisors had not received training to work with prisoners convicted of sexual offences and did not receive direct support from probation officers. Contact between offender supervisors and prisoners was often reactive. Public protection work was reasonably good. There were not enough interventions and programme places to address the offending behaviour needs of the population. Release planning was adequate for the small number of prisoners discharged directly from the prison. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

**S32** *At the last inspection in 2015, we found that outcomes for prisoners in HMP Ashfield were reasonably good against this healthy prison test. We made 12 recommendations in the area of resettlement.<sup>5</sup> At this inspection, we found that five of the recommendations had been achieved, six had not been achieved and one was no longer relevant.*

**S33** *Visits provision met demand. Visits sessions were two hours long and prisoners could apply to extend them by a further hour. The visitors centre had been refurbished and the visits hall was clean and bright. A well-equipped children's room was available. In our survey, 90% of prisoners who had received a visit said that their families were treated with respect by staff. There were four, well-received, family days a year and all eligible prisoners had access to them. Storybook Dads (in which prisoners record stories for their children) had restarted since the previous inspection, and both the Newbridge Foundation<sup>6</sup> and Salvation Army Family Links<sup>7</sup> worked with prisoners to re-establish contact with family members with whom they had lost touch. 'Families and friends at the centre of throughcare' was an excellent Serco-wide programme, enabling a prisoner's family to meet the prisoner's key worker and become involved in the planning process for their relative. Access to telephones and mail was very good.*

**S34** *The reducing reoffending strategy was not based on a comprehensive needs analysis and did not clearly improve outcomes for prisoners. All prisoners were convicted of sexual offences and nearly all were serving long sentences. Eighty-five per cent of them had been assessed as presenting a high or very high risk of harm. Too many prisoners – about 45%, far more than at the time of the previous inspection – did not have an up-to-date offender assessment system (OASys) assessment of their risk and needs. Most out-of-date OASys assessments were the responsibility of the National Probation Service community offender managers. Too much of the contact between offender supervisors and prisoners was by messages sent through the information kiosks, rather than face to face. Not all offender management work was recorded on P-Nomis (electronic case notes). Contact with prisoners was mainly reactive and not focused on addressing offending behaviour or driving sentence planning. Offender supervisors had manageable caseloads of about 60 prisoners but had not received professional training to work with prisoners convicted of sexual offences. There were no probation officers to supervise these offender supervisors. Recategorisation reviews were well managed and timely but there were long delays in moving prisoners to open conditions.*

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

<sup>6</sup> New Bridge Foundation is a charitable organisation that provides volunteers to contact prisoners who do not receive visits or have family contact.

<sup>7</sup> Salvation Army Family Links is an organisation that tries to put prisoners back in touch with family members they have lost contact with.



- S35 Public protection procedures were reasonably good. The interdepartmental risk management team meeting was well attended and routinely considered prisoners approaching release, to manage risks appropriately. Child contact restrictions were well managed. Arrangements to conduct and review telephone and mail monitoring were managed well.
- S36 There were not enough places available on accredited offending behaviour programmes to meet the needs of the population, and not enough treatment opportunities available to progress prisoners through their sentence. This was true for prisoners who were ready to join a programme; those who denied their offence and those with low-level cognitive skills. The range of support to help prisoners to manage their debts and open bank accounts was adequate.
- S37 About two prisoners were released each week, most of whom were high risk. Ashfield was not a resettlement prison and there was no community rehabilitation company team to provide resettlement support. Despite this, assistance for resettlement needs was adequate. Staff from Citizens Advice attended weekly and two prisoner orderlies helped to prepare prisoners for their release.

## Main concerns and recommendations

- S38 Concern: The levels of regular, meaningful contact between offender supervisors and prisoners had deteriorated since the previous inspection. Too many prisoners, about 45%, did not have an up-to-date OASys assessment. This jeopardised the prison's ability to provide these prisoners with the appropriate interventions to reduce their risk.

**Recommendation: All prisoners should have regular face-to-face contact with an offender supervisor.**

**Recommendation: All prisoners should have an up-to-date offender assessment system (OASys) assessment, to help them to address their offending behaviour and ensure that their progression is monitored effectively.**

- S39 Concern: Offender supervisors were not adequately trained or professionally supervised in working with prisoners convicted of sexual offences.

**Recommendation: Offender supervisors should receive specific training in working with prisoners convicted of sexual offences. In addition, they should receive ongoing supervision, advice and guidance from an experienced practitioner, such as a senior probation officer.**

- S40 Concern: There were not enough places on accredited offending behaviour programmes to meet the needs of the population, and not enough treatment opportunities to progress prisoners through their sentence. There were few interventions for prisoners who denied their offence or had low-level cognitive skills.

**Recommendation: A full range of interventions should be available to meet the needs of the population, including for those prisoners in denial of their offence and those with low-level cognitive skills.**



# 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.**

- 1.1 Escorts generally arrived at the prison at a reasonable time of day, despite the long distances that some prisoners travelled. The vehicles we saw were clean and most were free of graffiti, and prisoners told us that they had been treated well by the escorting staff. Drinks and sandwiches were available during journeys but comfort breaks were rarely provided. Prisoners were not handcuffed when disembarking from vans.
- 1.2 Reception staff were welcoming, and the main reception area was clean, bright and had recently been repainted. It contained plenty of relevant and accurate information, and comfortable seating. However, the toilets in the reception area were in poor condition, with no seats, and stable doors opening into busy areas. Peer mentors helped to address initial concerns, greeting prisoners as they entered the reception area, and also provided food and hot drinks. Clean clothing, footwear and bedding were in good supply. Prisoners spent a maximum of only one hour and 30 minutes in reception before going to the early days centre (EDC). Searching was conducted in a separate area, with screening and seats for prisoners with mobility issues, and was proportionate and based on risk.
- 1.3 Private interviews with health services and prison staff identified areas of risk for each new arrival, and the information gleaned from this process was used well and disseminated effectively. We saw immediate concerns being discussed during handovers between staff around the prison. Health services staff worked until 6pm. Prisoners who arrived after this time were subject to an enhanced risk assessment and increased observations until the next morning, when they were seen by health services staff.
- 1.4 Prisoners were not allowed to telephone their families on arrival. Instead, staff called prisoners' families to let them know where they were and that they were safe. This was appropriate for prisoners who were subject to child protection or harassment measures but not for other prisoners.
- 1.5 The EDC was clean, and the unit and staff were welcoming. In our survey, 98% of respondents, more than at similar prisons (87%), said that they had felt safe on their first night. All new receptions could have a shower on the EDC, irrespective of their time of arrival. The EDC was on two landings and all cells were single occupancy and well equipped. The peer mentors lived on the EDC and supported new arrivals through their first few days.
- 1.6 Prisoners joined the induction process on the day after their arrival. This peer-led programme lasted five days and was comprehensive. In our survey, 88% of prisoners who had completed the induction said that it had covered everything they needed to know about the prison.

## Recommendation

- 1.7 Prisoners not subject to child protection or harassment measures should be allowed to contact their family 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

- 1.8** The numbers of violent and bullying incidents were very low. During the previous six months, only seven assaults and one fight had been recorded, which was much lower than at comparable prisons. Over the same period, 12 prisoners had been formally monitored for bullying; although this was much lower than at similar prisons, it was higher than at the time of the previous inspection. Despite these low numbers, in our survey 33% of prisoners said that they had felt unsafe at some time in the prison. The reasons for the disparity between these perceptions and the recorded violence was not clear.
- 1.9** The strategic management of violence was underdeveloped. The violence reduction strategy had not been updated following the introduction of the Challenge, Support and Intervention Plan (CSIP) system in January 2019.<sup>8</sup> The prison had carried out its own questionnaire, and responses indicated that some prisoners had been threatened, bullied or assaulted. Although this was a proactive step, the information had not fed into the strategy or action plan. Violence was a standing agenda item at the monthly safer custody meetings but information about violence was too limited and not discussed in detail.
- 1.10** The monitoring of violent incidents was good but not all were appropriately investigated. Consequently, the prison did not fully understand the causes of violence and bullying.
- 1.11** CSIP was not yet fully embedded. The prison had a target completion date of 1 May 2019 for this, and recognised that it was still learning and that there were some gaps in the process. Since January, there had been nine CSIP referrals, all of which had been discussed in the well-attended fortnightly safety intervention meeting; none of these prisoners had been placed on a CSIP plan. There had been one prisoner-on-prisoner assault since the introduction of the CSIP but no formal support for the victim. No prisoners were self-isolating during the inspection. In our survey, 64% of respondents said that they would report bullying or victimisation by other prisoners, which was more than at other category C training prisons (33%)
- 1.12** The incentives and earned privileges (IEP) scheme was well managed, and positive behaviour was rewarded. At the time of the inspection, most prisoners (338) were on the enhanced IEP level and none was on the basic level. In our survey, more respondents than at other category C training prisons (51% versus 40%) said that the incentives or rewards at the prison encouraged them to behave well.

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<sup>8</sup> The 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. Prisoners who are identified as perpetrators 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.

- I.13** Prisoners attended IEP review boards and had the opportunity to appeal decisions. Prisoners on the basic level who had met their targets were usually promoted back to the standard level at the seven-day review. The regime for prisoners on the basic level of the scheme was much better than we normally see; they were unlocked for the same amount of time as all other prisoners (see also section on time out of cell).

## Recommendations

- I.14 All violent incidents should be thoroughly investigated, to address violent behaviour and support victims.**
- I.15 The disparity between the low number of violent incidents and prisoners' perceptions of safety should be investigated and addressed.**

## Adjudications

- I.16** There had been 129 adjudications in the previous six months, which was more than at the time of the previous inspection but far fewer than we normally see. Adjudication processes had improved considerably. Proceedings were conducted fairly. Prisoners were given the opportunity to explain their views and offered legal advice. Charges that were proved beyond reasonable doubt resulted in proportionate consequences for prisoners. Police referrals were made when necessary and there were only four outstanding at the time of the inspection. The quarterly adjudication review meeting was well attended and informative.

## Use of force

- I.17** Force had been used only six times in the previous six months, in two cases to stop prisoners from self-harming.
- I.18** The documentation for the incidents in which force had been used to prevent self-harm was good, but in other cases it did not demonstrate de-escalation or indicate why force had been necessary. On reviewing the closed-circuit television footage for two planned incidents, we saw no use of de-escalation and it was unclear if the force used had been necessary.
- I.19** There was no managerial oversight or governance of the use of force. There had been no meetings or quality assurance of incidents, including one involving an officer drawing a baton. The establishment had recognised that this was an area that required improvement and had recently implemented a process whereby all uses of force would be investigated by a member of the senior management team.

## Recommendation

- I.20 Managers should scrutinise all use of force documentation and video footage, to identify good practice and areas for improvement.**

## Segregation

- I.21** There was no segregation unit, and the previous use of designated cells for segregation had been discontinued. Segregated prisoners were now generally held in their own cells. Use of segregation was rare. In the previous six months, only four prisoners had been subject to

cellular confinement and three to good order or discipline procedures. A further eight had been segregated for a brief period before their adjudication hearings.

- I.22 The regime for segregated prisoners included daily telephone calls, exercise and a shower. They could carry out education course work in their cells and, subject to risk assessment, attend their offending behaviour courses.
- I.23 Despite minimal use, the governance of segregation was impressive. Recording was good and the monitoring group met monthly to review policy and a wide range of data.

## 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.24 Management of the security department required improvement. Although a member of the security team monitored intelligence reports daily, to act on any immediate concerns, intelligence reports were not regularly collated or analysed. During the inspection, 156 intelligence reports had not been fully completed. Security meetings were held monthly and there was also a fortnightly tactical intelligence meeting, where intelligence reports were discussed. However, the intelligence that was gathered did not form part of a strategic approach, and no security objectives were set, to prioritise the work of the security department or collect further information.
- I.25 Procedural and physical security was generally proportionate. Prisoners could move between different parts of the prison unaccompanied by staff, and were appropriately risk assessed for handcuffing arrangements when leaving the prison on escorts. However, all prisoners leaving the establishment were strip-searched. Although cell searches were not carried out routinely, far too many prisoners had received a cell- and strip-search without sufficient justification.
- I.26 Levels of drug use were low. 5% of the population were randomly tested each month. In the last six months, nine intelligence-led drug tests proved positive.
- I.27 The prison operated under a national Serco drug strategy and a local strategy. However, the local strategy was not informed by a needs analysis or supported by an effective action plan. Steps had been taken to reintroduce drug strategy meetings but staff from key areas, including the security department, had not attended and emerging themes were not discussed.
- I.28 The prison had ordered a Rapiscan machine to detect the presence of impregnated drugs in prisoners' mail but this had yet to arrive. In the meantime, suspicious mail was sent to another prison for testing and returned on the same day (see also paragraph 4.6).

## Recommendations

- I.29 **Intelligence reports should be promptly collated and analysed, and used to identify current and emerging threats.**

- I.30 The drug strategy should be informed by a comprehensive needs analysis and have a whole-prison approach.**

## 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.31** There had been five deaths in custody, all from natural causes, since the previous inspection, and all recommendations from the Prisons and Probation Ombudsman had been achieved. There had been no self-inflicted deaths since the prison had re-rolled to hold prisoners convicted of sexual offences.
- I.32** In the previous six months, there had been 25 incidents of self-harm, and 39 assessment, care in custody and teamwork (ACCT) case management documents had been opened, which was lower than at similar prisons and at the time of the previous inspection.
- I.33** The quality of ACCT documents was generally good, and poor or illegible entries were addressed by an excellent assurance process. Care plans were completed, actioned and updated regularly. Reviews were timely, multi-agency and well attended. Daily briefings ensured that staff were aware of each ACCT and the care needs of the prisoners concerned. In addition, the morning briefing sheet identified the triggers for prisoners currently in crisis to all staff. However, investigations into serious acts of self-harm and suicide attempts were superficial and required more detail if the prison was to learn from them. Positively, 99% of staff who had regular contact with prisoners had completed suicide and self-harm training in the last 12 months.
- I.34** In our survey, 67% of respondents who had been on an ACCT said that they had felt cared for while in crisis. Prisoners on ACCTs who we spoke to were very positive about the care they received. One prolific self-harmer who had been in many prisons said that Ashfield provided the best care he had received in custody.
- I.35** Prisoner intervention plans (PIPs) provided continuous support for prisoners who had previously self-harmed, irrespective of whether they were in crisis or on an ACCT document. On the first day of the inspection, five prisoners had PIPs. This local initiative helped staff to identify issues early on and potentially reduce the risks of self-harm.
- I.36** 'Here to Hear' was a good peer-led scheme, providing 24-hour support for prisoners in crisis. Every prisoner could ask to see a Hear to Here mentor at any time of the day or night. Mentors listened confidentially and provided support for the prisoner. They were trained and supported by prison staff, and had access to daily supervision and regular meetings.

### Recommendation

- I.37 Investigations into serious acts of self-harm or attempted suicide should be thorough and identify lessons for improvement.**

## Good practice

**I.38** *The prisoner intervention plan process provided continuous support for prisoners who had previously self-harmed, irrespective of whether they were in crisis or on an assessment, care in custody and teamwork (ACCT) document. This process identified issues at the earliest point, enabling staff intervention and potentially reducing instances of self-harm.*

## Protection of adults at risk<sup>9</sup>

**I.39** There was a comprehensive safeguarding policy but most staff were unaware of it. Despite this, outcomes for prisoners with safeguarding needs were good, as a result of several robust internal systems that protected vulnerable adults, including the safer custody referral process.

**I.40** Prisoners' social care needs were well provided for, and the multi-agency safer custody meeting discussed at length several potentially vulnerable prisoners. Actions were put in place when it was felt that additional support was required, and these prisoners were monitored regularly. There was also good support for vulnerable prisoners on release, with comprehensive planning for each prisoner's potential difficulties, and relevant outside agencies were contacted to ensure that these plans were shared and acted on.

**I.41** The head of safety was the safeguarding lead for the establishment. She was a member of Her Majesty's Prison and Probation Service's regional team and regularly met members of the South Gloucestershire Safeguarding Adults Board. There had been no external safeguarding referrals since the previous inspection.

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<sup>9</sup> Safeguarding duties apply to an adult who:

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



## Section 2. Respect

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

### Staff-prisoner relationships

**Expected outcomes:**

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

- 2.1** Relationships between staff and prisoners were good. In our survey, 86% of prisoners said that staff treated them respectfully, and that they had a member of staff they could turn to if they had a problem. The key worker scheme was fully rolled out and had gone live in May 2018. All newly arrived prisoners were sent a welcome message on the touchscreen information kiosks on the wings (see below), which told them who their key worker was.
- 2.2** Detailed training had been delivered to relevant staff on how to conduct key work sessions, the processes to follow and the information to cover. Key worker case note entries were impressive, and they were quality assured by managers. Prisoners we spoke to generally knew their key worker, and in our survey 82% of prisoners who had a key worker said that they found them helpful. Interactions between staff and prisoners on the wings were good.

### 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

- 2.3** Outside areas, gardens and residential units were clean and well maintained. There were two main house blocks, Avon and Severn, each with four wings of two floors and a mix of single and double cells. There was no overcrowding. Cells were well furnished, with telephones, screened toilets, lockable safes and no graffiti (see Appendix IV). However, cells were poorly ventilated. Prisoners had privacy keys for their cells.
- 2.4** In our survey, prisoners were positive about their living conditions: 96% said that they normally received clean sheets every week, 93% that they had enough suitable clothes and 99% that they were able to have a shower every day. Prisoners on the standard or enhanced regime were allowed to wear their own clothes. New clothing could be ordered monthly using the information kiosks (see below). There was a laundry facility on each house block for prisoners' personal clothes, and a central laundry for bedding, which was changed weekly. Prisoners could easily obtain cleaning materials. Showers were clean and well screened. Emergency cell call bells were rarely used but response times were not monitored and so important performance information was not available.

- 2.5** Prisoners valued the touchscreen information kiosks on the wings, and used them for a range of actions, including making applications, booking appointments and ordering from the menu. Recreational activities provided on the wings included pool, table tennis and board games.

## Recommendation

- 2.6** **Emergency cell call bell data should be monitored and analysed.**

## Residential services

- 2.7** Prisoners reported positively about the food provided, with 85% of survey respondents saying that it was good. The meals we tasted were satisfactory. The menu was on a four-week cycle and included vegan, vegetarian, halal and kosher options. Fruit and vegetables were provided each day. The kitchen and wing servery were clean and well equipped. Prisoners could eat together at communal tables on the wings.
- 2.8** The prison shop list was reasonable and included electronic cigarettes and make-up for transgender prisoners. Over-the-counter health care items such as paracetamol and antiseptic cream, sold with appropriate clinical oversight, were also available from the 'health bar' (see also paragraph 2.72).

## Good practice

- 2.9** *Prisoners could, with appropriate clinical oversight, purchase over-the-counter health care items such as paracetamol and antiseptic cream.*

## Prisoner consultation, applications and redress

- 2.10** Consultation with prisoners was good, including on issues relating to food and the prison shop. There were nine prisoner information and consultation (PIAC) representatives from across the prison. They attended a monthly consultation meeting, where they could raise issues from their wings. Issues requiring escalation were taken to the monthly PIAC senior management team meeting. This meeting led to some meaningful changes; for example, new sound equipment for the chapel, resurfacing of the artificial grass track (see Appendix IV) and emergency pull cords in showers for prisoners with disabilities. In addition, duty director consultation sessions were held every Sunday, whereby prisoners could book a 15-minute slot with a manager to discuss concerns.
- 2.11** In our survey, more respondents than at other category C training prisons said that it was easy to make an application, that applications were dealt with fairly and that they received a response within seven days.
- 2.12** Complaint forms were freely available on all residential units. In our survey, more respondents than at similar prisons said that it was easy to make a complaint, that they were dealt with fairly and that they were answered within seven days. The number of complaints submitted was relatively low, which was likely to reflect the effectiveness of consultation arrangements and prisoners' ability to get things done informally. The monitoring of complaint topics and responses was comprehensive, and quality assurance was robust. Complaint responses were polite and addressed the issues raised.

- 2.13** There was no legal services provision but prisoners had good access to legal textbooks. The 'access to justice' laptop computer provision had ended, although prisoners could use electronic word processors, which were available on each wing. Access to legal visits was limited to Friday mornings, which meant that the three bespoke visit rooms were over-subscribed, resulting in many legal visits taking place in the main visits room, with insufficient privacy.

## Good practice

- 2.14** *Duty director consultation sessions were held every weekend, enabling prisoners to convey concerns directly to a senior manager.*

## Equality, diversity and faith

### Expected outcomes:

**There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics<sup>10</sup> and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.**

### Strategic management

- 2.15** The strategic oversight and management of equality had deteriorated and was weak. The frequency of the diversity and equality action team (DEAT) meetings had reduced to quarterly and they were no longer chaired by the director or deputy director. There was no consolidated DEAT action plan. The DEAT no longer reviewed monitoring data, to ensure equality of access to the regime.
- 2.16** The equality policy was specific to the population and covered all protected characteristics. Equality work was underpinned by excellent forums and led to some improvements for protected groups. Each forum had its own action plan but some actions took too long to resolve or were repeatedly listed as 'ongoing'. Prisoner representatives chaired the forums and were nominally supported by a senior manager and an officer 'champion' but senior managers were not routinely present at the forums.
- 2.17** The role of equality manager was no longer a stand-alone post, and responsibility had been passed to a residential middle manager as an addition to his already busy role. This led to an over-reliance on the prisoner forums to identify issues and implement solutions.
- 2.18** Diversity events were celebrated throughout the year, raising awareness, and each group had identified and supported a related charity. Prisoners had good access to information about equality and diversity, and could drop in to a well-resourced, dedicated room, staffed by the five equality orderlies.
- 2.19** Discrimination incident report forms were freely available in all areas. Issues raised were generally low key. Investigations were thorough and were quality assured by an assistant director.

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<sup>10</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

## Recommendation

- 2.20 A senior manager should have personal responsibility for leading equality and diversity work. Monitoring data should be regularly scrutinised to identify discrimination in treatment and access to services.**

## Protected characteristics

- 2.21** Prisoners' protected characteristics were identified during the reception process but there was insufficient confidentiality as the questionnaires were administered by fellow prisoners. The equality manager did not routinely collate this information to inform provision.
- 2.22** Approximately 17% of prisoners were from a black and minority ethnic background. In our survey, this group generally responded positively, and similarly to their white counterparts, about their treatment. Previous concerns about discrimination in relation to recategorisation had been addressed and we were satisfied that this was no longer an issue.
- 2.23** Other than one on repatriation and removal services, there were no policies to support and assist the small number (28) of foreign national prisoners held. Support for this group was limited to the prisoner-led forum, but most foreign nationals said that they were treated well. A Home Office Immigration Enforcement officer attended the prison approximately every quarter, but some foreign nationals said that they had difficulty in accessing independent legal advice. Foreign nationals who did not receive visits were given a free five-minute international telephone call each month to maintain contact with friends and families. There was also an extensive range of foreign language DVDs, and the library held books in a number of languages. Professional telephone interpreting services had not been used in the last year and there was an over-reliance on prisoners to interpret for others, potentially in relation to confidential or sensitive issues.
- 2.24** In our survey, 36% of respondents said that they had a disability. The prison had identified over 40 prisoners who required a personal emergency evacuation plan. These plans were reasonably comprehensive but reviews were often missed or not undertaken at all. Staff had insufficient oversight of the process. Facilities to support prisoners with disabilities were good, as was access around the site.
- 2.25** Forty-two per cent of the population was aged over 50, the oldest being 88. Provision across the prison was good, and age-specific activities were built into the working week, including an excellent gym programme. For frailer, older and infirm prisoners, the 'buddies' (prisoners who provide informal support across a range of issues) helped them with everyday tasks and with moving around the prison. This scheme was well coordinated by a prisoner representative. The buddies had clear guidelines about the scope of their work, and the equality manager had sufficient oversight of the scheme (see also paragraph 2.52). However, the previous excellent care plan scheme for this group and those with disabilities was no longer in place.
- 2.26** The Veterans in Prison Association provided support for former servicemen, and had developed links to SAAFA (the armed forces charity), the Royal Air Force Benevolent Fund and other service charities.
- 2.27** Support for gay and transgender prisoners was good. About 10% of prisoners had identified themselves as gay or bisexual, and those we spoke to said they were treated reasonably well. The three transgender prisoners at the prison were generally positive about their treatment and the facilities afforded to them, although one felt that more could be done to support them. We found that good support was provided to these prisoners by the equality manager.

## Recommendation

- 2.28 Older prisoners and those with disabilities should have multidisciplinary care plans that outline their needs and identify actions required to support them.**

## Faith and religion

- 2.29** The chaplaincy provided pastoral care and religious services for all faiths at the prison. The team was well integrated into the life of the prison and was represented at all key functional meetings, including the senior management team meeting. In addition to religious celebrations and services, the chapel was used to host various events by other departments from across the prison. Religious festivals for all faiths were celebrated throughout the year. A wide range of classes throughout the week supplemented formal services. Where practicable, links to community faith groups were fostered, to help to resettle prisoners on release.
- 2.30** In our survey, more prisoners who had a religion than at other category C training prisons said that their religious beliefs were respected (83% versus 70%) and that they could speak in private with a chaplain of their faith (82% versus 69%). Almost all prisoners who had a religion said that they could attend religious services if they so wished.

## 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.**

- 2.31** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)<sup>11</sup> and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

### Strategy, clinical governance and partnerships

- 2.32** The CQC found no breaches of the relevant regulations.
- 2.33** NHS England commissioned Bristol Community Health Community Interest Company to provide health services at the prison.
- 2.34** The health and social care needs assessment had been completed in 2015 and was therefore out of date. A further assessment was due for publication in September 2019.
- 2.35** Working relationships between the prison and InspireBetterHealth<sup>12</sup> were good, as were business and governance monitoring systems. Local clinical audits took place regularly and informed clinical practice.

<sup>11</sup> CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

<sup>12</sup> InspireBetterHealth is a partnership which includes Bristol Community Health Community Interest Company, Avon and Wiltshire Mental Health Partnership NHS Trust, Hanham Health, GP Care, Time for Teeth and Homecare Opticians.

- 2.36** In our survey, 84% of respondents said that the overall quality of health care was quite or very good. There was a well-established health care improvement group, which met every six weeks and enabled prisoner representatives to consult on services. Patient feedback was captured effectively through surveys and 'Listening to you' forms, located in the health care department and on the wings. The number of health care complaints submitted was low and the responses were timely, sensitive, addressed the issues and included information on how to escalate them. Health service staff understood their duty of candour.
- 2.37** Oversight of health care incidents was good. In-depth reviews took place and outcomes were discussed at clinical governance and staff meetings.
- 2.38** The health care department was clean, bright, spacious and complied with infection control standards, although there was no toilet for prisoners. Emergency equipment, including oxygen and automated external defibrillators (AEDs), was checked regularly. Prison AEDs on each of the wings and at reception were also checked regularly. Ninety-five per cent of prison staff who had regular prisoner contact had been trained in first aid and the use of the AED.
- 2.39** Nurses worked from 7.30am to 6pm every day, including weekends. Leadership of the team was strong and all staff were supported. Mandatory training requirements were met and staff were supported and encouraged to enhance their skills. Managerial and clinical supervision was established and systems to learn lessons were embedded.
- 2.40** There was an appropriate range of policies, and health services staff were easily identifiable. All of the patient interactions we observed were respectful, caring and professional.

## Recommendation

- 2.41** **There should be an up-to-date health and social care needs analysis.**

## Promoting health and well-being

- 2.42** Health promotion material was accessible in various formats and languages, and displayed around the establishment. However, national campaigns were not followed and health promotion activity was infrequent. Although there were plans to recruit and train health promotion peer workers, there were none at the time of the inspection. Regular vaccination clinics were held, and screening programmes were offered where appropriate. Smoking cessation advice was readily available, and there was good access to sexual health advice. The gym offered remedial activity sessions to meet specific needs. Local policies ensured that communicable diseases and outbreaks were managed well. Condoms were available but not advertised.

## Recommendation

- 2.43** **Trained and supervised peer workers and health trainers should offer health information and support to prisoners.**

## Primary care and inpatient services

- 2.44** The initial health screening was undertaken by a registered nurse, and was good. Secondary health assessments were comprehensive, timely and ensured prompt access to specialist follow-up services.
- 2.45** A caring health care team delivered a range of primary care services, both within the dedicated health care site and also on the wings when required. Access was very good and waiting times were in line with those in the community. Prisoners could request appointments using the touchscreen information kiosks on the wings. The number of prisoners who failed to attend health care appointments was low.
- 2.46** Patients requesting a routine GP appointment had to wait up to three weeks but, depending on clinical need, could get an urgent appointment on the same day. A nurse triage system identified prisoners who could be treated in a nurse ‘see and treat’ clinic, which helped to reduce waiting times. Out of hours, officers would contact an on-call GP for non-emergencies.
- 2.47** All patients with long-term conditions were managed by either a GP or a nurse, and received good care and support. Training was being undertaken by nurses, so that all long-term conditions could be fully nurse led in the future. Not all patients with complex health needs had a care plan but this was mitigated by comprehensive SystemOne (the electronic clinical record) records. During the inspection, health services staff worked to create personalised plans that reflected prisoners’ care needs and national guidance.
- 2.48** Referrals to external hospital appointments took place promptly. As the demand for external appointments was high, patients with the greatest clinical needs were prioritised. This was well managed and ensured that necessary treatment was not unnecessarily delayed. Health services staff contributed to the risk assessments of their patients, helping to ensure that security measures were proportionate.
- 2.49** There was a systematic approach to disease prevention, with prisoners’ needs addressed individually. Prisoners received an appropriate pre-release assessment on discharge; all patients were given a paper summary of their medical records. Those needing medication on release were given seven days’ supply.

## Recommendation

- 2.50 All prisoners with long-term health conditions should have a care plan.**

## Social care

- 2.51** The prison and health care department had strong links with South Gloucestershire Council, supported by a robust memorandum of understanding between all parties. Prisoners with social care needs were promptly identified, and a dedicated occupational therapist and a social worker ensured that these needs were consistently met, through timely assessments and reviews.
- 2.52** Sufficiently trained social care staff delivered personal care, and appropriately supported buddies provided non-intimate support 2.25 also paragraph 2.25). A large range of equipment was promptly supplied, and adaptations were swiftly made to aid mobility and promote independence.

- 2.53** A monthly social care drop-in centre was an excellent initiative, where caring, dedicated staff, including a social worker, occupational therapist and health care worker, listened to prisoners' support needs and helped to ensure that, where possible, they were fully met.
- 2.54** Social care staff supported release planning and helped to ensure that care packages continued on transfer.
- 2.55** Health services staff were aware of their safeguarding responsibilities and had received appropriate safeguarding training. Consent to share medical information was sought routinely.

### Good practice

- 2.56** *The monthly social care drop-in service was an excellent initiative, allowing prisoners to discuss issues with a social worker, occupational therapist and health care worker.*

### Mental health care

- 2.57** An integrated well-being team from the Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) provided mental health and substance use services, and prisoners had good access to a range of interventions to increase psychological well-being. In our survey, 62% of prisoners who had a mental health problem said that they had received help. There was an open referral system and prisoners were allocated at weekly referral meetings. This could take two weeks, but urgent referrals were seen on the same or the following day.
- 2.58** In the previous six months, the team had received 84 referrals. Mental health practitioners offered one-to-one interventions to 17 patients, but prisoners could also participate in groups focusing on low mood and anxiety, which was a positive development. In the previous six months, only six patients had presented with severe and enduring mental health problems, and they had been managed well under the care programme approach. There had been no transfers under the Mental Health Act in the previous 12 months.
- 2.59** A psychiatrist held monthly clinics, a nurse prescriber reviewed medicines fortnightly, and neurodevelopmental practitioners offered interventions for patients with a learning disability, acquired brain injury or autism. Prisoners could access bereavement counselling through the chaplaincy. Psychological input to focus on trauma was planned but not yet in place.
- 2.60** The team was well integrated into the prison. They attended safer custody meetings and assessment, care in custody and teamwork (ACCT) case management reviews. Ninety-nine per cent of officers had undertaken mental health awareness training, to which AWP contributed.

### Recommendation

- 2.61** **Trauma-informed psychological support should be available for prisoners.**



## Substance use treatment<sup>13</sup>

- 2.62** Substance use services were provided by AWP's integrated well-being team. A recovery worker offered induction input, and the service was easily accessible. In our survey, 9% of respondents said that they had had a drug problem when they arrived at the prison, and 12% that they had had an alcohol problem. Prisoners were positive about the help they received with these problems.
- 2.63** In the previous six months, 52 prisoners had been assessed for substance use support. The current caseload for structured one-to-one work, which mainly focused on relapse prevention, stood at 12. Prisoners could also undertake alcohol awareness groups, and a 'Spice'<sup>14</sup> awareness module had recently started. Self-management and recovery training sessions ran fortnightly and were well attended, but participants noted the lack of a peer mentor scheme to provide additional support.
- 2.64** Only two prisoners had required opiate substitutes in the previous two years, and none at the time of the inspection, but there were protocols and resources to provide treatment, and methadone was stocked in case it was needed.
- 2.65** Substance use and mental health practitioners were co-located, shared patient records and co-facilitated groups, which benefited patients. Partnership working with the prison had improved. Prisoners testing positive in random drug tests were referred to the team for support.
- 2.66** Few prisoners were released directly from the prison but all those with substance use problems received harm reduction advice and naloxone to treat opiate overdose in the community.

## Medicines optimisation and pharmacy services

- 2.67** Pharmacy provision was well managed and medicines were provided by the registered pharmacy at HMP Bristol. Systems to order, transport and store medicines were safe and effective. Heat-sensitive medications were stored in an appropriate refrigerator, the temperature of which was monitored.
- 2.68** Medicines reconciliation took place at reception and was undertaken by the pharmacy technician. The amount of stock held locally was adequate and appropriate. Prescriptions could be obtained from an out-of-hours GP service.
- 2.69** Medicines were administered from the dispensary on Severn wing at 8am, 1pm and 5pm, supervised by a custody officer.
- 2.70** Most prisoners were on in-possession medication. For all of the records we sampled, there was an up-to-date in-possession risk assessment stored on SystemOne. All prisoners had a keycode safe in their cell to store medicines securely (see also paragraph 2.3). Intelligence-led checks of these were conducted when appropriate.

<sup>13</sup> In the previous report substance use treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

<sup>14</sup> Spice is one of a growing number of synthetic cannabinoids – man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

- 2.71** The pharmacist provided weekly clinics, clinically screened all prescriptions and undertook regular prescribing audits. This service was enhanced further by the full-time pharmacy technician. Clinical oversight of prisoners on complex prescribing regimes was good.
- 2.72** Health services staff could administer a reasonable range of medicines without a prescription, supported by patient group directions (which enable nurses to supply and administer prescription-only medicines), and pharmacy policies were in place and followed. Prisoners could order over-the-counter medicines from the 'health bar', and health services care staff provided clinical oversight of the orders (see also paragraph 2.8).
- 2.73** There was excellent oversight of medicines management through robust governance arrangements and regular, well-attended medicines management meetings. There were well-developed links with the prison for information sharing.
- 2.74** The audit trail for the controlled drugs cabinet keys was robust and there was a safe process for disposing of medicines. Controlled drugs were very well managed.

### Dental services and oral health

- 2.75** Time for Teeth provided a good and effective service. A full range of NHS community dental services was available. Oral health and disease prevention were well promoted and appropriate. Waiting times were reasonable, at between six weeks to see a dentist and eight weeks to see a dental therapist. Embargoed slots ensured that prisoners with urgent dental needs were seen promptly. Provision was also available for those who required out-of-hours emergency dental care. Prisoners had prompt access to medicines following dental intervention, when required. The dental room met infection control standards, and dental equipment was maintained and serviced regularly. A separate decontamination room complied with best practice.

## 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 that prisoners could spend out of their cells was very good, and far better than at most other prisons, at over 10 hours during the week and over nine hours at weekends. The core day (the daily routine for prisoners) was well advertised, understood and adhered to consistently.
- 3.2 No prisoners were locked up during the core day unless subject to segregation conditions. Prisoners were normally actively employed for over 20 hours a week, which was more than we normally see, and had an input in timetabling their activities during the week. There were no specific association periods but within the week each prisoner had four 'rest' periods, where they could choose to take their association and domestics time, attend additional education classes or gym sessions, or undertake other voluntary activities. This gave prisoners a small degree of control over their time, which in turn contributed to the calm and ordered atmosphere in the prison.
- 3.3 The library service was good. The library was open from Monday to Friday for four sessions a day: two in the morning and two in the afternoon. In our survey, 58% of respondents said that they typically went to the library once a week or more, which was less than at the time of the previous inspection (72%). Despite the decrease, the numbers attending the library were comparable with those at similar prisons. Prisoners could no longer drop in to the library, but instead had to book sessions in advance. The prison had responded to this problem by allowing prisoners to telephone the library from their cells to order books, which were then delivered to them.
- 3.4 The quantity and quality of library materials met the needs of the population. In our survey, 68% of those who used the library said that it had a wide enough range of materials to meet their needs, which was more than at other category C training prisons (57%). The stock was more tailored to the needs of the population than at the time of the previous inspection, and included a wide range of fiction and non-fiction. Specialist interests were catered for. Prisoners who were not on the basic level of the incentives and earned privileges scheme could borrow DVDs and CDs. They could easily access a wide range of reference books, and Prison Service Instructions and policies.
- 3.5 The library was staffed by three prisoner orderlies and an officer who was working towards a professional librarian qualification. The environment was informal and relaxed. The library promoted reading by running a six-book challenge (an initiative inviting individuals to select six books and record their reading in a diary), and about 35 prisoners a year participated.
- 3.6 Facilities for PE were good, and comprised a large sports hall, all-weather pitch and a smaller gym. Prisoners had good access to these facilities and could book at least one session a week. The PE department was staffed by the equivalent of 3.8 full-time instructors, supported by four prisoner orderlies.

**3.7** The gym ran a varied programme that catered well for the population. This included sessions for over-40s, -50s, and -60s. PE staff ran 11 academies. Each 16-week academy focused on a sport or activity – for example, football, badminton or yoga. Prisoners could attend two academies a week. The PE department helped prisoners to gain accredited qualifications in sports studies. The PE induction took place weekly and was detailed, and new prisoners were given a helpful induction booklet. The small gym was open for 10 sessions a week and could accommodate 16 prisoners at a time. It contained a mixture of fixed and free weights, and cardiovascular machines. Changing facilities were clean and in good condition but showers remained unscreened.

### Good practice

- 3.8** *Prisoners had a degree of control over the activities that they completed each week. This contributed to a calm and ordered environment, and a less institutional aspect to daily life at the prison.*
- 3.9** *Prisoners could telephone the library from their cells to order books, which were then delivered to them.*

## Education, skills and work activities (Ofsted)<sup>15</sup>

### Expected outcomes:

**All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.<sup>16</sup>**

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

<b>Overall effectiveness of education, skills and work:</b>	<i>Good</i>
<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>

### Management of education, skills and work

**3.11** Managers had made substantial improvements since the previous inspection. They had introduced new activities, based on an annual needs analysis. The curriculum was well matched to the needs of the population. For example, a light industries workshop provided a suitable work environment for older prisoners and those with disabilities, and Lifeskills

<sup>15</sup> This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

<sup>16</sup> In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

courses helped prisoners with convictions for sex offences consider their options for future employment. Throughout the provision, there was an effective focus on skills for self-employment, which was highly appropriate for the prisoners at the establishment.

- 3.12** Facilities and equipment for training had improved and were now good. For example, the design and print workshop had been moved to a larger room and re-equipped with modern printers, computers and software. Ovens and production equipment in the bakery had been upgraded to industrial standards. The waste management unit remained too small for the number of prisoners employed, but a move to a larger site was planned. Information technology facilities were good, but there was no virtual campus (internet access for prisoners to community education, training and employment opportunities).
- 3.13** There were enough full-time activity places for the population, and almost all prisoners were employed full time. The range of activities was appropriate and included clear progression routes in vocational areas such as catering, design and print, and construction. In the new industry workshops, such as electrical appliance testing and repair, prisoners developed good employment skills, relevant to job and self-employment opportunities after release.
- 3.14** Support for open and distance learning was good. Almost 15% of prisoners were pursuing these courses, including through the Open University (OU). Prisoners who were transferred to the prison as OU students could continue their studies without interruption.
- 3.15** Induction was thorough and promoted the benefits of education appropriately. Allocation to activities was fair and efficient. However, prisoners were not routinely provided with advice and guidance to help them to set career goals and choose the activities most likely to support progress towards these. The pay policy was fair and did not discourage attendance at education classes.
- 3.16** Managers had improved the collection of data to evaluate the provision. For example, they had introduced monitoring of the ethnic origin and age composition of the prisoners on programmes, to identify gaps in participation. Improved individual tracking allowed them to monitor the progression of learners to more advanced courses and levels. However, data on some aspects of prisoners' performance, such as possible gaps in achievement of qualifications by different groups, were not yet analysed.
- 3.17** Managers regularly observed teaching, which had resulted in improvements. However, their judgments were not sufficiently focused on how well prisoners learned and progressed in each class. Issues identified were not summarised so that they could be used in planning quality improvements. Poor punctuality in some education classes (see below) was not always challenged.
- 3.18** Opportunities for the professional development of staff were good. Almost all had undertaken significant training and development in the last year, including teaching qualifications and degree-level management studies. This learning had been applied effectively to bring about improvements. For example, managers had improved the self-assessment process, which involved all teachers and produced a concise and accurate picture of the provision.
- 3.19** In almost all work areas, prisoners could gain a recognised vocational qualification. However, prisoners often waited too long to receive their qualification certificate from awarding bodies, reducing their motivation to participate.

## Recommendations

- 3.20** Prisoners should receive advice and guidance when choosing their activities, to ensure that they contribute to long-term resettlement goals.
- 3.21** Managers should thoroughly analyse course outcomes, to identify any underperformance by specific groups of learners.

## Quality of provision

- 3.22** The quality of most of the teaching was good. Teachers were skilled in their subjects and developed good relationships with prisoners, motivating them to develop new skills and knowledge. In most lessons, prisoners were enabled to work at their own pace and take ownership of their learning. Teachers had high expectations of prisoners' conduct. They created an atmosphere that was professional yet friendly, helping prisoners to make good progress.
- 3.23** Trainers embedded English and mathematics well into work and training activities. For example, in construction courses, prisoners developed mathematics and communication skills by producing cost estimates for each task, as they would for a potential customer. Prisoners on waste management courses told us that analysing and recording the types and sources of waste material had improved their English and mathematical skills.
- 3.24** Facilities for learning were good. Workshops were clean and well managed, providing a working environment that simulated real working conditions. Orderlies were appropriately qualified and were deployed effectively to support prisoners' progress. In vocational training and industry workshops, they oversaw work allocation and quality assurance. For example, in the bakery, one orderly assigned work projects to prisoners, while another provided support for craft skills teaching.
- 3.25** Detailed information about each prisoner's learning needs and abilities was recorded in group profiles, and in most cases these were used well by teachers to plan individualised learning. However, in a small number of classes, teachers did not use this information well enough. For example, in a mixed-ability English class, all prisoners worked on a topic which was not suitable for the less advanced learners. As a result, these prisoners made insufficient progress.
- 3.26** In practical sessions, teachers encouraged prisoners to build on their existing vocational skills and experience, and recorded their developing skills. However, prisoners' development of personal and social skills was not recorded. Managers had recognised this and were trialling different ways of recognising and recording these skills.
- 3.27** Teachers and peer mentors provided good support for prisoners with additional learning needs who found classwork difficult. However, there was no specialist support for those with more complex learning needs or specific learning difficulties. Teachers' feedback on written work was encouraging but focused too much on what prisoners did well and not enough on what needed to improve. Some marking did not correct prisoners' spelling, punctuation and grammar.
- 3.28** Some teachers did not plan enough activities to extend prisoners' knowledge of equality and diversity issues. There was a good emphasis on these issues in the Lifeskills programme, but not in most other classes.

## Recommendations

- 3.29** Individual targets and progress monitoring should be used in all classes, to ensure that all prisoners can make the progress of which they are capable.
- 3.30** Teachers' feedback on written work should correct spelling and grammatical errors, and should clearly tell prisoners how they can improve their work.

## Personal development and behaviour

- 3.31** Prisoners' behaviour in education lessons, training and work areas was good. They valued the opportunities to learn skills and achieve qualifications and employability skills that would help them in the future. These often included well-developed plans for self-employment.
- 3.32** Most prisoners enjoyed their work and were proud of the standards they achieved. They spoke highly of the support they received from teachers, and of the quality of the activities provided by the prison. They demonstrated positive attitudes and many believed that the support they received would help them to change their behaviour after release.
- 3.33** Prisoners developed an understanding of technical language. For example, in digital art, prisoners could discuss the stages of photograph editing in terms of layering, sequencing and finishing. In industrial and vocational training workshops, they demonstrated a good work ethic, completing tasks in a safe manner, within expected time limits and to industry standards.
- 3.34** Prisoners were supported effectively to improve their literacy and numeracy skills. Close links with the Shannon Trust (which provides peer-mentored reading plan resources and training to prisons) enabled prisoners to access effective literacy support. Managers had introduced a similar scheme for numeracy, enabling prisoners at all levels to improve these skills.
- 3.35** Prisoners developed an understanding of their responsibilities as citizens by participating in prison activities. For example, many took on responsibilities for supporting their peers as mentors or 'buddies' (prisoners who provide informal support across a range of issues). Workers in waste management enhanced their understanding of environmental issues. They were proud to have reduced greatly the amount of waste sent to landfill.
- 3.36** Attendance was generally good but punctuality was sometimes poor. Wing work did not contribute well to rehabilitation, as it was unchallenging and did not occupy prisoners for the full working day.

## Outcomes and achievements

- 3.37** Prisoners made good progress from their starting points because of good teaching and good support from mentors and peers. They enjoyed their studies, and qualification achievement rates were generally very good. However, in a small number of education courses, achievement rates required improvement.
- 3.38** In education classes, prisoners' standards of written work and knowledge were at or above the level required for their courses. Improvements in their work over time were evident in their course portfolios.

- 3.39** The standard of prisoners' practical work was good. In workshops producing products for outside companies, the work often exceeded customers' quality requirements. In vocational training, prisoners' written and practical work was of an excellent standard, and many achieved distinctions in their qualifications. There was suitable work for prisoners with disabilities.
- 3.40** Some prisoners who had completed craft courses were employed in work parties, carrying out maintenance and small repair tasks around the prison. This helped them to develop their skills further and maintain good work habits.



## Section 4. Rehabilitation and release planning

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

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

#### Expected outcomes:

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

- 4.1 The number of visits sessions met prisoner demand. Prisoners could easily book visits by using the touchscreen information kiosks on the wings (see paragraph 2.5). Visits lasted two hours but prisoners could apply for an additional hour, given the long distances that some families had to travel, which was a positive policy.
- 4.2 The visitors centre had been refurbished and the visits hall was functional, clean and bright. A good-sized children's room was available, with plenty of games and activities. In our survey, 90% of prisoners who received visits said that their families were treated respectfully by staff, which was considerably more than at similar prisons (74%).
- 4.3 There were four, well-received family days a year, which enabled prisoners to spend quality time with their children in a less formal environment. The prison provided a meal and children's activities through the day. All eligible prisoners had access to the family days.
- 4.4 Storybook Dads (in which prisoners record stories for their children) had restarted since the previous inspection. The Newbridge Foundation<sup>17</sup> and Salvation Army Family Links<sup>18</sup> worked with prisoners who did not receive visits, and helped those who had lost touch with family members to re-establish contact.
- 4.5 'Families and friends at the centre of throughcare' was an excellent Serco-wide programme, whereby a new prisoner and his family met his key worker (see also paragraphs 2.2 and 4.13) jointly, and then had a visit. This enabled family members to ask questions and become involved in the planning process for the prisoner.
- 4.6 Prisoners had telephones in their cells, and in our survey 99% of respondents said that they could use the telephone every day. Mail was delivered within 24 hours of arrival; staff worked hard to ensure this, with mail suspected to include illicit substances checked at a nearby prison on the day of delivery (see also paragraph 1.28).

<sup>17</sup> New Bridge Foundation is a charitable organisation that provides volunteers to contact prisoners who do not receive visits or have family contact.

<sup>18</sup> Salvation Army Family Links is an organisation that tries to put prisoners back in touch with family members they have lost contact with.

## Reducing risk, rehabilitation and progression

### Expected outcomes:

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

- 4.7** The prison had done some work to coordinate the offender management and resettlement functions but this did not inform the overall strategic management of reducing reoffending, which was underdeveloped. The reducing reoffending strategy set out processes and delivery frameworks, and some efforts had been made to incorporate the needs of the population, but this was not clear and lacked sufficient, focused detail to describe the current position or intended direction of the work. It was undermined by the lack of a comprehensive, up-to-date population needs analysis, to ensure that provision was relevant. The strategy did not clearly identify strengths, challenges and emerging needs to set priorities and improve outcomes for prisoners.
- 4.8** The frequency of the reducing reoffending meetings had recently changed from quarterly to bimonthly, and attendance had improved and was reasonable. The prison-wide action plan was underdeveloped and did not routinely review strategic goals or measure progress.
- 4.9** All prisoners had been convicted of sexual offences and nearly all were serving sentences of four years or more. Eighty-five per cent of them had been assessed as presenting a high or very high risk of harm. There were, on average, only four receptions and two releases per week, and two-thirds of prisoners had been at the establishment for over 12 months.
- 4.10** Too many prisoners – about 45%, more than double the figure at the time of the previous inspection – did not have an up-to-date offender assessment system (OASys) assessment. Most of these were the responsibility of the community offender managers. Of these OASys assessments, 15% had not been reviewed in the last three years. This jeopardised the prison's ability to reduce prisoners' risk (see main recommendation S38).
- 4.11** Offender management was contracted out to Catch 22 (a social business). There were two senior offender supervisors, seven offender supervisors and two case administrators. There were no probation officers or probation-trained offender supervisors to provide professional supervision, advice and support to staff. Offender supervisors were not cross-deployed to other duties in the prison.
- 4.12** Offender supervisors each carried manageable caseloads of about 60 prisoners. They had received training in OASys, motivational interviewing and resilience techniques, but had still not received formal training to work with sex offenders. They lacked the skills and confidence to work with complex and high-risk prisoners – for example, consolidating prisoners' learning after completing accredited programmes; work with prisoners in denial of their offence; and work with those not suitable for accredited programmes (see main recommendation S39).
- 4.13** Phase I of the Offender Management in Custody model had been rolled out, and all prisoners had a key worker and tended to get fortnightly contact with them.<sup>19</sup> However, it was too early to judge the impact on offender management as full implementation was not due until later in 2019.

<sup>19</sup> 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 gradually from 2019.

- 4.14** The levels of regular, meaningful contact between offender supervisors and prisoners had deteriorated since the previous inspection. Although contact took place quarterly, too much of it comprised messages sent through the wing information kiosks, rather than being face to face. In many cases, contact was mainly reactive, focused on milestones and triggered by events such as parole hearings and recategorisation reviews, with little one-to-one work to address offending behaviour and drive sentence planning, motivation and progression (see main recommendation S38).
- 4.15** Too many prisoner contacts were recorded on separate contact logs, rather than on P-Nomis (electronic case notes). This reduced the amount of information sharing with other prison staff.
- 4.16** At the time of the inspection, the prison held 10 prisoners serving life sentences and 27 who were subject to indeterminate sentences for public protection; most of these prisoners were over tariff, some by many years. There was no strategic action to support this group, or any specific provision for these prisoners, such as focused one-to-one work or lifer days.
- 4.17** For prisoners eligible for parole, the submission of dossier paperwork was timely, and monitoring effective. Release on temporary license and home detention curfew were not used.

## Public protection

- 4.18** Public protection procedures were reasonably good, and the links between offender management and public protection staff, who were located separately, had improved since the previous inspection.
- 4.19** The interdepartmental risk management team (IRMT) meeting took place fortnightly, was well attended and was given sufficient priority by the whole prison. New arrivals and those who were six months and one month before release were routinely discussed.
- 4.20** There were 264 multi-agency public protection arrangements (MAPPAs) level 1 prisoners, 16 level 2 prisoners, three level 3 prisoners and 111 prisoners for whom the MAPPA management level had not yet been set. MAPPA levels 2 and 3 prisoners and all upcoming releases were discussed in the IRMT meeting. Requests from offender supervisors to community offender managers for MAPPA management levels at the six-month pre-release point did not routinely take place. Offender supervisors worked well with offender managers to plan for prisoners' release, and MAPPA F forms (information-sharing reports) were completed to an adequate standard.
- 4.21** At the time of the inspection, there were 330 prisoners subject to child contact restrictions, 12 of which were level 4. The prison conducted its own child contact arrangements for all new arrivals. Assessments and reviews were thorough and systematic, and informed by appropriate multi-agency input.
- 4.22** All new arrivals were no longer automatically subject to mail and telephone monitoring. At the time of the inspection, 12 prisoners were subject to intelligence-led telephone and mail monitoring, and reviews were comprehensive and timely. Monitoring was up to date and the public protection unit had effective tracking systems.

## Categorisation and transfers

- 4.23** Recategorisation reviews were timely and processes were well managed. In the cases we checked, decisions were reasonable. Recategorisation boards were held every two weeks and informed by appropriate contributions.
- 4.24** Over the previous six months, 83 prisoners had been awarded category D status. At the time of the inspection, there were 60 prisoners who had been approved for category D who were waiting for a transfer, some for nearly a year, which was too long. These excessive delays were often due to a lack of places in open prisons for prisoners convicted of sexual offences.

## Recommendations

- 4.25** **A comprehensive reducing reoffending strategy should be developed, based on a full analysis of offending-related needs and supported by a detailed action plan which is monitored and updated rigorously.**
- 4.26** **All prisoner contacts should be logged and recorded on P-Nomis.**

## Interventions

### Expected outcomes:

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

- 4.27** The prison delivered two accredited offending behaviour programmes: Kaizen (a high-intensity programme for prisoners convicted of sexual offences) and Horizon (a moderate-intensity programme for prisoners convicted of sexual offences).
- 4.28** The programmes team had done some good work to understand the needs of the population. They had dynamic processes to place prisoners on courses, based on risk, treatment responsiveness, readiness and length of sentence left to serve. These processes were used to manage programme waiting lists. However, there were not enough places available to meet the needs of the population. For example, in the current financial year, there were only 30 places available on the Horizon programme and 17 on the Kaizen programme (see main recommendation S40).
- 4.29** The programmes team reassessed medium- or high-risk prisoners who had denied their offence or lacked motivation, to see if they were now ready for a programme. Work had begun to reassess low-risk prisoners to see if their circumstances had changed.
- 4.30** In the previous six months, six prisoners had been transferred to other prisons to access programmes that were unavailable at Ashfield. The prison recognised that there was no programme for prisoners with low-level cognitive skills, and had made a business case to introduce the Better New Me+ programme. Subject to staff being trained to deliver the programme, it was due to start in summer 2019. Seven prisoners were on the national waiting list to be transferred to another prison to undertake the Healthy Sex programme. A further five prisoners were being referred to the waiting list.
- 4.31** There were not enough treatment opportunities to progress prisoners through their sentence. A limited number of places on the Kaizen and Horizon programmes for those maintaining their innocence were available, but offender supervisors did not do enough one-to-one work to motivate and progress prisoners in their sentence and reduce their risk. In

our survey, fewer prisoners who had a sentence plan than at other category C prisons said that they had done one-to-one work (22% versus 37%) (see main recommendation S40).

- 4.32** Most prisoners were released to approved premises, and their accommodation needs were confirmed by community offender managers. Catch 22 provided support in finding suitable accommodation for the few prisoners who were not eligible for approved premises. Over the previous six months, 46 prisoners had been released directly from the establishment: 40 had gone into sustainable accommodation, five had been released into temporary accommodation or needed to present at the local authority as having no fixed abode, and one prisoner had been deported.
- 4.33** Prisoners could access information and signposting support relating to finance, benefits and debt from the two prison orderlies who managed the resettlement and information office. Citizens Advice also provided weekly sessions. Prisoners could apply to open bank accounts. Over the previous six months, 25 prisoners had applied for bank accounts; of these, 18 had been successful, six unsuccessful and one application was pending.

## 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 establishment was not a resettlement prison, but about eight prisoners a month, nearly double the number at the time of the previous inspection, were released into the community, most of whom were high risk.
- 4.35** In the cases we reviewed of prisoners nearing release, offender supervisors had provided adequate levels of resettlement support and engaged well with community offender managers to ensure that the necessary release planning was in place. Two prison orderlies provided a range of resettlement information and signposting support; they were visible, well regarded and utilised by prisoners. The resettlement and information office was well resourced, with up-to-date information and leaflets. Over the previous three months, prison orderlies had seen 222 prisoners and dealt with 571 enquiries.



# Section 5. Summary of recommendations and good practice

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

## Main recommendations

To the governor

- 5.1** All prisoners should have regular face-to-face contact with an offender supervisor. (S38)
- 5.2** All prisoners should have an up-to-date offender assessment system (OASys) assessment, to help them to address their offending behaviour and ensure that their progression is monitored effectively. (S38)
- 5.3** Offender supervisors should receive specific training in working with prisoners convicted of sexual offences. In addition, they should receive ongoing supervision, advice and guidance from an experienced practitioner, such as a senior probation officer. (S39)
- 5.4** A full range of interventions should be available to meet the needs of the population, including for those prisoners in denial of their offence and those with low-level cognitive skills. (S40)

## Recommendations

### Early days in custody

- 5.5** Prisoners not subject to child protection or harassment measures should be allowed to contact their family on arrival. (1.7)

### Managing behaviour

- 5.6** All violent incidents should be thoroughly investigated, to address violent behaviour and support victims. (1.14)
- 5.7** The disparity between the low number of violent incidents and prisoners' perceptions of safety should be investigated and addressed. (1.15)
- 5.8** Managers should scrutinise all use of force documentation and video footage, to identify good practice and areas for improvement. (1.20)

### Security

- 5.9** Intelligence reports should be promptly collated and analysed, and used to identify current and emerging threats. (1.29)
- 5.10** The drug strategy should be informed by a comprehensive needs analysis and have a whole-prison approach. (1.30)

## **Safeguarding**

- 5.11** Investigations into serious acts of self-harm or attempted suicide should be thorough and identify lessons for improvement. (1.37)

## **Daily life**

- 5.12** Emergency cell call bell data should be monitored and analysed. (2.6)

## **Equality, diversity and faith**

- 5.13** A senior manager should have personal responsibility for leading equality and diversity work. Monitoring data should be regularly scrutinised to identify discrimination in treatment and access to services. (2.20)
- 5.14** Older prisoners and those with disabilities should have multidisciplinary care plans that outline their needs and identify actions required to support them. (2.28)

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

- 5.15** There should be an up-to-date health and social care needs analysis. (2.41)
- 5.16** Trained and supervised peer workers and health trainers should offer health information and support to prisoners. (2.43)
- 5.17** All prisoners with long-term health conditions should have a care plan. (2.50)
- 5.18** Trauma-informed psychological support should be available for prisoners. (2.61)

## **Education, skills and work activities**

- 5.19** Prisoners should receive advice and guidance when choosing their activities, to ensure that they contribute to long-term resettlement goals. (3.20)
- 5.20** Managers should thoroughly analyse course outcomes, to identify any underperformance by specific groups of learners. (3.21)
- 5.21** Individual targets and progress monitoring should be used in all classes, to ensure that all prisoners can make the progress of which they are capable. (3.29)
- 5.22** Teachers' feedback on written work should correct spelling and grammatical errors, and should clearly tell prisoners how they can improve their work. (3.30)

## **Categorisation and transfers**

- 5.23** A comprehensive reducing reoffending strategy should be developed, based on a full analysis of offending-related needs and supported by a detailed action plan which is monitored and updated rigorously. (4.25)
- 5.24** All prisoner contacts should be logged and recorded on P-Nomis. (4.26)



## Examples of good practice

### Safeguarding

- 5.25** The prisoner intervention plan process provided continuous support for prisoners who had previously self-harmed, irrespective of whether they were in crisis or on an assessment, care in custody and teamwork (ACCT) document. This process identified issues at the earliest point, enabling staff intervention and potentially reducing instances of self-harm. (1.38)

### Daily life

- 5.26** Prisoners could, with appropriate clinical oversight, purchase over-the-counter health care items such as paracetamol and antiseptic cream. (2.9)
- 5.27** Duty director consultation sessions were held every weekend, enabling prisoners to convey concerns directly to a senior manager. (2.14)

### Health, well-being and social care

- 5.28** The monthly social care drop-in service was an excellent initiative, allowing prisoners to discuss issues with a social worker, occupational therapist and health care worker. (2.56)

### Time out of cell

- 5.29** Prisoners had a degree of control over the activities that they completed each week. This contributed to a calm and ordered environment, and a less institutional aspect to daily life at the prison. (3.8)
- 5.30** Prisoners could telephone the library from their cells to order books, which were then delivered to them. (3.9)



## Section 6. Appendices

### Appendix I: Inspection team

Peter Clarke	Chief Inspector
Colin Carroll	Team leader
Jade Richards	Inspector
Paul Rowlands	Inspector
Natalie Heeks	Inspector
Beverley Alden	Inspector
David Foot	Inspector
Joe Simmonds	Researcher
Charli Bradley	Researcher
Holly Tuson	Researcher
Rachel Duncan	Researcher
Amilcar Johnson	Researcher
Shaun Thomson	Lead health and social care inspector
Sigrid Engelen	Health and social care inspector
Gary Turney	Care Quality Commission inspector
Steve Oliver-Watts	Ofsted inspector
Rebecca Perry	Ofsted inspector
Tracey Zimmerman	Ofsted inspector
Paddy Doyle	Offender management inspector



## Appendix II: Progress on recommendations from the last report

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

### Safety

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

*At the last inspection, in 2015, prisoners felt safe on their first night and they were well cared for. The prisoner-led induction was comprehensive. The number of violent incidents was very low. Violence reduction procedures were effective. The few prisoners in crisis received very good care and the number of self-harm incidents was low. At-risk prisoners were cared for and protected. Security arrangements were proportionate. Use of segregation was low but we were not persuaded of the need for the designated segregation cells. The incentive and earned privileges scheme contributed to the smooth running of the prison and was generally applied fairly. The number of adjudications was low but a minority of punishments were too severe. Staff rarely used force. Substance misuse services were effective. Outcomes for prisoners were good against this healthy prison test*

### Recommendations

First night risk assessment interviews should be conducted in private and should use all available information to assess levels of risk. (1.10)

**Achieved**

ACCT documents should contain legible entries. (1.24)

**Not achieved**

The Here 2 Hear facilitators should meet regularly to discuss their work, debrief and share best practice. (1.25)

**Achieved**

Staff should rigorously oversee and supervise the safer custody peer support team. (1.26)

**Achieved**

Punishments following adjudications should be fair and proportionate. (1.58)

**Achieved**

The designation of cells for segregation in Avon House should be reviewed to ensure the best outcomes for those being segregated and other prisoners on the wing. (1.59)

**Achieved**

The substance misuse strategy should contain detailed development targets which are informed by a comprehensive needs analysis, and a multi-agency substance misuse strategy group should meet regularly to implement the strategy. (1.64)

**Partially achieved**

Prisoners should be able to complete their methadone reduction regimes and prescribing regimes should be based on individual need. (1.65)

**Achieved**

## Respect

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

*At the last inspection, in 2015, prisoners lived in clean and decent residential units. Relationships between staff and prisoners were very good. The promotion of diversity was good and consultation was excellent. Outcomes for most protected groups were good. Faith provision was generally good. The number of complaints was low and they were dealt with fairly. Overall health services were very good. Food was very good and prisoners could buy a suitable range of products. Outcomes for prisoners were good against this healthy prison test.*

### Main recommendations

The negative perceptions of black and minority ethnic prisoners and their low re-categorisation rate should be investigated. The outcomes of this investigation should be acted on to ensure that black and minority ethnic prisoners are not unfairly disadvantaged. (S24)

**Achieved**

### Recommendations

Cells should be adequately ventilated. (2.7)

**Not achieved**

Staff should use professional interpretation services in interviews with prisoners who do not speak English when accuracy or confidentiality is required. (2.26)

**Not achieved**

Prisoners who are appealing their sentence or conviction should be able to borrow 'access to justice' laptops. (2.34)

**No longer relevant**

All staff who have regular contact with prisoners should be trained in resuscitation and use of the automated defibrillator. (2.54)

**Achieved**

Prisoners should not have to queue outside to receive their medicines and nurses should be able to see and hear the prisoner clearly. (2.71)

**Achieved**

Prisoners with urgent clinical needs should be prioritised and they should receive appropriate prescriptions for pain and/or infection, and in line with good community practice. (2.86)

**Achieved**

Dental staff should change outside the dental suite and store their personal belongings outside the clinical area. (2.87)

**Achieved**

Cleaning arrangements for the dental suite should meet national requirements. (2.88)

**Achieved**

Chemical waste should be collected and stored in line with national requirements. (2.89)

**Achieved**

Counselling should be available for prisoners with trauma or loss issues. (2.95)

**Partially achieved**

Breakfast should be served on the day it is eaten. (2.105)

**Not achieved**

## Purposeful activity

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

*At the last inspection, in 2015, time out of cell was very good. Education and training did not reflect the needs of the population. Too many classes were led by teachers who were not appropriately qualified or by prisoners. There were enough activity places but some prisoners were underemployed. Teaching was not of a high enough standard. Prisoners developed good skills in vocational training. The library did not fully meet the needs of the prisoners. Access to the physical education department was good. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

## Main recommendations

The learning and skills provision should be based on an effective analysis of the needs of the population. (S25)

**Achieved**

## Recommendations

Quantitative programme data and targets should be used to drive up standards. (3.9)

**Achieved**

Effective initial assessment should be introduced and the results used to inform provision. (3.10)

**Achieved**

All teachers should be appropriately qualified and effective absence cover should be introduced. (3.11)

**Achieved**

Comprehensive quality assurance arrangements should be introduced to enable rapid improvements in performance. (3.12)

**Partially achieved**

All prisoners should be enabled to undertake learning to improve their English and mathematics skills. (3.18)

**Achieved**

All prisoners undertaking work should be fully occupied. (3.19)

**Partially achieved**

Prisoners' personal and social skills development should be recognised and recorded to support resettlement objectives. (3.25)

**Not achieved**

There should be good quality learning support, resources and accommodation. (3.26)

**Achieved**

Induction should promote prisoners' understanding of the available learning and skills provision. (3.27)

**Achieved**

All prisoners should achieve a high standard in English and mathematics. (3.31)

**Achieved**

Prisoners who are required to should attend all English and mathematics sessions. (3.32)

**Achieved**

The library stock should reflect the needs of the prison's population. (3.38)

**Achieved**

Prisoners should be well supervised when undertaking physical education. (3.43)

**Achieved**

Showers in the gym should be appropriately screened to ensure privacy. (3.44)

**Not achieved**

## Resettlement

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

*At the last inspection, in 2015, the management of resettlement was fragmented and the prison lacked an up-to-date strategy. Contact between prisoners and offender supervisors was regular and appropriate. OASys assessments were generally good but too many were not up to date. Offender managers were not always informed in time of MAPPAs (multi-agency public protection arrangements). Recategorisation boards generally made appropriate decisions. Resettlement pathway work for the few prisoners released directly into the community was good. Not enough was done to motivate prisoners in denial or address the offending behaviour of others. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendations

A full range of interventions should be available to meet the identified needs of the population, including the extended sex offenders' treatment programme and motivational programmes for those in denial of their offence. (S26)

**Not achieved**



## Recommendations

The reducing re-offending strategy should incorporate offender management and resettlement work, be based on a robust needs analysis, and reflect the needs of the population at Ashfield. (4.5)

**Not achieved**

Offender supervisors should be trained to work with sex offenders. (4.13)

**Not achieved**

All prisoners should have an up-to-date and good quality OASys and sentence plan, which should be reviewed as required including following a significant change, such as being deemed unsuitable for the sex offender treatment programme. (4.14)

**Not achieved**

Links between the offender management and public protection units should be robust. Staff in both units should have a clear and common understanding of their responsibilities and MAPPA processes. (4.19)

**Achieved**

MAPPA levels should be consistently and accurately recorded, and MAPPA alerts on NOMIS should be reviewed to ensure they remain up to date. (4.20)

**Not achieved**

Managers should closely oversee the work of induction orderlies. (4.27)

**Achieved**

The virtual campus should be available to prisoners. (4.30)

**No longer relevant**

The visitors' centre should be well decorated and fit for visitors. (4.38)

**Achieved**

Visitor toilets in the visits hall should be kept in a good state of repair. (4.39)

**Achieved**

A programme should be developed to help prisoners to maintain family ties and should include regular family days and a parenting programme. (4.40)

**Achieved**

Prisoners unsuitable for interventions at Ashfield should not be routinely admitted. (4.45)

**Not 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		376	96.2
Recall		15	3.8
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees			
<b>Total</b>		<b>391</b>	<b>100</b>

Sentence	18–20-year-olds	21 and over	%
Unsentenced			
Less than six months			
six months to less than 12 months			
12 months to less than 2 years		2	0.5
2 years to less than 4 years		11	2.8
4 years to less than 10 years		168	43.0
10 years and over (not life)		171	43.7
ISPP (indeterminate sentence for public protection)		28	7.2
Life		11	2.8
<b>Total</b>		<b>391</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years		
21 years to 29 years	72	18.4
30 years to 39 years	87	22.3
40 years to 49 years	67	17.1
50 years to 59 years	86	22.0
60 years to 69 years	37	9.5
70 plus years	42	10.7
Please state maximum age here:	88	
<b>Total</b>	<b>391</b>	<b>100</b>

Nationality	18–20-year-olds	21 and over	%
British		364	93.1
Foreign nationals		27	6.9
<b>Total</b>		<b>391</b>	<b>100</b>

<b>Security category</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
Uncategorised unsentenced			
Uncategorised sentenced			
Category A			
Category B			
Category C		334	85.4
Category D		57	14.6
Other			
<b>Total</b>		<b>391</b>	<b>100%</b>

<b>Ethnicity</b>	<b>18–20-year-olds</b>	<b>21 and over</b>	<b>%</b>
White			
British		301	77.0
Irish		7	1.8
Gypsy/Irish Traveller		6	1.5
Other white		13	3.3
Mixed			
White and black Caribbean		9	2.3
White and black African		2	0.5
White and Asian		1	0.3
Other mixed		1	0.3
Asian or Asian British			
Indian		3	0.8
Pakistani		16	4.1
Bangladeshi		5	1.3
Chinese		1	0.3
Other Asian		4	1.0
Black or black British			
Caribbean		11	2.8
African		7	1.8
Other black			
Other ethnic group			
Arab		1	0.3
Other ethnic group		1	0.3
Not stated		2	0.5
<b>Total</b>		<b>391</b>	<b>100</b>

Religion	18–20-year-olds	21 and over	%
Baptist			
Church of England		85	21.7
Roman Catholic		40	10.2
Other Christian denominations		64	16.4
Muslim		31	7.9
Sikh			
Hindu		3	0.8
Buddhist		14	3.6
Jewish			
Other		26	6.6
No religion		128	32.7
<b>Total</b>		<b>391</b>	<b>100</b>

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

### Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			19	4.9
1 month to 3 months			28	7.2
3 months to six months			62	15.9
six months to 1 year			83	21.2
1 year to 2 years			100	25.6
2 years to 4 years			87	22.3
4 years or more			12	3.1
<b>Total</b>			<b>391</b>	<b>100</b>

### Sentenced prisoners only

	18–20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry			
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).		391	100
<b>Total</b>		<b>391</b>	<b>100</b>

### Unsentenced prisoners only

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

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

## Appendix IV: Photographs



A double cell on Severn house block



Landing on Severn house block





Artificial grass track at HMP Ashfield



# Appendix V: Prisoner survey methodology and results

## Prisoner survey methodology

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

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.<sup>20</sup>

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

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

### Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-Nomis prisoner population printout ordered by cell location. Using a robust statistical formula, HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.<sup>21</sup> In smaller establishments, we may offer a questionnaire to the entire population.

### Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity.<sup>22</sup> Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

### Survey response

At the time of the survey on 25 March 2019, the prisoner population at HMP Ashfield was 399. Using the sampling method described above, questionnaires were distributed to 178 prisoners. We received a total of 165 completed questionnaires, a response rate of 93%. This included one questionnaire completed via face-to-face interview. Five prisoners declined to participate in the survey and eight questionnaires were either not returned at all, or returned blank.

<sup>20</sup> Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

<sup>21</sup> 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

<sup>22</sup> For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

## Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Ashfield. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.<sup>23</sup> Missing responses have been excluded from all analyses.

### Full survey results

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

#### Responses from HMP Ashfield 2019 compared with those from other HMIP surveys<sup>24</sup>

- Survey responses from HMP Ashfield in 2019 compared with survey responses from other category C training prisons inspected since September 2017.
- Survey responses from HMP Ashfield in 2019 compared with survey responses from HMP Ashfield in 2015.

#### Comparisons between self-reported sub-populations of prisoners within HMP Ashfield 2019<sup>25</sup>

- Responses of prisoners from black or minority ethnic groups compared with those of white 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 70 and over compared with those under 70.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.<sup>26</sup>

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

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

<sup>23</sup> Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

<sup>24</sup> These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

<sup>25</sup> These analyses are carried out on summary data from selected survey questions only.

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

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

## Survey summary

### Background information

<b>I.1</b>	<b>What wing or houseblock are you currently living on?</b>	
	Avon A	23 (14%)
	Avon B	19 (12%)
	Avon C	22 (13%)
	Avon D	15 (9%)
	Severn A	25 (15%)
	Severn B	19 (12%)
	Severn C	23 (14%)
	Severn D	14 (8%)
	Brunel	5 (3%)
<b>I.2</b>	<b>How old are you?</b>	
	Under 21	0 (0%)
	21 - 25	15 (9%)
	26 - 29	14 (9%)
	30 - 39	38 (23%)
	40 - 49	33 (20%)
	50 - 59	27 (16%)
	60 - 69	17 (10%)
	70 or over	20 (12%)
<b>I.3</b>	<b>What is your ethnic group?</b>	
	White - English/ Welsh/ Scottish/ Northern Irish/ British	129 (79%)
	White - Irish	2 (1%)
	White - Gypsy or Irish Traveller	4 (2%)
	White - any other White background	5 (3%)
	Mixed - White and Black Caribbean	4 (2%)
	Mixed - White and Black African	0 (0%)
	Mixed - White and Asian	1 (1%)
	Mixed - any other Mixed ethnic background	1 (1%)
	Asian/ Asian British - Indian	3 (2%)
	Asian/ Asian British - Pakistani	5 (3%)
	Asian/ Asian British - Bangladeshi	2 (1%)
	Asian/ Asian British - Chinese	0 (0%)
	Asian - any other Asian Background	2 (1%)
	Black/ Black British - Caribbean	2 (1%)
	Black/ Black British - African	2 (1%)
	Black - any other Black/ African/ Caribbean background	1 (1%)
	Arab	0 (0%)
	Any other ethnic group	0 (0%)
<b>I.4</b>	<b>How long have you been in this prison?</b>	
	Less than 6 months	33 (20%)
	6 months or more	131 (80%)
<b>I.5</b>	<b>Are you currently serving a sentence?</b>	
	Yes	164 (99%)
	Yes - on recall	1 (1%)
	No - on remand or awaiting sentence	0 (0%)
	No - immigration detainee	0 (0%)

**1.6 How long is your sentence?**

Less than 6 months	1 (1%)
6 months to less than 1 year	2 (1%)
1 year to less than 4 years	16 (10%)
4 years to less than 10 years	73 (45%)
10 years or more	55 (34%)
IPP (indeterminate sentence for public protection)	14 (9%)
Life	3 (2%)
Not currently serving a sentence	0 (0%)

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

Yes	44 (27%)
No	114 (70%)
Don't remember	6 (4%)

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

Less than 2 hours	102 (62%)
2 hours or more	54 (33%)
Don't remember	8 (5%)

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

Yes	134 (82%)
No	22 (13%)
Don't remember	7 (4%)

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

Very well	65 (40%)
Quite well	83 (51%)
Quite badly	14 (9%)
Very badly	2 (1%)
Don't remember	0 (0%)

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

Problems getting phone numbers	34 (21%)
Contacting family	39 (25%)
Arranging care for children or other dependants	0 (0%)
Contacting employers	1 (1%)
Money worries	19 (12%)
Housing worries	8 (5%)
Feeling depressed	37 (23%)
Feeling suicidal	8 (5%)
Other mental health problems	21 (13%)
Physical health problems	28 (18%)
Drug or alcohol problems (e.g. withdrawal)	4 (3%)
Problems getting medication	8 (5%)
Needing protection from other prisoners	2 (1%)
Lost or delayed property	21 (13%)
Other problems	9 (6%)
Did not have any problems	61 (38%)

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

Yes	57 (36%)
No	39 (25%)
Did not have any problems when I first arrived	61 (39%)

**First night and induction**

<b>3.1</b>	<b>Before you were locked up on your first night here, were you offered any of the following things?</b>			
	Tobacco or nicotine replacement			56 (35%)
	Toiletries / other basic items			103 (64%)
	A shower			98 (60%)
	A free phone call			62 (38%)
	Something to eat			136 (84%)
	The chance to see someone from health care			104 (64%)
	The chance to talk to a Listener or Samaritans			64 (40%)
	Support from another prisoner (e.g. Insider or buddy)			87 (54%)
	Wasn't offered any of these things			9 (6%)
<b>3.2</b>	<b>On your first night in this prison, how clean or dirty was your cell?</b>			
	Very clean			86 (52%)
	Quite clean			68 (41%)
	Quite dirty			7 (4%)
	Very dirty			3 (2%)
	Don't remember			0 (0%)
<b>3.3</b>	<b>Did you feel safe on your first night here?</b>			
	Yes			159 (98%)
	No			4 (2%)
	Don't remember			0 (0%)
<b>3.4</b>	<b>In your first few days here, did you get:</b>			
		Yes	No	Don't remember
	Access to the prison shop / canteen?	141 (88%)	13 (8%)	7 (4%)
	Free PIN phone credit?	69 (45%)	67 (44%)	17 (11%)
	Numbers put on your PIN phone?	119 (76%)	32 (20%)	6 (4%)
<b>3.5</b>	<b>Did your induction cover everything you needed to know about this prison?</b>			
	Yes			140 (86%)
	No			19 (12%)
	Have not had an induction			4 (2%)

**On the wing**

<b>4.1</b>	<b>Are you in a cell on your own?</b>	
	Yes	102 (62%)
	No, I'm in a shared cell or dormitory	62 (38%)
<b>4.2</b>	<b>Is your cell call bell normally answered within 5 minutes?</b>	
	Yes	71 (44%)
	No	11 (7%)
	Don't know	80 (49%)
	Don't have a cell call bell	0 (0%)

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

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	152 (93%)	10 (6%)	1 (1%)
Can you shower every day?	164 (99%)	1 (1%)	0 (0%)
Do you have clean sheets every week?	158 (96%)	6 (4%)	0 (0%)
Do you get cell cleaning materials every week?	109 (67%)	47 (29%)	7 (4%)
Is it normally quiet enough for you to relax or sleep at night?	133 (82%)	29 (18%)	0 (0%)
Can you get your stored property if you need it?	109 (67%)	20 (12%)	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	50 (31%)
Quite clean	80 (49%)
Quite dirty	30 (19%)
Very dirty	2 (1%)

### Food and canteen

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

Very good	41 (25%)
Quite good	96 (59%)
Quite bad	21 (13%)
Very bad	4 (2%)

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

Always	59 (36%)
Most of the time	69 (42%)
Some of the time	29 (18%)
Never	8 (5%)

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

Yes	107 (66%)
No	52 (32%)
Don't know	2 (1%)

### Relationships with staff

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

Yes	138 (86%)
No	22 (14%)

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

Yes	138 (86%)
No	22 (14%)

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

Yes	109 (68%)
No	51 (32%)



<b>6.4</b>	<b>How helpful is your personal or named officer?</b>	
	Very helpful	81 (49%)
	Quite helpful	52 (32%)
	Not very helpful	17 (10%)
	Not at all helpful	5 (3%)
	Don't know	7 (4%)
	Don't have a personal / named officer	2 (1%)
<b>6.5</b>	<b>How often do you see prison governors, directors or senior managers talking to prisoners?</b>	
	Regularly	35 (21%)
	Sometimes	60 (37%)
	Hardly ever	54 (33%)
	Don't know	14 (9%)
<b>6.6</b>	<b>Do you feel that you are treated as an individual in this prison?</b>	
	Yes	96 (60%)
	No	65 (40%)
<b>6.7</b>	<b>Are prisoners here consulted about things like food, canteen, health care or wing issues?</b>	
	Yes, and things sometimes change	76 (47%)
	Yes, but things don't change	63 (39%)
	No	9 (6%)
	Don't know	13 (8%)

## Faith

<b>7.1</b>	<b>What is your religion?</b>	
	No religion	60 (37%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	71 (43%)
	Buddhist	6 (4%)
	Hindu	2 (1%)
	Jewish	0 (0%)
	Muslim	11 (7%)
	Sikh	0 (0%)
	Other	14 (9%)
<b>7.2</b>	<b>Are your religious beliefs respected here?</b>	
	Yes	85 (52%)
	No	8 (5%)
	Don't know	10 (6%)
	Not applicable (no religion)	60 (37%)
<b>7.3</b>	<b>Are you able to speak to a chaplain of your faith in private, if you want to?</b>	
	Yes	84 (52%)
	No	4 (2%)
	Don't know	15 (9%)
	Not applicable (no religion)	60 (37%)

<b>7.4</b>	<b>Are you able to attend religious services, if you want to?</b>	
	Yes	98 (60%)
	No	3 (2%)
	Don't know	3 (2%)
	Not applicable (no religion)	60 (37%)

### Contact with family and friends

<b>8.1</b>	<b>Have staff here encouraged you to keep in touch with your family / friends?</b>	
	Yes	97 (61%)
	No	62 (39%)
<b>8.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes	54 (34%)
	No	105 (66%)
<b>8.3</b>	<b>Are you able to use a phone every day (if you have credit)?</b>	
	Yes	160 (99%)
	No	2 (1%)
<b>8.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	Very easy	21 (13%)
	Quite easy	56 (35%)
	Quite difficult	35 (22%)
	Very difficult	30 (19%)
	Don't know	17 (11%)
<b>8.5</b>	<b>How often do you have visits from family or friends?</b>	
	More than once a week	6 (4%)
	About once a week	27 (17%)
	Less than once a week	85 (53%)
	Not applicable (don't get visits)	41 (26%)
<b>8.6</b>	<b>Do visits usually start and finish on time?</b>	
	Yes	101 (88%)
	No	14 (12%)
<b>8.7</b>	<b>Are your visitors usually treated respectfully by staff?</b>	
	Yes	101 (90%)
	No	11 (10%)

### Time out of cell

<b>9.1</b>	<b>Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?</b>	
	Yes, and these times are usually kept to	137 (85%)
	Yes, but these times are not usually kept to	23 (14%)
	No	1 (1%)
<b>9.2</b>	<b>How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?</b>	
	Less than 2 hours	2 (1%)
	2 to 6 hours	26 (17%)
	6 to 10 hours	68 (43%)
	10 hours or more	57 (36%)
	Don't know	4 (3%)

<b>9.3</b>	<b>How long do you usually spend out of your cell on a typical Saturday or Sunday?</b>	
	Less than 2 hours	20 (12%)
	2 to 6 hours	41 (25%)
	6 to 10 hours	76 (47%)
	10 hours or more	23 (14%)
	Don't know	2 (1%)
<b>9.4</b>	<b>How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?</b>	
	None	1 (1%)
	1 or 2	16 (10%)
	3 to 5	16 (10%)
	More than 5	127 (78%)
	Don't know	2 (1%)
<b>9.5</b>	<b>How many days in a typical week do you get association, if you want it?</b>	
	None	0 (0%)
	1 or 2	7 (4%)
	3 to 5	6 (4%)
	More than 5	142 (88%)
	Don't know	6 (4%)
<b>9.6</b>	<b>How many days in a typical week could you go outside for exercise, if you wanted to?</b>	
	None	0 (0%)
	1 or 2	11 (7%)
	3 to 5	18 (11%)
	More than 5	129 (78%)
	Don't know	7 (4%)
<b>9.7</b>	<b>Typically, how often do you go to the gym?</b>	
	Twice a week or more	62 (38%)
	About once a week	18 (11%)
	Less than once a week	19 (12%)
	Never	64 (39%)
<b>9.8</b>	<b>Typically, how often do you go to the library?</b>	
	Twice a week or more	40 (24%)
	About once a week	55 (34%)
	Less than once a week	42 (26%)
	Never	27 (16%)
<b>9.9</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>	
	Yes	93 (57%)
	No	43 (26%)
	Don't use the library	27 (17%)

### Applications, complaints and legal rights

<b>10.1</b>	<b>Is it easy for you to make an application?</b>	
	Yes	142 (87%)
	No	8 (5%)
	Don't know	14 (9%)

<b>10.2</b>	<b>If you have made any applications here, please answer the questions below:</b>			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	98 (65%)	36 (24%)	17 (11%)
	Are applications usually dealt with within 7 days?	100 (69%)	28 (19%)	17 (12%)
<b>10.3</b>	<b>Is it easy for you to make a complaint?</b>			
	Yes			124 (76%)
	No			8 (5%)
	Don't know			32 (20%)
<b>10.4</b>	<b>If you have made any complaints here, please answer the questions below:</b>			
		Yes	No	Not made any complaints
	Are complaints usually dealt with fairly?	41 (27%)	37 (25%)	72 (48%)
	Are complaints usually dealt with within 7 days?	50 (34%)	23 (16%)	72 (50%)
<b>10.5</b>	<b>Have you ever been prevented from making a complaint here when you wanted to?</b>			
	Yes			20 (13%)
	No			76 (49%)
	Not wanted to make a complaint			58 (38%)
<b>10.6</b>	<b>In this prison, is it easy or difficult for you to...</b>			
		Easy	Difficult	Don't know
	Communicate with your solicitor or legal representative?	87 (54%)	12 (8%)	37 (23%)
	Attend legal visits?	68 (44%)	5 (3%)	54 (35%)
	Get bail information?	20 (14%)	8 (5%)	62 (42%)
				Don't need this
<b>10.7</b>	<b>Have staff here ever opened letters from your solicitor or legal representative when you were not present?</b>			
	Yes			53 (33%)
	No			63 (39%)
	Not had any legal letters			44 (28%)

### Health care

<b>11.1</b>	<b>How easy or difficult is it to see the following people?</b>					
		Very easy	Quite easy	Quite difficult	Very difficult	Don't know
	Doctor	27 (16%)	75 (46%)	39 (24%)	14 (9%)	9 (5%)
	Nurse	69 (42%)	77 (47%)	10 (6%)	1 (1%)	7 (4%)
	Dentist	22 (13%)	74 (45%)	29 (18%)	13 (8%)	26 (16%)
	Mental health workers	30 (19%)	37 (23%)	15 (9%)	18 (11%)	58 (37%)
<b>11.2</b>	<b>What do you think of the quality of the health service from the following people?</b>					
		Very good	Quite good	Quite bad	Very bad	Don't know
	Doctor	57 (35%)	67 (41%)	15 (9%)	4 (2%)	19 (12%)
	Nurse	79 (48%)	62 (38%)	8 (5%)	4 (2%)	11 (7%)
	Dentist	67 (42%)	42 (26%)	9 (6%)	3 (2%)	40 (25%)
	Mental health workers	34 (21%)	31 (19%)	7 (4%)	14 (9%)	74 (46%)
<b>11.3</b>	<b>Do you have any mental health problems?</b>					
	Yes					63 (38%)
	No					101 (62%)

<b>11.4</b>	<b>Have you been helped with your mental health problems in this prison?</b>	
	Yes	37 (23%)
	No	23 (14%)
	Don't have any mental health problems	101 (63%)
<b>11.5</b>	<b>What do you think of the overall quality of the health services here?</b>	
	Very good	63 (39%)
	Quite good	73 (45%)
	Quite bad	12 (7%)
	Very bad	5 (3%)
	Don't know	9 (6%)

### Other support needs

<b>12.1</b>	<b>Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?</b>	
	Yes	59 (36%)
	No	103 (64%)
<b>12.2</b>	<b>If you have a disability, are you getting the support you need?</b>	
	Yes	37 (23%)
	No	21 (13%)
	Don't have a disability	103 (64%)
<b>12.3</b>	<b>Have you been on an ACCT in this prison?</b>	
	Yes	25 (15%)
	No	137 (85%)
<b>12.4</b>	<b>If you have been on an ACCT in this prison, did you feel cared for by staff?</b>	
	Yes	16 (10%)
	No	8 (5%)
	Have not been on an ACCT in this prison	137 (85%)
<b>12.5</b>	<b>How easy or difficult is it for you to speak to a Listener, if you need to?</b>	
	Very easy	42 (26%)
	Quite easy	33 (20%)
	Quite difficult	1 (1%)
	Very difficult	3 (2%)
	Don't know	74 (45%)
	No Listeners at this prison	10 (6%)

### Alcohol and drugs

<b>13.1</b>	<b>Did you have an alcohol problem when you came into this prison?</b>	
	Yes	19 (12%)
	No	145 (88%)
<b>13.2</b>	<b>Have you been helped with your alcohol problem in this prison?</b>	
	Yes	16 (10%)
	No	2 (1%)
	Did not / do not have an alcohol problem	145 (89%)

<b>13.3</b>	<b>Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes	14 (9%)
	No	149 (91%)
<b>13.4</b>	<b>Have you developed a problem with illicit drugs since you have been in this prison?</b>	
	Yes	3 (2%)
	No	160 (98%)
<b>13.5</b>	<b>Have you developed a problem with taking medication not prescribed to you since you have been in this prison?</b>	
	Yes	2 (1%)
	No	161 (99%)
<b>13.6</b>	<b>Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes	8 (5%)
	No	6 (4%)
	Did not / do not have a drug problem	147 (91%)
<b>13.7</b>	<b>Is it easy or difficult to get illicit drugs in this prison?</b>	
	Very easy	13 (8%)
	Quite easy	14 (9%)
	Quite difficult	7 (4%)
	Very difficult	8 (5%)
	Don't know	118 (74%)
<b>13.8</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy	5 (3%)
	Quite easy	3 (2%)
	Quite difficult	11 (7%)
	Very difficult	17 (11%)
	Don't know	125 (78%)

## Safety

<b>14.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes	55 (33%)
	No	110 (67%)
<b>14.2</b>	<b>Do you feel unsafe now?</b>	
	Yes	24 (15%)
	No	139 (85%)
<b>14.3</b>	<b>Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply.)</b>	
	Verbal abuse	52 (33%)
	Threats or intimidation	41 (26%)
	Physical assault	14 (9%)
	Sexual assault	7 (4%)
	Theft of canteen or property	11 (7%)
	Other bullying / victimisation	28 (18%)
	Not experienced any of these from prisoners here	97 (61%)

<b>14.4</b>	<b>If you were being bullied / victimised by other prisoners here, would you report it?</b>	
	Yes	101 (64%)
	No	57 (36%)
<b>14.5</b>	<b>Have you experienced any of the following types of bullying / victimisation from staff here?</b>	
	Verbal abuse	34 (21%)
	Threats or intimidation	29 (18%)
	Physical assault	4 (3%)
	Sexual assault	3 (2%)
	Theft of canteen or property	3 (2%)
	Other bullying / victimisation	30 (19%)
	Not experienced any of these from staff here	105 (66%)
<b>14.6</b>	<b>If you were being bullied / victimised by staff here, would you report it?</b>	
	Yes	113 (71%)
	No	46 (29%)

### Behaviour management

<b>15.1</b>	<b>Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?</b>	
	Yes	82 (51%)
	No	66 (41%)
	Don't know what the incentives / rewards are	12 (8%)
<b>15.2</b>	<b>Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?</b>	
	Yes	95 (59%)
	No	44 (27%)
	Don't know	17 (10%)
	Don't know what this is	6 (4%)
<b>15.3</b>	<b>Have you been physically restrained by staff in this prison in the last 6 months?</b>	
	Yes	1 (1%)
	No	162 (99%)
<b>15.4</b>	<b>If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?</b>	
	Yes	0 (0%)
	No	1 (1%)
	Don't remember	0 (0%)
	Not been restrained here in last 6 months	162 (99%)
<b>15.5</b>	<b>Have you spent one or more nights in the segregation unit in this prison in the last 6 months?</b>	
	Yes	2 (1%)
	No	160 (99%)

**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?	2 (100%)	0 (0%)
Could you shower every day?	2 (100%)	0 (0%)
Could you go outside for exercise every day?	2 (100%)	0 (0%)
Could you use the phone every day (if you had credit)?	2 (100%)	0 (0%)

**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	124 (76%)	16 (10%)	23 (14%)	0 (0%)
Vocational or skills training	94 (59%)	35 (22%)	28 (18%)	2 (1%)
Prison job	112 (70%)	29 (18%)	19 (12%)	1 (1%)
Voluntary work outside of the prison	8 (5%)	11 (7%)	22 (15%)	110 (73%)
Paid work outside of the prison	7 (5%)	11 (7%)	22 (14%)	113 (74%)

**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	72 (47%)	53 (34%)	29 (19%)
Vocational or skills training	68 (48%)	31 (22%)	43 (30%)
Prison job	57 (37%)	78 (51%)	18 (12%)
Voluntary work outside of the prison	10 (7%)	8 (6%)	124 (87%)
Paid work outside of the prison	11 (8%)	8 (6%)	124 (87%)

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

Yes	113 (71%)
No	38 (24%)
Not applicable (e.g. if you are retired, sick or on remand)	8 (5%)

**Planning and progression**

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

Yes	129 (80%)
No	32 (20%)

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

Yes	112 (88%)
No	9 (7%)
Don't know what my objectives or targets are	7 (5%)

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

Yes	85 (68%)
No	33 (26%)
Don't know what my objectives or targets are	7 (6%)



17.4	<b>If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?</b>	Yes, this helped	No, this didn't help	Not done / don't know
	Offending behaviour programmes	42 (34%)	11 (9%)	71 (57%)
	Other programmes	34 (29%)	6 (5%)	77 (66%)
	One to one work	21 (19%)	3 (3%)	84 (78%)
	Being on a specialist unit	4 (4%)	5 (5%)	99 (92%)
	ROTL - day or overnight release	1 (1%)	2 (2%)	105 (97%)

### Preparation for release

18.1	<b>Do you expect to be released in the next 3 months?</b>			
	Yes			17 (10%)
	No			141 (87%)
	Don't know			5 (3%)
18.2	<b>How close is this prison to your home area or intended release address?</b>			
	Very near			4 (24%)
	Quite near			7 (41%)
	Quite far			2 (12%)
	Very far			4 (24%)
18.3	<b>Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?</b>			
	Yes			9 (56%)
	No			7 (44%)
18.4	<b>Are you getting help to sort out the following things for when you are released?</b>			
		Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
	Finding accommodation	5 (29%)	7 (41%)	5 (29%)
	Getting employment	2 (12%)	8 (47%)	7 (41%)
	Setting up education or training	0 (0%)	4 (24%)	13 (76%)
	Arranging benefits	5 (29%)	9 (53%)	3 (18%)
	Sorting out finances	1 (6%)	7 (41%)	9 (53%)
	Support for drug or alcohol problems	3 (18%)	2 (12%)	12 (71%)
	Health / mental health support	3 (18%)	6 (35%)	8 (47%)
	Social care support	1 (6%)	3 (18%)	13 (76%)
	Getting back in touch with family or friends	2 (12%)	1 (6%)	14 (82%)

### More about you

19.1	<b>Do you have children under the age of 18?</b>		
	Yes		57 (35%)
	No		105 (65%)
19.2	<b>Are you a UK / British citizen?</b>		
	Yes		154 (94%)
	No		9 (6%)
19.3	<b>Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?</b>		
	Yes		5 (3%)
	No		156 (97%)

<b>19.4</b>	<b>Have you ever been in the armed services (e.g. army, navy, air force)?</b>	
	Yes	17 (10%)
	No	145 (90%)
<b>19.5</b>	<b>What is your gender?</b>	
	Male	160 (98%)
	Female	2 (1%)
	Non-binary	0 (0%)
	Other	1 (1%)
<b>19.6</b>	<b>How would you describe your sexual orientation?</b>	
	Straight / heterosexual	147 (90%)
	Gay / lesbian / homosexual	5 (3%)
	Bisexual	6 (4%)
	Other	5 (3%)
<b>19.7</b>	<b>Do you identify as transgender or transsexual?</b>	
	Yes	4 (3%)
	No	156 (98%)

#### Final questions about this prison

<b>20.1</b>	<b>Do you think your experiences in this prison have made you more or less likely to offend in the future?</b>	
	More likely to offend	5 (3%)
	Less likely to offend	92 (59%)
	Made no difference	59 (38%)

## HMP Ashfield 2019

### 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 Ashfield 2019 are compared with the following HMIP survey data:

- Summary statistics from surveys of category C training prisons conducted since the introduction of the new questionnaire in September 2017 (21 prisons). Please note that this does not include all category C training prisons.
- Summary statistics from HMP Ashfield in 2015. Please note that we do not have comparable data for the new questions introduced in September 2017.

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

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

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

**Number of completed questionnaires returned**

HMP Ashfield 2019	All other category C training prisons surveyed since September 2017	HMP Ashfield 2019	HMP Ashfield 2015		
165	3,592	165	193		

*n=number of valid responses to question (HMP Ashfield 2019)*

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	<i>n</i> =164	0%	6%	0%	0%
	Are you 25 years of age or younger?	<i>n</i> =164	9%	27%	9%	27%
	Are you 50 years of age or older?	<i>n</i> =164	39%	11%	39%	54%
	Are you 70 years of age or older?	<i>n</i> =164	12%	1%	12%	5%
1.3	Are you from a minority ethnic group?	<i>n</i> =163	14%	32%	14%	15%
1.4	Have you been in this prison for less than 6 months?	<i>n</i> =164	20%	35%	20%	35%
1.5	Are you currently serving a sentence?	<i>n</i> =165	100%	100%	100%	100%
	Are you on recall?	<i>n</i> =165	1%	9%	1%	3%
1.6	Is your sentence less than 12 months?	<i>n</i> =164	2%	8%	2%	3%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n</i> =164	9%	3%	9%	17%
7.1	Are you Muslim?	<i>n</i> =164	7%	17%	7%	6%
11.3	Do you have any mental health problems?	<i>n</i> =164	38%	44%	38%	44%
12.1	Do you consider yourself to have a disability?	<i>n</i> =162	36%	34%	36%	25%
19.1	Do you have any children under the age of 18?	<i>n</i> =162	35%	50%	35%	41%
19.2	Are you a foreign national?	<i>n</i> =163	6%	10%	6%	5%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n</i> =161	3%	5%	3%	3%
19.4	Have you ever been in the armed services?	<i>n</i> =162	11%	6%	11%	21%
19.5	Is your gender female or non-binary?	<i>n</i> =163	2%	1%	2%	1%
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n</i> =163	10%	4%	10%	10%
19.7	Do you identify as transgender or transsexual?	<i>n</i> =160	3%	2%	3%	2%
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	<i>n</i> =164	27%	16%	27%	16%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n</i> =164	62%	48%	62%	73%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n</i> =163	82%	82%	82%	92%
2.4	Overall, were you treated very / quite well in reception?	<i>n</i> =164	90%	85%	90%	85%

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2.5	When you first arrived, did you have any problems?	n=159	62%	72%	62%	55%
2.5	Did you have problems with:					
	- Getting phone numbers?	n=159	21%	25%	21%	17%
	- Contacting family?	n=159	25%	26%	25%	20%
	- Arranging care for children or other dependents?	n=159	0%	2%	0%	
	- Contacting employers?	n=159	1%	2%	1%	1%
	- Money worries?	n=159	12%	16%	12%	8%
	- Housing worries?	n=159	5%	13%	5%	6%
	- Feeling depressed?	n=159	23%	29%	23%	
	- Feeling suicidal?	n=159	5%	8%	5%	
	- Other mental health problems?	n=159	13%	21%	13%	
	- Physical health problems?	n=159	18%	13%	18%	15%
	- Drugs or alcohol (e.g. withdrawal)?	n=159	3%	11%	3%	
	- Getting medication?	n=159	5%	21%	5%	
	- Needing protection from other prisoners?	n=159	1%	6%	1%	1%
	- Lost or delayed property?	n=159	13%	23%	13%	15%
	<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	n=96	59%	32%	59%	53%
<b>FIRST NIGHT AND INDUCTION</b>						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	n=162	35%	66%	35%	54%
	- Toiletries / other basic items?	n=162	64%	51%	64%	46%
	- A shower?	n=162	61%	44%	61%	30%
	- A free phone call?	n=162	38%	44%	38%	23%
	- Something to eat?	n=162	84%	75%	84%	58%
	- The chance to see someone from health care?	n=162	64%	60%	64%	81%
	- The chance to talk to a Listener or Samaritans?	n=162	40%	27%	40%	50%
	- Support from another prisoner (e.g. Insider or buddy)?	n=162	54%	22%	54%	
	- None of these?	n=162	6%	7%	6%	
3.2	On your first night in this prison, was your cell very / quite clean?	n=164	94%	39%	94%	
3.3	Did you feel safe on your first night here?	n=163	98%	73%	98%	94%
3.4	In your first few days here, did you get:					
	- Access to the prison shop / canteen?	n=161	88%	41%	88%	39%
	- Free PIN phone credit?	n=153	45%	47%	45%	
	- Numbers put on your PIN phone?	n=157	76%	47%	76%	
3.5	Have you had an induction at this prison?	n=163	98%	95%	98%	96%
	<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	n=159	88%	56%	88%	

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ON THE WING						
4.1	Are you in a cell on your own?	n=164	62%	61%	62%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=162	44%	30%	44%	58%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	n=163	93%	68%	93%	83%
	- Can you shower every day?	n=165	99%	89%	99%	99%
	- Do you have clean sheets every week?	n=164	96%	65%	96%	94%
	- Do you get cell cleaning materials every week?	n=163	67%	59%	67%	60%
	- Is it normally quiet enough for you to relax or sleep at night?	n=162	82%	67%	82%	82%
	- Can you get your stored property if you need it?	n=162	67%	25%	67%	66%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=162	80%	60%	80%	
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	n=162	85%	41%	85%	
5.2	Do you get enough to eat at meal-times always / most of the time?	n=165	78%	35%	78%	
5.3	Does the shop / canteen sell the things that you need?	n=161	67%	62%	67%	82%
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	n=160	86%	69%	86%	92%
6.2	Are there any staff here you could turn to if you had a problem?	n=160	86%	69%	86%	87%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=160	68%	30%	68%	70%
6.4	Do you have a personal officer?	n=164	99%	84%	99%	
<i>For those who have a personal officer:</i>						
6.4	Is your personal or named officer very / quite helpful?	n=162	82%	46%	82%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=163	22%	10%	22%	
6.6	Do you feel that you are treated as an individual in this prison?	n=161	60%	42%	60%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=161	86%	51%	86%	
	If so, do things sometimes change?	n=139	55%	32%	55%	
FAITH						
7.1	Do you have a religion?	n=164	63%	68%	63%	78%
<i>For those who have a religion:</i>						
7.2	Are your religious beliefs respected here?	n=103	83%	70%	83%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=103	82%	69%	82%	
7.4	Are you able to attend religious services, if you want to?	n=104	94%	88%	94%	

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CONTACT WITH FAMILY AND FRIENDS						
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=159	61%	27%	61%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=159	34%	58%	34%	32%
8.3	Are you able to use a phone every day (if you have credit)?	n=162	99%	88%	99%	
8.4	Is it very / quite easy for your family and friends to get here?	n=159	48%	35%	48%	
8.5	Do you get visits from family/friends once a week or more?	n=159	21%	17%	21%	
<i>For those who get visits:</i>						
8.6	Do visits usually start and finish on time?	n=115	88%	49%	88%	
8.7	Are your visitors usually treated respectfully by staff?	n=112	90%	74%	90%	
TIME OUT OF CELL						
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=161	99%	91%	99%	
<i>For those who know what the unlock and lock-up times are supposed to be:</i>						
9.1	Are these times usually kept to?	n=160	86%	56%	86%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=157	1%	17%	1%	3%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=157	36%	8%	36%	39%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=162	12%	22%	12%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=162	14%	3%	14%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=162	78%	57%	78%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=161	88%	65%	88%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=165	78%	66%	78%	
9.7	Do you typically go to the gym twice a week or more?	n=163	38%	53%	38%	
9.8	Do you typically go to the library once a week or more?	n=164	58%	49%	58%	72%
<i>For those who use the library:</i>						
9.9	Does the library have a wide enough range of materials to meet your needs?	n=136	68%	57%	68%	68%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS						
10.1	Is it easy for you to make an application?	n=164	87%	73%	87%	92%
<i>For those who have made an application:</i>						
10.2	Are applications usually dealt with fairly?	n=134	73%	50%	73%	77%
	Are applications usually dealt with within 7 days?	n=128	78%	36%	78%	71%
10.3	Is it easy for you to make a complaint?	n=164	76%	62%	76%	67%
<i>For those who have made a complaint:</i>						
10.4	Are complaints usually dealt with fairly?	n=78	53%	30%	53%	49%
	Are complaints usually dealt with within 7 days?	n=73	69%	25%	69%	60%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=96	21%	28%	21%	

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<i>For those who need it, is it easy to:</i>						
10.6	Communicate with your solicitor or legal representative?	n=136	64%	40%	64%	
	Attend legal visits?	n=127	54%	48%	54%	
	Get bail information?	n=90	22%	16%	22%	
<i>For those who have had legal letters:</i>						
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=116	46%	58%	46%	49%
<b>HEALTH CARE</b>						
11.1	Is it very / quite easy to see:					
	- Doctor?	n=164	62%	32%	62%	
	- Nurse?	n=164	89%	52%	89%	
	- Dentist?	n=164	59%	15%	59%	
	- Mental health workers?	n=158	42%	23%	42%	
11.2	Do you think the quality of the health service is very / quite good from:					
	- Doctor?	n=162	77%	47%	77%	
	- Nurse?	n=164	86%	57%	86%	
	- Dentist?	n=161	68%	34%	68%	
	- Mental health workers?	n=160	41%	29%	41%	
11.3	Do you have any mental health problems?	n=164	38%	44%	38%	
<i>For those who have mental health problems:</i>						
11.4	Have you been helped with your mental health problems in this prison?	n=60	62%	42%	62%	
11.5	Do you think the overall quality of the health services here is very / quite good?	n=162	84%	42%	84%	
<b>OTHER SUPPORT NEEDS</b>						
12.1	Do you consider yourself to have a disability?	n=162	36%	34%	36%	25%
<i>For those who have a disability:</i>						
12.2	Are you getting the support you need?	n=58	64%	31%	64%	
12.3	Have you been on an ACCT in this prison?	n=162	15%	16%	15%	
<i>For those who have been on an ACCT:</i>						
12.4	Did you feel cared for by staff?	n=24	67%	44%	67%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=163	46%	39%	46%	
<b>ALCOHOL AND DRUGS</b>						
13.1	Did you have an alcohol problem when you came into this prison?	n=164	12%	14%	12%	12%
<i>For those who had / have an alcohol problem:</i>						
13.2	Have you been helped with your alcohol problem in this prison?	n=18	89%	51%	89%	50%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=163	9%	28%	9%	11%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=163	2%	17%	2%	1%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=163	1%	10%	1%	
<i>For those who had / have a drug problem:</i>						
13.6	Have you been helped with your drug problem in this prison?	n=14	57%	48%	57%	65%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=160	17%	49%	17%	
13.8	Is it very / quite easy to get alcohol in this prison?	n=161	5%	32%	5%	

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SAFETY						
14.1	Have you ever felt unsafe here?	n=165	33%	47%	33%	24%
14.2	Do you feel unsafe now?	n=163	15%	23%	15%	9%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	n=159	33%	33%	33%	
	- Threats or intimidation?	n=159	26%	30%	26%	
	- Physical assault?	n=159	9%	18%	9%	
	- Sexual assault?	n=159	4%	2%	4%	
	- Theft of canteen or property?	n=159	7%	24%	7%	
	- Other bullying / victimisation?	n=159	18%	17%	18%	
	- Not experienced any of these from prisoners here	n=159	61%	54%	61%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=158	64%	33%	64%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	n=160	21%	30%	21%	
	- Threats or intimidation?	n=160	18%	24%	18%	
	- Physical assault?	n=160	3%	11%	3%	
	- Sexual assault?	n=160	2%	2%	2%	
	- Theft of canteen or property?	n=160	2%	9%	2%	
	- Other bullying / victimisation?	n=160	19%	17%	19%	
	- Not experienced any of these from staff here	n=160	66%	58%	66%	
14.6	If you were being bullied / victimised by staff here, would you report it?	n=159	71%	48%	71%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=160	51%	40%	51%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=162	59%	37%	59%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=163	1%	13%	1%	1%
	<i>For those who have been restrained in the last 6 months:</i>					
15.4	Did anyone come and talk to you about it afterwards?	n=1	0%	20%	0%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=162	1%	9%	1%	
	<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=2	100%	58%	100%	
	Could you shower every day?	n=2	100%	76%	100%	
	Could you go outside for exercise every day?	n=2	100%	77%	100%	
	Could you use the phone every day (if you had credit)?	n=2	100%	65%	100%	



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EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education?	n=163	76%	62%	76%
	- Vocational or skills training?	n=159	59%	41%	59%
	- Prison job?	n=161	70%	47%	70%
	- Voluntary work outside of the prison?	n=151	5%	5%	5%
	- Paid work outside of the prison?	n=153	5%	4%	5%
16.2	In this prison, have you done the following activities:				
	- Education?	n=154	81%	80%	81%
	- Vocational or skills training?	n=142	70%	68%	70%
	- Prison job?	n=153	88%	80%	88%
	- Voluntary work outside of the prison?	n=142	13%	33%	13%
	- Paid work outside of the prison?	n=143	13%	32%	13%
	<i>For those who have done the following activities, do you think they will help you on release:</i>				
	- Education?	n=125	58%	61%	58%
	- Vocational or skills training?	n=99	69%	66%	69%
	- Prison job?	n=135	42%	40%	42%
	- Voluntary work outside of the prison?	n=18	56%	53%	56%
	- Paid work outside of the prison?	n=19	58%	57%	58%
16.3	Do staff encourage you to attend education, training or work?	n=151	75%	60%	75%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	n=161	80%	58%	80%
	<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=128	88%	83%	88%
17.3	Are staff helping you to achieve your objectives or targets?	n=125	68%	44%	68%
17.4	In this prison, have you done:				
	- Offending behaviour programmes?	n=124	43%	49%	43%
	- Other programmes?	n=117	34%	43%	34%
	- One to one work?	n=108	22%	37%	22%
	- Been on a specialist unit?	n=108	8%	20%	8%
	- ROTL - day or overnight release?	n=108	3%	14%	3%
	<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>				
	- Offending behaviour programmes?	n=53	79%	71%	79%
	- Other programmes?	n=40	85%	66%	85%
	- One to one work?	n=24	88%	66%	88%
	- Being on a specialist unit?	n=9	44%	45%	44%
	- ROTL - day or overnight release?	n=3	33%	38%	33%

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PREPARATION FOR RELEASE					
18.1	Do you expect to be released in the next 3 months?	n=163	10%	25%	10%
<i>For those who expect to be released in the next 3 months:</i>					
18.2	Is this prison very / quite near to your home area or intended release address?	n=17	65%	41%	65%
18.3	Is anybody helping you to prepare for your release?	n=16	56%	58%	56%
18.4	Do you need help to sort out the following for when you are released:				
	- Finding accommodation?	n=17	71%	63%	71%
	- Getting employment?	n=17	59%	62%	59%
	- Setting up education or training?	n=17	24%	48%	24%
	- Arranging benefits?	n=17	82%	68%	82%
	- Sorting out finances?	n=17	47%	58%	47%
	- Support for drug or alcohol problems?	n=17	29%	43%	29%
	- Health / mental Health support?	n=17	53%	50%	53%
	- Social care support?	n=17	24%	36%	24%
	- Getting back in touch with family or friends?	n=17	18%	39%	18%
18.4	Are you getting help to sort out the following for when you are released, if you need it:				
	- Finding accommodation?	n=12	42%	38%	42%
	- Getting employment?	n=10	20%	24%	20%
	- Setting up education or training?	n=4	0%	25%	0%
	- Arranging benefits?	n=14	36%	29%	36%
	- Sorting out finances?	n=8	13%	25%	13%
	- Support for drug or alcohol problems?	n=5	60%	50%	60%
	- Health / mental Health support?	n=9	33%	31%	33%
- Social care support?	n=4	25%	24%	25%	
- Getting back in touch with family or friends?	n=3	67%	32%	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?	n=156	59%	49%	59%

## HMP Ashfield 2019

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

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Black and minority ethnic	
White	
	23    140

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 25 years of age?	5%	10%
	Are you 50 years of age or older?	14%	42%
1.3	Are you from a minority ethnic group?		
7.1	Are you Muslim?	44%	1%
11.3	Do you have any mental health problems?	39%	39%
12.1	Do you consider yourself to have a disability?	29%	37%
19.2	Are you a foreign national?	29%	2%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	4%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	73%	84%
2.4	Overall, were you treated very / quite well in reception?	86%	91%
2.5	When you first arrived, did you have any problems?	71%	60%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	43%	63%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	100%	97%
3.5	Have you had an induction at this prison?	100%	97%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	86%	89%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	35%	45%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	78%	96%
	- Can you shower every day?	96%	100%
	- Do you have clean sheets every week?	96%	96%
	- Do you get cell cleaning materials every week?	74%	66%
	- Is it normally quiet enough for you to relax or sleep at night?	83%	82%
	- Can you get your stored property if you need it?	64%	68%

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

Black and minority ethnic	White
<b>23</b>	<b>140</b>

Number of completed questionnaires returned

<b>FOOD AND CANTEEN</b>			
5.2	Do you get enough to eat at meal-times always / most of the time?	<b>83%</b>	<b>77%</b>
5.3	Does the shop / canteen sell the things that you need?	<b>50%</b>	<b>70%</b>
<b>RELATIONSHIPS WITH STAFF</b>			
6.1	Do most staff here treat you with respect?	<b>91%</b>	<b>86%</b>
6.2	Are there any staff here you could turn to if you had a problem?	<b>73%</b>	<b>88%</b>
6.3	In the last week, has any member of staff talked to you about how you are getting on?	<b>68%</b>	<b>68%</b>
6.6	Do you feel that you are treated as an individual in this prison?	<b>50%</b>	<b>61%</b>
<b>FAITH</b>			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	<b>85%</b>	<b>82%</b>
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	<b>81%</b>	<b>82%</b>
<b>CONTACT WITH FAMILY AND FRIENDS</b>			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	<b>52%</b>	<b>63%</b>
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	<b>28%</b>	<b>35%</b>
8.3	Are you able to use a phone every day (if you have credit)?	<b>100%</b>	<b>99%</b>
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	<b>92%</b>	<b>91%</b>
<b>TIME OUT OF CELL</b>			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	<b>0%</b>	<b>2%</b>
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	<b>24%</b>	<b>38%</b>
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	<b>75%</b>	<b>68%</b>
<b>APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS</b>			
10.1	Is it easy for you to make an application?	<b>91%</b>	<b>86%</b>
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	<b>75%</b>	<b>73%</b>
10.3	Is it easy for you to make a complaint?	<b>73%</b>	<b>76%</b>
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	<b>75%</b>	<b>49%</b>
10.5	Have you ever been prevented from making a complaint here when you wanted to?	<b>14%</b>	<b>21%</b>

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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

Black and minority ethnic	White
23	140

Number of completed questionnaires returned

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	68%	61%
	- Nurse?	91%	89%
	- Dentist?	55%	59%
	- Mental health workers?	59%	40%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	25%	67%
11.5	Do you think the overall quality of the health services here is very / quite good?	73%	86%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	60%	64%
SAFETY			
14.1	Have you ever felt unsafe here?	30%	34%
14.2	Do you feel unsafe now?	22%	13%
14.3	Not experienced bullying / victimisation by other prisoners	68%	60%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	57%	64%
14.5	Not experienced bullying / victimisation by members of staff	64%	66%
14.6	If you were being bullied / victimised by staff here, would you report it?	60%	73%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	48%	52%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	48%	61%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0%	1%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	5%	1%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	70%	76%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	71%	81%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	67%	69%
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%	54%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	52%	60%

## HMP Ashfield 2019

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

Number of completed questionnaires returned

Mental health problems	No mental health problems	Have a disability	Do not have a disability
63	101	59	103

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	13%	7%	10%	9%
	Are you 50 years of age or older?	24%	48%	48%	34%
1.3	Are you from a minority ethnic group?	14%	14%	10%	15%
7.1	Are you Muslim?	8%	6%	3%	8%
11.3	Do you have any mental health problems?			58%	26%
12.1	Do you consider yourself to have a disability?	56%	25%		
19.2	Are you a foreign national?	5%	6%	2%	7%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	3%	4%	3%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	77%	85%	75%	87%
2.4	Overall, were you treated very / quite well in reception?	90%	90%	85%	93%
2.5	When you first arrived, did you have any problems?	87%	46%	75%	54%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	59%	59%	55%	61%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	98%	97%	95%	99%
3.5	Have you had an induction at this prison?	98%	97%	100%	96%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	85%	90%	83%	91%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	42%	44%	46%	42%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	90%	95%	93%	93%
	- Can you shower every day?	100%	99%	100%	99%
	- Do you have clean sheets every week?	95%	97%	95%	98%
	- Do you get cell cleaning materials every week?	67%	68%	64%	68%
	- Is it normally quiet enough for you to relax or sleep at night?	83%	82%	76%	85%
	- Can you get your stored property if you need it?	65%	69%	60%	72%

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

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

Number of completed questionnaires returned

	Mental health problems	No mental health problems		
	63	101	Have a disability	Do not have a disability
			59	103

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	78%	77%	68%	83%
5.3	Does the shop / canteen sell the things that you need?	60%	70%	64%	69%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	84%	88%	83%	88%
6.2	Are there any staff here you could turn to if you had a problem?	82%	89%	83%	89%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	66%	69%	65%	69%
6.6	Do you feel that you are treated as an individual in this prison?	57%	61%	61%	58%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	80%	85%	79%	85%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	84%	79%	81%	81%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	57%	63%	59%	63%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	40%	31%	41%	30%
8.3	Are you able to use a phone every day (if you have credit)?	98%	99%	98%	99%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	86%	92%	91%	90%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	0%	2%	2%	1%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	39%	35%	29%	41%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	68%	68%	72%	67%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	87%	86%	83%	89%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	64%	79%	66%	77%
10.3	Is it easy for you to make a complaint?	76%	75%	78%	75%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	51%	54%	48%	55%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	32%	13%	37%	12%

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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	101	Have a disability	Do not have a disability
			59	103

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	62%	62%	53%	68%
	- Nurse?	92%	87%	85%	92%
	- Dentist?	66%	54%	53%	61%
	- Mental health workers?	55%	34%	43%	41%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	62%		73%	50%
11.5	Do you think the overall quality of the health services here is very / quite good?	85%	83%	85%	84%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	52%	80%	64%	
SAFETY					
14.1	Have you ever felt unsafe here?	43%	28%	48%	25%
14.2	Do you feel unsafe now?	20%	12%	22%	10%
14.3	Not experienced bullying / victimisation by other prisoners	50%	67%	51%	67%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	57%	68%	73%	59%
14.5	Not experienced bullying / victimisation by members of staff	59%	69%	62%	67%
14.6	If you were being bullied / victimised by staff here, would you report it?	63%	76%	80%	66%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	55%	49%	59%	48%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	62%	56%	56%	60%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0%	1%	2%	0%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	2%	0%	2%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	72%	77%	67%	79%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	80%	80%	77%	82%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	57%	74%	67%	68%
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?	50%	63%	67%	50%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	60%	58%	55%	62%



## HMP Ashfield 2019

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

In this table the following analyses are presented:  
 - responses of prisoners aged 70 and over are compared with those of prisoners under 70  
 Please note that these analyses are based on summary data from selected survey questions only.

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

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

Number of completed questionnaires returned

70 and over	Under 70
20	144

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 25 years of age?	0%	10%
	Are you 50 years of age or older?		31%
1.3	Are you from a minority ethnic group?	0%	15%
7.1	Are you Muslim?	5%	7%
11.3	Do you have any mental health problems?		42%
12.1	Do you consider yourself to have a disability?	47%	35%
19.2	Are you a foreign national?	0%	6%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	4%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	90%	81%
2.4	Overall, were you treated very / quite well in reception?	90%	90%
2.5	When you first arrived, did you have any problems?	39%	65%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	43%	61%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	95%	98%
3.5	Have you had an induction at this prison?	100%	97%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	95%	87%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	65%	40%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	100%	92%
	- Can you shower every day?	100%	99%
	- Do you have clean sheets every week?	95%	97%
	- Do you get cell cleaning materials every week?	65%	67%
	- Is it normally quiet enough for you to relax or sleep at night?	90%	81%
	- Can you get your stored property if you need it?	55%	69%

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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

	70 and over	Under 70
	20	144

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	85%	76%
5.3	Does the shop / canteen sell the things that you need?	65%	66%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	100%	84%
6.2	Are there any staff here you could turn to if you had a problem?	94%	85%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	80%	66%
6.6	Do you feel that you are treated as an individual in this prison?	70%	58%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	83%	82%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	94%	79%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	77%	59%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	15%	37%
8.3	Are you able to use a phone every day (if you have credit)?	100%	99%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	100%	89%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	5%	1%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	16%	39%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	67%	68%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	80%	87%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	93%	71%
10.3	Is it easy for you to make a complaint?	85%	74%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	80%	50%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	0%	23%

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

Number of completed questionnaires returned

	70 and over	Under 70
	20	144

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	70%	61%
	- Nurse?	80%	90%
	- Dentist?	65%	57%
	- Mental health workers?	22%	45%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	0%	62%
11.5	Do you think the overall quality of the health services here is very / quite good?	100%	82%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	100%	56%
SAFETY			
14.1	Have you ever felt unsafe here?	20%	35%
14.2	Do you feel unsafe now?	15%	15%
14.3	Not experienced bullying / victimisation by other prisoners	74%	60%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	95%	59%
14.5	Not experienced bullying / victimisation by members of staff	85%	63%
14.6	If you were being bullied / victimised by staff here, would you report it?	100%	67%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	68%	49%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	68%	57%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0%	1%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	1%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	86%	74%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	68%	82%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	92%	65%
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?	100%	53%
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?	68%	58%