

Report on an unannounced inspection of

HMP & YOI Doncaster

by HM Chief Inspector of Prisons

9–20 September 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.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMP & YOI Doncaster is a local category B and resettlement prison situated near the centre of Doncaster. It was last inspected in July 2017 on which occasion we found that outcomes for prisoners were not sufficiently good in three of our four healthy prison tests. On that occasion we made 46 recommendations, just over half of which had not been achieved by the time of this latest inspection two years later. At the time of this inspection the prison held some 1,100 prisoners. It was a young and transient population, with many prisoners spending little time there before moving on or being released. The prison is run by Serco and has benefitted from consistent leadership.

In terms of safety, we were very concerned by the increased levels of self-harm, and by the fact that there had been five self-inflicted deaths in the year leading up to the inspection. Tragically there was another shortly after the inspection. Not all recommendations from the Prisons and Probation Ombudsman in response to these deaths were being regularly reviewed, nor was action taken to ensure that they were embedded in operational practice. More needed to be done to understand and analyse what sat behind the increase in self-harm. The number of prisoners subject to assessment and care procedures because of the perceived risk they posed to themselves was in danger of becoming so great as to be unmanageable. In that context it was also concerning to find that there was no Listeners scheme in place. Acts of violence towards others presented a complicated picture. A recent downward trend in assaults was welcome, but levels were still higher than at the previous inspection and higher than at comparable prisons. Once again, the prison needed to do more to understand what was happening, where and why.

As is the case with so many local prisons, the presence of illicit drugs was a real and continuing problem. Much good work had been done to try to intercept the flow into the jail but despite this, in our survey 61% of prisoners told us it was easy to get hold of drugs. This is a very high figure, but at the same time it was reassuring to see that the positive mandatory drug testing rate had fallen to around 16%. The prison had put many sensible measures in place and I hope that these will have an impact on this serious problem.

Despite the fact that Doncaster is a reasonably modern prison, it was badly overcrowded. Around 700 of the 1,100 prisoners were held doubled up in cells that were designed to hold only one person. I saw many cells holding two people that were simply not fit to do so, on grounds of both size and simple decency. It will not be good enough, in response to this situation, for HM Prison and Probation Services (HMPPS) to fall back upon their usual explanation that a senior manager has certified that a certain number of prisoners (in this case 1,145) could in their view be held in decent conditions in this establishment. The sophistry that flows from this is that, in the view of HMPPS, conditions such as those at Doncaster are described as 'crowded' but not 'overcrowded', and that there is therefore little or no overcrowding across the prison estate. I hope I shall be proved to be wrong, but I fear that yet again our recommendation that prisoners should not be held in such conditions will be rejected.

The overcrowded conditions in which many prisoners were held were compounded by the fact that there was not enough for them to do, and too many were locked up for too long. During the inspection we found 44% of prisoners were locked in their cells during the working day, which is a very high figure for this type of prison. There were 285 prisoners who were unemployed, and who were therefore only going to be out of their cells for around four hours each day. To compound the problem, too many prisoners were allocated as wing workers, supposedly cleaning or carrying out similar work. However, there was far too little for them to do, and we saw many with nothing meaningful to do, with their cleaning equipment lying idle.

This dangerous combination of ready availability of drugs, lack of any meaningful way to pass the time and overcrowding will obviously give rise to tensions and frustration, particularly with such a young population. As such, it was hardly surprising that at times staff struggled to maintain control. We saw poor behaviour going unchallenged, and at times it was clearly difficult for staff to maintain

appropriate professional boundaries and to assert their authority. However, reasonable access to basic kit, in-cell phones and kiosks for making applications, together with improved healthcare, acceptable food and good work to maintain contact with families, helped to mitigate what could otherwise have been very serious sources of frustration for prisoners.

Despite the many challenges facing the prison, it was reassuring to see the positive way in which the prison leadership responded promptly to some issues as they emerged during the course of the inspection. For instance, as is explained in the report, we raised concerns about some serious shortcomings in the arrangements that needed to be in place, but were not, to ensure that the public were protected from harm when prisoners were released or made contact with family members or others. This was particularly concerning in view of the substantial number of prisoners at Doncaster who were assessed as posing a high risk of harm to others. Despite these problems, there had been a great deal of good work done at Doncaster in the area of resettlement and planning for release, and our considered judgement was that, taken as a whole, the grade should increase to be reasonably good.

Overall, the findings of this inspection were broadly similar to those at the previous inspection in 2017. However, we were pleased to see that a major concern raised on that occasion had been addressed. In 2017 we reported that a large number of sex offenders had been moved to Doncaster in an effort to stabilise the prison, which had been going through a very challenging period. However, they had been moved into the jail without any provision having been made for their specific needs, such as accredited interventions or staff trained to address the risks presented by this particular group of prisoners. This issue has since been rectified and we hope that the serious concerns raised in this report will be similarly and promptly addressed.

Doncaster is a busy and complex prison with a transient population, many of whom pose significant risks to the public, to each other and, all too often, to themselves. The leadership and staff have worked extremely hard and their determination to succeed and generate a safe and decent environment is clear for all to see. Despite the problems we found during this inspection, there is good reason to hope that the establishment should be able to maintain and indeed improve its performance in the future.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

September 2019

Fact page

Task of the establishment

HMP & YOI Doncaster is a category B local and resettlement prison accommodating young adult (18–21 years) and adult male prisoners.

Certified normal accommodation and operational capacity¹

Prisoners held at the time of inspection: 1,100

Baseline certified normal capacity: 738

In-use certified normal capacity: 729

Operational capacity: 1,145

Notable features from this inspection

About 30% of the population was under the age of 25.

63% of prisoners had stayed at the prison for six months or less.

About a quarter of the population was convicted of sexual offences.

52% of prisoners had been assessed as presenting a high risk of harm.

About 700 prisoners lived in overcrowded conditions.

There had been five self-inflicted deaths in the past year, and a further suspected self-inflicted death shortly after the inspection.

There were about 114 prisoners released each month.

Prison status (public or private) and key providers

Privately managed by Serco

Physical health provider: Care UK

Mental health provider: Care UK

Substance use treatment provider: Care UK

Prison education framework provider: Novus

Community rehabilitation company (CRC): South Yorkshire

Escort contractor: GeoAmey

Prison group/Department

Yorkshire & Humberside

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

Brief history

Built by the Prison Service on the site of a former power station on an island in Doncaster town centre, the prison opened in June 1994.

Short description of residential units

There are three large house blocks, each with four wings. Two units within the health care building provide additional space for prisoners needing social care support, and the segregation unit has 21 cells.

Name of governor/director and date in post

Jerry Spencer (6 June 2016)

Independent Monitoring Board chair

Stephen Clark

Date of last inspection

10–21 July 2017

About this inspection and report

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

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

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

Safety	Prisoners, particularly the most vulnerable, are held safely.
Respect	Prisoners are treated with respect for their human dignity.
Purposeful activity	Prisoners are able, and expected, to engage in activity that is likely to benefit them.
Rehabilitation and release planning	Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

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

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

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

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

This report

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

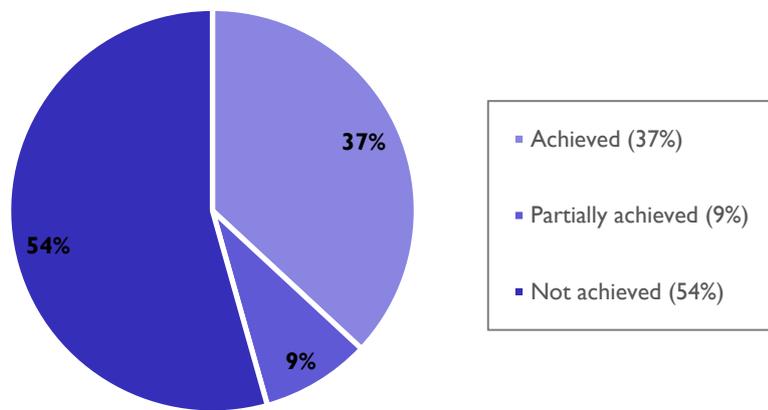
² <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

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

Summary

- S1 We last inspected HMP & YOI Doncaster in 2017 and made 46 recommendations overall. The prison fully accepted 44 of the recommendations and partially (or subject to resources) accepted one. It rejected one of the recommendations.
- S2 At this follow-up inspection, we found that the prison had achieved 17 of those recommendations, partially achieved four recommendations and not achieved 25 recommendations.

Figure 1: HMP & YOI Doncaster progress on recommendations from last inspection (n=46)



- S3 Since our last inspection of HMP & YOI Doncaster, outcomes for prisoners stayed the same in three healthy prison areas, with Safety and Purposeful activity remaining not sufficiently good and Respect remaining reasonably good. Outcomes for prisoners improved in the Rehabilitation and release planning healthy prison area, from not sufficiently good to reasonably good.

Figure 2: HMP & YOI Doncaster healthy prison outcomes 2017 and 2019⁴



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

Safety

- S4** *Prisoners were generally well informed and supported during their early days. A wide range of actions had been taken to make the prison safer, and levels of violence had reduced over recent months. Despite this, overall levels of violence were higher than in similar prisons, and levels of serious assaults were rising. Levels of use of force had increased but oversight was good. Too many adjudications were not proceeded with. Security processes were generally proportionate, and the number of incidents of disorder was low, although poor supervision and a lack of control on some wings were problematic. Drug availability had reduced and was lower than in similar prisons. Levels of self-harm had risen, and were high, and measures to support prisoners at risk of self-harm were weak. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S5** *At the last inspection, in 2017, we found that outcomes for prisoners in HMP Doncaster were not sufficiently good against this healthy prison test. We made 15 recommendations in the area of safety.⁵ At this inspection, we found that six of the recommendations had been achieved, two had been partially achieved and seven had not been achieved.*
- S6** The reception area was clean, bright, calm and welcoming. There was good support for new arrivals from peer workers, and staff were friendly and efficient. Initial interviews were held in private and were suitably focused on risk, but interpreting facilities were not always used when required. The recently amended 'early days in custody' document was generally well completed and provided a comprehensive record of key information on newly arrived prisoners.
- S7** Most prisoners went to the induction wing, where first night cells were clean and well equipped. The support provided by the Insiders (prisoners who introduce new arrivals to prison life) was excellent and helped prisoners to settle in quickly. Not all vulnerable prisoners received a full induction.
- S8** Overall, levels of assaults had shown a recent downward trend, although they had increased since the previous inspection and were higher than in similar prisons. Levels of serious assaults were increasing. In our survey, about a quarter of the population said that they currently felt unsafe. A wide range of actions had been undertaken to address and reduce violence, including some good work to tackle gang-related violent behaviour. However, more work needed to be done to understand the causes and trends in violence over time. Actions to reduce levels of violence were not coordinated, and their effectiveness was not monitored.
- S9** The introduction of a casework approach to managing the perpetrators of violence and providing support for victims (the challenge, support and intervention plan (CSIP))⁶ was not yet embedded. CSIP investigations and intervention plans were poor. There was no support for victims. We identified work to identify possible self-isolators as being good practice.
- S10** The revised social responsibility unit, developed to support prisoners who used violence or behaved antisocially, was positive but the regime on the unit remained unacceptably punitive.

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

⁶ 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 in the system. Prisoners who are identified as the perpetrator of serious or repeated violence, or who are vulnerable due to being the victim of violence or bullying behaviour, are managed and supported on a plan with individualised targets and regular reviews

- S11 The incentives and earned privileges (IEP) scheme was generally not effective in addressing individual prisoners' poor behaviour or encouraging them to behave well. There were some innovative schemes to encourage communal responsibility and good behaviour.
- S12 The number of adjudications had increased, although was now similar to that at other local prisons. Violence, drugs and unauthorised possession were prevalent themes. About a third of adjudications were dismissed, not proceeded with or remanded, which undermined the prison's response to violence and other antisocial behaviour. Too few referrals to the police were actioned within a reasonable timescale.
- S13 Levels of use of force had increased but were similar to those at other local prisons. Governance arrangements were generally good, and the documentation we examined was of reasonable quality and demonstrated the use of de-escalation. However, this documentation showed that force was used more often against prisoners under than over the age of 25. This was supported by our survey results, but had not been explored to understand the reasons why this was the case.
- S14 The use of segregation had increased, and was higher than at similar prisons. Some prisoners remained in segregation for too long, and reintegration planning was undeveloped. Most cells on the unit were clean and free from graffiti, and relationships between staff and prisoners on the unit were good. The regime was too limited and was not calibrated to prisoners' behaviour.
- S15 Security procedures were broadly proportionate and the prison was appropriately focused on violence and drugs. Levels of disorder were low but poor supervision and a lack of control on some wings were problematic. Not all intelligence reports submitted were of good enough quality, and not all ensuing actions had been completed quickly enough, or at all. Relationships with the police had improved and there was some good joint working.
- S16 In our survey, 61% of respondents said that drugs were easily available. A wide range of actions had been taken to address drug supply and demand. The mandatory drug testing rate had reduced to about 16%, which was lower than in similar prisons, and had been on a downward trend over the previous 12 months. In our survey, 45% of respondents said that it was easy to get alcohol in the prison, which was far higher than in similar prisons. The security department had acknowledged that this was a concern, and appropriate actions were being taken to reduce availability.
- S17 There had been five self-inflicted deaths since the previous inspection, and there was a further suspected self-inflicted death shortly after the current inspection. Recommendations made by the Prisons and Probation Ombudsman were not regularly reviewed or sufficiently embedded. The number of self-harm incidents had increased and was higher than at similar prisons. The prison managed some complex prisoners who repeatedly self-harmed, and accounted for over a quarter of all self-harm incidents. The number of prisoners on assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm was consistently very high, rendering the process difficult to manage and hampering staff in providing sufficient care and support for prisoners in crisis. A wide range of useful data was collated and analysed, but was not used to identify emerging trends or to develop an effective approach to reducing levels of self-harm. Incidents of serious self-harm were not investigated to understand the underlying causes. A quality improvement action plan and the minutes of safer custody meetings evidenced a consistent managerial drive to improve the quality of documentation. However, we remained concerned at the continuing poor quality of some documents and were not confident that staff understood how to identify and manage risk. All prisoners could access the Samaritans via in-cell telephones but there was no Listener scheme (whereby prisoners trained by the Samaritans provide confidential emotional support to fellow prisoners) in operation. Buddies

(prisoners who provide informal support across a range of issues) provided some support for prisoners but were not sufficiently trained in assisting prisoners in crisis, or well enough supported themselves.

Respect

*S18 Prisoners were reasonably positive about relationships with staff but many staff failed to exert their authority. Communal areas and cells were in a reasonably good state but too many prisoners lived in overcrowded conditions. Access to basic essentials was good. The food provided was satisfactory. Prisoner consultation arrangements were effective. Responses to applications were mostly timely, and complaints were well managed. Equality and diversity arrangements were adequate overall but the needs of young adults and some prisoners with disabilities were not being met. Faith provision was good. Health care had improved overall but mental health services were stretched. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S19 At the last inspection, in 2017, we found that outcomes for prisoners in HMP Doncaster were reasonably good against this healthy prison test. We made 12 recommendations in the area of respect. At this inspection, we found that two of the recommendations had been achieved, one had been partially achieved and nine had not been achieved.

S20 In our survey, most prisoners were positive about relationships with staff. More prisoners than at other local prisons said that a member of staff had asked them how they were getting on in the last week. Many staff lacked authority, and much low-level antisocial behaviour went unchallenged. For example, we saw prisoners vaping on landings, wearing inappropriate clothing and playing loud music, all without being challenged by staff. At times, on some wings, control was tenuous. The key worker scheme was promising and we witnessed some helpful sessions, but contact was often too infrequent and formulaic. Prisoners' key workers changed too often.

S21 The prison was overcrowded; about 700 prisoners were living two to a cell designed for one. The cells were in reasonably good condition and contained telephones, which prisoners appreciated. Response times to emergency cell call bells were poor, with too many not answered within five minutes.

S22 The cleanliness of communal areas varied greatly across the wings. Some were reasonably clean, with newly laid carpets, but others were dirty. Too many cleaners were inactive when they should have been cleaning. Some shower units were in very poor condition, with ingrained dirt, poor ventilation and fly infestations. The touchscreen information kiosks on the wings were an effective tool to help prisoners to manage their daily lives. Prisoners' access to laundry, cleaning materials and bedding was reasonably good.

S23 The gardens on the internal courtyards were very attractive and the central corridor through which prisoners moved to activities was bright and clean, but some exercise yards were littered.

S24 In our survey, more prisoners than at other local prisons said that the food provided was good. Mealtimes were too early and often chaotic. A lack of staff supervision led to intimidation, a lack of portion control and poor hygiene. Catering and shop consultation arrangements were reasonably good. Prisoners could buy a reasonable range of products through the prison shop and a wide range of catalogues. However, prisoners' clothing orders had not been processed for the last two months.

- S25 Weekly prisoner consultation arrangements were effective and led to positive outcomes for prisoners. Prisoners could easily make applications through the kiosks, and most were responded to promptly. Complaints were managed well and analysis was robust. In nearly all cases, responses were timely, polite and generally addressed the issues raised.
- S26 Equality work was adequate overall but had not been developed since the previous inspection. Monitoring of data took place, but in-depth analysis to identify disproportionate treatment of protected groups was inadequate and did not drive coordinated action planning. Dedicated consultation took place with protected groups, but this was sometimes not regular enough to be fully effective. The quality of responses to discrimination incident report forms was good and internal quality assurance processes were robust. However, too many were responded to late.
- S27 Around 20% of the population was from a black and minority ethnic background. Arrangements for these prisoners were good, and our survey showed little disproportionality of treatment when compared with white prisoners. Support for foreign national prisoners was mostly good, and for veterans impressive.
- S28 Not all the needs of some prisoners with disabilities were being met. Prisoners located on the dedicated social care unit received good support, but provision for those on other units was underdeveloped. Prisoners did not always receive appropriate reasonable adjustments, making daily living difficult for some. There was no formal prisoner carer system. We were not confident that all prisoners who needed a personal emergency evacuation plan had one, and, where plans were available, staff did not always know that they existed.
- S29 There was good provision for older prisoners. There was too little support for the substantial proportion of young prisoners under the age of 25, despite some evidence of potential disproportionate treatment. Arrangements for gay, bisexual and transgender prisoners were adequate.
- S30 Faith provision was good. Most prisoners had access to a chaplain of their own faith, and pastoral care was good.
- S31 Health services had improved overall, and working relationships with other prison departments were good. A wide range of primary care services was available and waiting lists were generally short, although too many patients failed to attend appointments and some were not enabled to attend external hospitals.
- S32 There was age-appropriate emphasis on well-being, and the management of prisoners with long-term conditions was effective. Social care provision was good. Current staffing levels did not meet the high demand for mental health services, although emphasis was placed on identifying those with the highest risk. Health support for prisoners with a learning disability was very good. Patients waited too long for transfer to secure mental health hospitals.
- S33 Both clinical and psychosocial substance use treatment services had markedly improved. Pharmacy services lacked professional leadership and monitoring. Too many patients did not receive their medicines promptly. Access to the dentist was excellent, and the suite had been refurbished to a high standard.

Purposeful activity

S34 *Many prisoners had too little time unlocked. Library and PE provision was adequate. The range of education, skills and work had improved but there were too few activity places for the population and many prisoners were unemployed. Attendance at purposeful activities required improvement. The quality of teaching and learning was good. Prisoners generally behaved well. Qualification achievement rates were variable and too many prisoners failed to complete their courses.*
Outcomes were not sufficiently good against this healthy prison test.

S35 *At the last inspection, in 2017, we found that outcomes for prisoners in HMP Doncaster were not sufficiently good against this healthy prison test. We made seven recommendations in the area of purposeful activity. At this inspection, we found that four of the recommendations had been achieved and three had not been achieved.*

S36 Fully employed prisoners could spend about eight and half hours out of their cells each day but unemployed prisoners on the basic level of the incentives and earned privileges scheme could spend only about four hours. Too many prisoners were inactive and locked up for much of the working day. Daily routines mainly ran to time.

S37 The library service was reasonably good, with a wide range of reading materials and DVDs, but there was no access at weekends. The vulnerable prisoner library was small but adequate.

S38 The facilities for PE were good, with a large all-weather pitch, cardiovascular exercise and weights rooms, and a sports hall. The Sports Academy ran a wide range of qualifications and sessions to meet the population's needs. However, this good work was hindered by regular staff redeployment, which led to too many sessions being cancelled, sometimes at very short notice.

S39 There were not enough education, skills and work places for the population. The unemployment rate was unacceptably high, at around 25% of the population. Attendance had improved but was not yet good enough. The range of provision had increased and met the needs of most of the population, but in too many cases prisoners employed on the wings were not purposefully occupied. Performance management arrangements helped to ensure that teaching and learning were effective. Prisoners benefited from good joint working between resettlement agencies, which helped to prepare them for release, but the prison had little or no information on the education, training or work destinations of prisoners released into the community.

S40 Teachers planned and delivered high-quality learning sessions which prisoners enjoyed. Prisoners developed useful skills which were likely to improve their prospects of employability and resettlement. They benefited from a wide range of distance learning qualifications and a well-used virtual campus facility (internet access for prisoners to community education, training and employment opportunities). Vocational tutors in barbering and horticulture integrated mathematics and English well into their lessons. The standard of prisoners' work in the commercial workshop facilities was good.

S41 Prisoners' behaviour during classroom and work sessions was good. Punctuality had improved. Prisoners who attended activities demonstrated a good work ethic and were motivated to learn and achieve. Most prisoners developed personal and social skills to support their employability or transition to a training prison.

- S42 Achievements were high on most entry-level English and mathematics courses, but low in these subjects at levels 1 and 2. Too many prisoners studying vocational qualifications did not complete their qualifications.

Rehabilitation and release planning

S43 *Support for prisoners to maintain relationships with their children and families was excellent. There was an improved focus on prisoners convicted of sexual offences but outcomes were inconsistent. Most prisoners had an up-to-date offender assessment system (OASys) assessment. Contact with offender supervisors was regular but they were not sufficiently well trained to manage the large high-risk population. Home detention curfew processes were inefficient and too many prisoners were released late. Public protection processes were poor, potentially putting the public at risk. Programmes provision was reasonably good overall. There was good support to help prisoners with their housing and finances, but too many were released without being able to access sustainable accommodation. Release planning had improved and was good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S44 *At the last inspection, in 2017, we found that outcomes for prisoners in HMP Doncaster were not sufficiently good against this healthy prison test. We made 12 recommendations in the area of resettlement.⁷ At this inspection, we found that five of the recommendations had been achieved, one had been partially achieved and six had not been achieved.*

- S45** Children and family provision had improved, and was excellent. There was a wide and innovative range of measures to support prisoners to maintain and rebuild relationships with their families. The provision of social visits was good, and the booking process generally efficient. The spacious visits hall provided a bright, relaxed and welcoming environment. It was well equipped for young children and teenagers, and the interactions we observed between staff and families were positive. Access to telephones was good and, except for letters that arrived at the weekend, all mail was distributed on the day it arrived.
- S46** Work to reduce reoffending was not well coordinated, had recently restarted and was not driven by a current action plan. The prison was dealing with a challenging population. Just under two-thirds were transient, staying at the prison for six months or less. There was also a more settled group of prisoners who required ongoing offending behaviour work. Around a quarter of the population was convicted of sexual offences. Just over half of the population was assessed as presenting a high risk of harm. The prison had now developed a strategy to manage prisoners convicted of sexual offences, but outcomes for this group were inconsistent. The population needs analysis was weak, based only on a prisoner survey with a poor response rate.
- S47** More than 80% of eligible prisoners had an up-to-date offender assessment system (OASys) assessment, which was better than we typically see in local prisons. Offender supervisors carried manageable caseloads, and contact levels with prisoners were good. However, for high-risk prisoners, who typically stayed at the establishment for longer, contact did not adequately drive sentence progression. The staff supervising the large number of high-risk prisoners, including those convicted of sexual offences, lacked the training and confidence to manage this challenging cohort.

⁷ This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

- S48 In the previous six months, about 40% of prisoners approved for home detention curfew had been released after their eligibility date, often because of slow prison processes or a lack of response from the offender manager in the community.
- S49 Public protection procedures were poorly implemented and understood by staff, which was a serious deficiency in a prison with such a large high-risk population. The interdepartmental risk management team meeting still did not ensure that an effective risk management plan was in place for all high-risk prisoners approaching release. The prison did not routinely confirm multi-agency public protection arrangements (MAPPA) management levels in order to contribute effectively to multi-agency release planning. Contributions to MAPPA panels from the offender management unit (OMU) were often inadequate. Decisions to monitor prisoners' mail and telephone calls were not informed by OASys assessments. At the time of the inspection, about 20% of the population was subject to child contact restrictions. Most of these restrictions were not enforced, which meant that prisoners were potentially able to correspond with children.
- S50 The OMU struggled to transfer category B prisoners, in particular those convicted of sexual offences.
- S51 The range of accredited offending behaviour programmes had expanded since the last inspection. There was now an intervention for prisoners convicted of sexual offences. However, too many of these prisoners had not undergone the assessment they needed to access the programme. There was also little capacity for one-to-one work with this group. There was a wide range of other interventions to help prisoners to address their attitudes, thinking and behaviour, including an impressive amount of restorative justice work.
- S52 Demand for housing support was high. Provision had improved, and resettlement workers had good links with housing providers. However, in the previous six months up to a quarter of prisoners had left the prison without sustainable accommodation on the day of release. Support for prisoners to manage their finances was good, and better resourced than at the time of the previous inspection.
- S53 Demand for resettlement support was high, with over 100 prisoners released each month. Support had improved. Contractual restrictions in place at the time of the previous inspection had been removed and all prisoners now received the same, good level of provision. Most of those being released had been admitted on short sentences or recalls, but the community rehabilitation company was able to identify and meet their resettlement needs. There was some very good 'through-the-gate' support for the most complex prisoners with a South Yorkshire release address on the day of release, which included escorting them to appointments in the community.

Key concerns and recommendations

- S54 Key concern: Levels of violence had shown a downward trend but they remained higher than at similar prisons, and levels of serious assaults were increasing. There was insufficient analysis to understand the causes of violent incidents, and there was no coordinated plan to monitor which actions had worked, to help to drive a further reduction in violence.

Recommendation: Actions and processes to understand and reduce violence should be embedded and their effectiveness regularly monitored.

- S55 Key concern: Levels of self-harm had increased and were much higher than at most other local prisons. The number of prisoners subject to ACCT support made processes difficult to manage and prevented staff in too many areas of the prison from focusing on those at the

highest risk. Available data and serious acts of self-harm were not sufficiently investigated to identify underlying causes or emerging trends. Actions to address levels of self-harm and implement Prisons and Probation Ombudsman recommendations were underdeveloped.

Recommendation: Effective, well-coordinated action should be taken and sustained to reduce levels of self-harm.

- S56 Key concern: As at our last three inspections, wing staff had insufficient authority over prisoners. Antisocial behaviour and infractions of the prison rules too often went unchallenged. On some wings, officers' control was sometimes tenuous.

Recommendation: Wing staff should have the authority and confidence to challenge inappropriate conduct on, and maintain full control of, all wings.

- S57 Key concern: The prison was overcrowded, and almost 700 prisoners were doubled up in cells designed for one prisoner.

Recommendation: Two prisoners should not be held together in cells designed for one.

- S58 Key concern: A substantial proportion of the population, about 30%, was under the age of 25, and data showed potential disproportionalities in the treatment of this population.

Recommendation: Action should be taken to understand and address the potential disproportionate treatment of younger prisoners.

- S59 Key concern: There were gaps in the provision for prisoners with disabilities, and the needs of many prisoners with mobility issues were not being met. There were not enough reasonable adjustments being made to support these prisoners. There was no effective prisoner carer system, and the management and delivery of personal emergency evacuation plans were weak.

Recommendation: Prisoners with disabilities should be identified and given good, consistent and organised support based on their needs.

- S60 Key concern: The demand for mental health services was high and the range of interventions and support provided, particularly for patients needing psychological therapies, had not improved since the previous inspection, and was insufficient to meet need.

Recommendation: Mental health services should provide timely, stepped care support through an appropriate range of therapeutic interventions that is sufficiently resourced to meet the high level of demand.

- S61 Key concern: Too many patients experienced delays in receiving their prescribed medicines following reception, and the integrity of temperature-sensitive medicines was not being assured by effective monitoring procedures.

Recommendation: Patients should receive prescribed medicines without delay, and effective monitoring procedures should assure the integrity of stored medicines.

- S62 Key concern: There had been a substantial increase in unemployment since the previous inspection, attendance continued to require improvement and there was a lack of sufficient purposeful work for the large number of prisoners employed as wing workers.

Recommendation: Leaders and managers should reduce unemployment, improve attendance and provide sufficient and purposeful high-quality learning, skills and work that meet the population's needs.

- S63 Key concern: Prison managers had no accurate data on prisoners' training and work destinations, which prevented them from evaluating the impact of learning, skills and work.

Recommendation: Leaders and managers should gather up-to-date information on prisoners' destinations, so that they can evaluate the impact of the curriculum on prisoners' rehabilitation.

- S64 Key concern: The number of prisoners who completed and passed their courses was too low. Achievements in English and mathematics at levels 1 and level 2 required improvement. Too few prisoners on vocational courses stayed until the end of the course.

Recommendation: Leaders and managers should increase the proportion of prisoners who achieve a qualification in English and mathematics at levels 1 and 2, and, on vocational courses, the proportion who successfully complete their studies.

- S65 Key concern: More than half of the population had been assessed as presenting a high or very high risk of serious harm, and about a quarter had been convicted of sexual offences. Many of these prisoners stayed at the establishment for long periods and needed to address their offending behaviour to reduce their risk. Prisoners convicted of sexual offences potentially needed one-to-one work. Offender supervisors lacked the training, confidence and professional supervision to manage these challenging prisoners effectively and drive their sentence progression. There was not enough understanding of risk among the OMU staff group, which did not include any probation officers.

Recommendation: High-risk prisoners and all those convicted of sexual offences should be managed by a well-supported offender supervisor who is trained in risk and can effectively drive their sentence progression.

- S66 Key concern: Procedures to protect the public while prisoners were held at the establishment and on release were ineffective. Decisions about monitoring prisoners' mail and telephone calls were made by staff who had no access to OASys assessments. Decisions about which prisoners should have contact with children while in prison were made by the same team and were not underpinned by assessments of the continuing risk. Where child contact restrictions had been imposed, most were not enforced, potentially allowing victim contact. The interdepartmental risk management team meeting did not review release plans for all high-risk prisoners. The prison did not confirm management levels for MAPPA-eligible prisoners, in order to contribute effectively to multi-agency release planning. Contributions from the OMU to multi-agency public protection panels were inadequate.

Recommendation: Prisoners should be subject to rigorous and comprehensive public protection measures which address their risk, both in custody and on release.

Section 1. Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes:

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

- I.1 Most prisoners had short journeys to the prison from nearby courts. They were not held for unduly long periods at court, and began to return to the prison from around lunchtime. The escort vans we viewed were clean and appropriately equipped.
- I.2 The reception area was clean, bright and well maintained. The staff and prisoners working there were welcoming and quickly put new arrivals at ease. In our survey, more prisoners than at similar prisons said that they had been treated well in reception (85% versus 75%). Searching procedures were appropriate and prisoners' property was processed efficiently, so that in most cases it was ready to be collected when the prisoner left reception. Holding rooms were clean but contained no useful information about the prison and its regime.
- I.3 Prisoners returning from court were processed quickly and returned to their wings after only a short time in reception. For those new to custody, their wait could be much longer, and we witnessed some prisoners waiting for over five hours to go to the first night centre.
- I.4 All newly arrived prisoners underwent a private interview with staff, during which their suitability for sharing accommodation was assessed, along with an appropriately safety-focused assessment. Where necessary, a secondary cell sharing assessment took place on the day after arrival. Although professional telephone interpreting services were available for non-English-speaking prisoners, we were not confident that they were always used when needed (see also paragraph 2.35). The 'early days in custody' document had been amended very recently, and the examples we saw had generally been well completed, providing a comprehensive record of key information, which was shared with staff throughout the early days process.
- I.5 Insiders (prisoners who introduce new arrivals to prison life) spoke to all new prisoners, and accompanied most of them (see below) to the induction wing. New prisoners were offered a shower, clean clothing and bedding. Subject to public protection arrangements, all were offered a free two-minute telephone call; however, this call took place at the front desk, which afforded no privacy and was often within the full hearing of other prisoners.
- I.6 Most new prisoners (except for some prisoners needing substance use stabilisation on the stabilisation unit and vulnerable prisoners on house block 1) went to the induction wing, where cells were clean and reasonably well prepared. Support from the Insiders was excellent, and they began the induction process by giving new prisoners a briefing on key information, such as how to use the wing-based touchscreen kiosks, known as ATMs (see paragraph 2.9), and what would happen over the next 24 hours, which helped new prisoners to settle in quickly. This was followed up by an interview with residential staff, who carried out an 'understanding and welfare check' before prisoners were locked up for the night. All prisoners were subject to at least three welfare checks during their first night at the prison.

It was disappointing that the seven-day follow-up, whereby the Insiders checked on new prisoners after their first week at the establishment, had lapsed.

- I.7** Induction continued on the next working day after arrival, and provided a comprehensive overview of the prison and its processes, with input from partner agencies scheduled throughout the day.
- I.8** Prisoners taken to the stabilisation unit on arrival moved to the induction wing once they were stable, and then started their formal induction. Vulnerable prisoners taken to house block I underwent an initial briefing with an Insider but we found many who had yet to complete the day two induction; this meant that they were unable to attend work, and spent long periods locked up each day.

Recommendations

- I.9 Reception staff should use professional telephone interpreting services to communicate with newly arrived foreign national prisoners who speak little English, to ensure that their needs are identified quickly.**
- I.10 All newly arrived prisoners should complete induction at the earliest opportunity.**

Managing behaviour

Expected outcomes:

Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

- I.11** Overall, levels of assaults had shown a recent downward trend, although they had increased since the previous inspection and were higher than at similar prisons. Levels of serious assaults were increasing (see key concern and recommendation S54). In our survey, 24% of respondents said that they currently felt unsafe, and 59% that they had felt unsafe at some time, both of which were in line with other local prisons.
- I.12** A wide range of actions had been undertaken to address and reduce violence. For example, all violent incidents were monitored in the daily managers meeting, and a member of the safer custody team spoke to prisoners scoring high on the Violence in Prisons Estimator (VIPER)⁸ tool, to establish what support they might need. Catch 22 workers with experience of working with gangs worked closely with agencies in the prison and the community, to support violence reduction. They met new arrivals, to identify any risks and any gang affiliations that could lead to violence. They liaised with safer custody staff to maintain a database of gang affiliations, which helped to ensure that the location and movement of prisoners avoided potential conflict. They were visible around the prison and also provided a group work programme to address gang-related violent behaviour.

⁸ The Violence in Prisons Estimator (VIPER) tool uses information about an individual's custodial history and their age to assess how violent they may be during their time in custody. This provides valuable information to staff about the potential level of risk posed by each individual within their care, and can serve as an indicator for who to focus attention on or who may need extra support or challenge to manage their violent behaviour.

- I.13** However, not enough was being done to understand the causes and trends in violence over time; for example, data showed that prisoners under the age of 25 were the main perpetrators of violence but no actions had been taken. Actions to reduce levels of violence were not coordinated, and their effectiveness was not monitored (see key concern and recommendation S54).
- I.14** The introduction of a casework approach to managing the perpetrators of violence and providing support for victims (the challenge, support and intervention plan (CSIP))⁹ was not yet embedded. There were 12 prisoners subject to the CSIP system due to their behaviour, and the investigation paperwork and intervention plans we examined were poor, and in most cases not up to date. The CSIP system was not being used to support victims, and there was no other support provided to them.
- I.15** During the inspection, we did not find any prisoners who were self-isolating because of fears for their safety. The prison had introduced an innovative way to identify possible self-isolators, by monitoring individual prisoners' ATM activity (such as booked visits, meals, appointments) to detect changes in behaviour. This information would then be passed on to a manager, and the prisoner concerned spoken to by their key worker.
- I.16** The regime and purpose of the social responsibility unit (SRU), developed to support prisoners who used violence or behaved antisocially, had been revised since the last inspection. Much of it was positive; there had been an increase in psychology support, and since May 2019 there had been 67 prisoners on the unit; 26 of these had received some form of psychological intervention, representing 55% of those prisoners who had consented to engage. During the inspection, the full clinical model, co-delivered by clinical and operational staff, was implemented but it was too soon to assess its impact. However, the regime on the unit was unacceptably restricted. Prisoners were given their meals in-cell, and during their first two weeks on the unit received only up to two hours out of their cell each day.
- I.17** The incentives and earned privileges scheme was generally not effective in addressing individual prisoners' poor behaviour or encouraging them to behave well. In our survey, only 39% of respondents said that they had been treated fairly under the scheme. Too many reviews of prisoners displaying a pattern of poor behaviour did not take place at all, and some had been left on the basic level for far too long, without effective intervention to address their behaviour. The prison no longer had the enhanced residential unit, and there were too few incentives for prisoners to behave well.
- I.18** There were some innovative schemes to encourage communal responsibility and good behaviour. When no negative incidents, such as violence and threatening/abusive language, had taken place on a wing over the course of a week, communal items or enhanced meals were provided. Data on this were published for all prisoners to view, which was a good incentive.

Recommendations

- I.19 The victims of violence and perpetrators of antisocial behaviour should be managed effectively.**
- I.20 Prisoners on the social responsibility unit should have access to a full regime.**

⁹ 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 in the system. Prisoners who are identified as the perpetrator of serious or repeated violence, or who are vulnerable due to being the victim of violence or bullying behaviour, are managed and supported on a plan with individualised targets and regular reviews

I.21 The incentives and earned privileges scheme should be effective in addressing individual prisoners' poor behaviour and encouraging them to behave well.

Good practice

I.22 *Work to identify possible self-isolators was carried out by monitoring the touchscreen kiosks weekly, to detect changes in behaviour. This information would then be passed on to a manager, and the prisoner spoken to by a key worker.*

Adjudications

I.23 The number of adjudications had increased sharply, although was now similar to that in similar prisons. Violence, drugs and unauthorised possession were routinely the most prevalent offences. About a third of adjudications were dismissed, not proceeded with or remanded, which often undermined the prison's response to violence and other antisocial behaviour.

I.24 The independent adjudicator attended twice monthly to hear the most serious of charges, many of which were then referred to the police. Far too many police referrals took too long to be actioned or returned to the prison for action, again undermining the response to wrongdoing. Measures had recently been put in place to make police referrals more efficient but these had yet to have any noticeable effect.

I.25 Managerial oversight had improved recently and was good, with a regular standardisation and review meeting adjusting tariffs in response to emerging threats, monitoring a wide range of data and taking steps to reduce the number of incomplete hearings.

Recommendation

I.26 The adjudications system should provide an effective deterrent to antisocial behaviour. (Repeated recommendation I.44)

Use of force

I.27 Levels of use of force had increased, with 388 incidents involving the use of force and five uses of batons in the previous six months. These figures were similar to those at other local prisons.

I.28 Governance arrangements were generally good. A use of force coordinator quality checked paperwork, and a large amount of video footage of planned incidents was viewed at the use of force meeting, to identify any lessons learnt. The documentation we examined was of reasonable quality and demonstrated the use of de-escalation. However, too many 'injury to prisoner' forms were missing. There had been no uses of the special accommodation in the six months before the inspection, but we came across the record of an incident where a prisoner had had his bedding removed, and the prison was unable to demonstrate that the appropriate authority had been given for this incident. During the inspection, action was taken to increase managers' awareness and understanding of special and unfurnished accommodation, which we welcomed.

I.29 Documentation provided at the quarterly use of force meeting showed that force was used more often against prisoners under than over the age of 25. This was supported by our

survey, in which considerably more prisoners in this younger age group than their older counterparts said that they had been physically restrained by staff in the previous six months (27% versus 9%). Data had not been explored to understand the reasons why this was the case (see also paragraph 2.41, and key concern and recommendation S58).

Segregation

- I.30** The use of segregation had increased considerably, and was much higher than at similar prisons. Although most stays were relatively short, at an average of around nine days, some prisoners remained segregated for too long, with insufficient focus or planning of reintegration.
- I.31** The unit routinely ran at or near full capacity, with most being held under Rule 45 (good order and/or discipline). The previously large number of prisoners held there for their own protection had reduced sharply as a result of house block I being designated as a vulnerable prisoner unit.
- I.32** Cells on the unit were generally clean, and a rolling painting programme ensured that cells were graffiti free and reasonably well decorated before occupation. The unit managed some challenging and destructive prisoners; most cells bore testimony to this, and during the inspection three cells were out of action due to some considerable damage. Maintenance staff reported a constant battle to repair cells on an almost daily basis.
- I.33** Relationships between staff and prisoners on the unit were good. Staff had a good understanding of those in their care and we witnessed some skilled interactions. The regime was poor, consisting of a shower, access to a small library trolley and just a 30-minute exercise period each day, during which all prisoners exercised on their own, regardless of risk. A few segregation cells had in-cell telephones but most access points had been destroyed. The regime was not calibrated to reflect behaviour on the unit and was consistently poor for all, regardless of the reason for their segregation or their behaviour. There was no access to any activities or, where appropriate, to televisions.
- I.34** The quarterly segregation management meetings were well attended. A wide range of data was analysed. Identified actions from these meetings were generally completed but tended to reflect procedural issues, rather than focusing on improving the regime or reducing the necessity for segregation.

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 use and effective drug supply reduction measures are in place.

- I.35** Security procedures were broadly proportionate. Levels of disorder were low, but on some wings supervision was poor and officers exercised too little authority over prisoners (see also paragraph 2.2 and key concern and recommendation S56).
- I.36** Contribution to the monthly security meetings was good and the prison was focused on violence and drugs, set appropriate security objectives and identified key threats. Relationships with the police had improved and there was some good joint working. An additional meeting had taken place recently with the police and safer custody staff, to focus

on the risks posed by organised crime groups and prisoners who identified as being in a gang (see also paragraph I.12).

- I.37** Not all intelligence reports submitted were of good enough quality, and not all ensuing actions had been completed quickly enough, or at all. From 26 intelligence-led cell search requests, only six had been completed, with only two of these being completed in a reasonable timeframe.
- I.38** In our survey, 61% of respondents said that drugs were easily available. A wide range of actions had been taken to address drug supply and demand. The prison had received a body scanner and an itemiser (a machine to test for the presence of psychoactive substances¹⁰), and had improved some of the physical security of the establishment. The mandatory drug testing (MDT) rate had reduced to around 16%, which was lower than in similar prisons, and had been on a downward trend over the previous 12 months. However, MDT suspicion testing was not always carried out within the 72-hour timeframe, which undermined the process. There was a reasonably good drug strategy and action plan. Actions were monitored at the drug strategy meeting, which was beginning to bring effective supply and demand reduction measures together.
- I.39** In our survey, 45% of respondents said that it was easy to get alcohol in the prison, which was far higher than at similar prisons. The security department had acknowledged that this was a concern, and appropriate actions were being taken to reduce availability.

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.40** There had been five self-inflicted deaths in the previous year, and there was a further suspected self-inflicted death in the week following the inspection. Recommendations made by the Prisons and Probation Ombudsman, and learning points from previous deaths at the prison, were not routinely reviewed locally or sufficiently embedded (see key concern and recommendation S55).
- I.41** Levels of self-harm had increased and were much higher than at most other local prisons. Records showed that the prison regularly managed some complex prisoners who repeatedly self-harmed, and had accounted for over a quarter of all recorded incidents of self-harm in the previous 12 months.
- I.42** The safer custody team collated and analysed a wide range of data, which were then presented at the monthly safer custody meeting. However, this information was not used effectively to identify emerging trends or to develop strategies to reduce levels of harm. Similarly, despite some serious acts of self-harm during the previous year, there had been no investigations into any of these to identify underlying causes (see key concern and recommendation S55).

¹⁰ New psychoactive substances generally refer to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

- I.43** The number of prisoners on assessment, care in custody and teamwork (ACCT) case management documents was consistently very high. This meant that, in many areas of the prison, staff were constrained to carrying out and recording the multiple and varyingly timed observations in order to ensure that documents were completed on time, rather than affording sufficient care and support to those prisoners who presented the highest risk (see key concern and recommendation S55).
- I.44** The quality of many ACCT documents was not good enough. There was a lack of consistency of case management; care maps did not always reflect the issues identified at the initial assessment; reviews were not sufficiently multidisciplinary, often with key staff missing, mainly due to the large number of reviews running across the prison; and too often the records of observations were repetitive and predictable. The prison had identified all of these issues, and the minutes of safer custody meetings repeatedly reflected attempts to improve the quality of documentation. A quality improvement action plan was in place and some administrative action had been taken, but progress was too slow and we were not confident that there was sufficient understanding of how to identify and manage risk appropriately. These issues were reflected in conversations with ‘at risk’ prisoners throughout the inspection; their views on the levels of support ranged from ‘caring, helpful and supportive’ (on the social care unit) to ‘they just look at me and go away again’ (on all three residential wings).
- I.45** All prisoners could access the Samaritans via the in-cell telephones but the Listener scheme (whereby prisoners trained by the Samaritans provide confidential emotional support to fellow prisoners) had ceased to operate. Although some peer support was provided by buddies (prisoners who provide informal support across a range of issues), they were not sufficiently trained in supporting prisoners in crisis, and were not supervised or supported to undertake this role.

Recommendation

- I.46** **An effective level of support should be available for prisoners in crisis, provided by appropriately trained peer supporters.**

Protection of adults at risk¹¹

- I.47** There had been some contact with the local adult safeguarding board but there was still no formal arrangement or mutual attendance at strategic meetings.
- I.48** Protocols with other agencies enabled the early identification of prisoners due to arrive who were potentially at risk, and we saw evidence of these being reviewed on arrival. There were local processes to identify and support prisoners at risk but these were not widely understood by wing staff.

¹¹ Safeguarding duties apply to an adult who:

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

Section 2. Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes:

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

- 2.1** In our survey, 74% of respondents said that most staff treated them respectfully, and more prisoners than at other local prisons said that a member of staff had asked them how they were getting on in the last week (48% versus 32%).
- 2.2** While staff were respectful and polite towards prisoners, many lacked authority, and too much antisocial behaviour went unchallenged. For example, we saw officers fail to challenge prisoners who vaped on landings, wore inappropriate clothing or played loud music. On some wings, officers had little control at times. We saw officers fail to act when a small group of prisoners stole loaves of bread that were meant to be shared across the wing, and the lack of supervision and control at mealtimes was a concern (see also paragraph 2.15 and key concern and recommendation S56).
- 2.3** The key worker scheme was promising, and almost all prisoners now had a key worker.¹² We witnessed some helpful sessions, and many prisoners and staff were positive about the scheme. However, contact was too infrequent; we came across cases where the prisoner had met their key worker only once in two months. Some key work supported and challenged prisoners but too much was superficial and formulaic. Prisoners' key workers changed too often: for example, one prisoner had had six different officers for his first six key work sessions. Managers' quality assurance checks did not fully address these deficiencies.

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

- 2.4** The prison was overcrowded, with about 700 prisoners living two to a cell designed for one (see key concern and recommendation S57). The cells themselves were in reasonably good condition. All cells contained telephones, which prisoners appreciated as it allowed them to call their families in the evenings and at weekends. Some observation panels in cell doors were reinforced with wire mesh, which obscured the view into the cell.

¹² Introduced under the offender management in custody model, key workers are officers who are given dedicated time to spend with a small number of allocated prisoners each week. Key workers support and encourage prisoners to engage with rehabilitative work and progress through their sentences.

- 2.5** Prisoners had good access to wing laundries. The machines were in good working order, and in our survey more prisoners than at other local prisons (71% versus 54%) said that they had enough clean, suitable clothing for the week. Prisoners generally had good access to cleaning materials, and clean sheets were distributed weekly.
- 2.6** The standards of cleanliness of communal areas varied greatly between wings. Some were reasonably clean, with newly laid carpets (see Appendix V), while others were grubby, with ingrained dirt, damaged flooring (see Appendix V) and sloppy paintwork. We consistently found too many cleaners not working when they should have been. Many officers did not challenge inactive cleaners (see also paragraph 2.2, and key concern and recommendation S56). Some shower units were in very poor condition, with ingrained dirt, poor ventilation, fly infestations and damaged fixtures (see Appendix V).
- 2.7** Some parts of the prison were difficult to paint and clean during the day because of the high volume of people passing through these areas. In response, the prison had created a team of prisoners who would paint and clean at night. These prisoners were unlocked and closely supervised as they worked through the night. This initiative was beginning to have a positive impact.
- 2.8** Officers took too long to respond to emergency cell call bells, with too many not answered within five minutes. The prison had introduced a range of measures to try to address these concerns, and were monitoring response times, but to little effect so far.
- 2.9** Touchscreen information kiosks, known as ATMs, continued to be an effective tool to help prisoners to manage their daily lives, and were located around the prison. The range of functions available on the kiosks had expanded, allowing prisoners more autonomy over their affairs. Prisoners could also telephone the 'prisoner assist line'. This helpline was run by prisoners and offered basic assistance with prison-related matters. The line was answered in person during the working day, from Monday to Friday. At other times, prisoners could leave a voicemail message.
- 2.10** The gardens on the internal courtyards were very attractive, with fruit trees and a hedgehog sanctuary. The central corridor through which prisoners moved to activities was clean and bright. Some exercise yards contained litter thrown from cell windows.

Recommendations

- 2.11 Showers should be clean, well ventilated and in good repair.**
- 2.12 Cell call bells should be responded to within five minutes.** (Repeated recommendation 2.8)

Good practice

- 2.13** *The prison had created a cleaning and painting party of prisoners that worked through the night, under close supervision, in order to clean and paint parts of the prison that were difficult to get to during the day.*

Residential services

- 2.14** In our survey, more prisoners than at other local prisons said that the food provided was good (47% versus 34%). The food menu was on a four-week cycle and prisoners selected

their options in advance using the touchscreen kiosks (see paragraph 2.9). During the week, prisoners received a cold lunch and a hot evening meal. A breakfast pack was distributed on the day before it was due to be eaten. Mealtimes were far too early, with lunch served at 11.15am and the evening meal at 4.30pm.

- 2.15** As a result of inadequate staff supervision, the serving of meals was often chaotic and intimidating for prisoners. Some prisoners jumped the queue and took more than their fair share of the food. Prisoners working on the serveries did not always wear protective clothing. Vegetables were left on tables for prisoners to help themselves, which was unhygienic. Some serveries were not cleaned properly, and we found trays of food that had been left out on a servery overnight.
- 2.16** The kitchen was in poor repair, with broken wall panelling, cracked tiles and blocked drains. Prisoners who worked in the kitchen could not gain catering qualifications. The regular food consultation meetings were reasonably good.
- 2.17** With the exception of fresh fruit, prisoners could buy a reasonable range of products through the prison shop. A wide range of catalogues was also available, and there was no administration fee to place orders. However, none of the catalogue orders made in the previous six weeks had been processed, and clothing orders had not been processed for the last two months. Arrangements to consult prisoners over the catering and the prison shop were reasonably good.

Recommendation

- 2.18** **Staff should always supervise mealtimes, to ensure that servery queues are well ordered and that food is given out fairly and hygienically.** (Repeated recommendation 2.85)

Prisoner consultation, applications and redress

- 2.19** Consultation arrangements with prisoners were effective. The weekly prisoner information and activity committee was well attended by the 12 prisoner wing representatives and staff, and was a good example of genuine and inclusive involvement and information sharing. A range of topics was discussed at this meeting, and this had led to positive outcomes for prisoners, such as being able to make barbering appointments by using the touchscreen kiosks, and repairs to television aerials and laundry facilities.
- 2.20** Prisoners could easily make applications through the kiosks. In the previous six months, nearly 33,000 applications had been received and nearly all had been responded to promptly.
- 2.21** Complaints were managed well. In the previous six months, 1,409 complaints had been received – fewer than in the same period at the time of the previous inspection. Access to property was a common theme. Complaint forms were replenished regularly on the wings. However, some prisoner wing representatives held these forms in their cells, so they were not always visible and freely available.
- 2.22** Responses to complaints were tracked and monitored effectively, and nearly all (98%) were responded to promptly. Responses were polite, detailed and generally addressed the issues raised. Complaints were usually answered by staff at the level of seniority appropriate to the issue, but we found a case where a response had been provided by the member of staff who was the subject of the complaint, which was inappropriate. Although there was no external quality assurance of responses, internal measures were thorough and robust.

- 2.23** Monthly analysis of complaints data was impressive. The depth of interrogation into complaints by house block, wing and subject matter allowed for detailed scrutiny of themes and trends, which the senior management team used effectively.
- 2.24** Access to legal visits was good. In our survey, many more prisoners than at similar prisons said that they could communicate with their legal representative. Legal visits could be booked up to two months in advance, and slots were available every weekday.
- 2.25** There were private consultation rooms and a video-link, through which legal representatives and probation staff could be contacted and court hearings undertaken, and these were all well used. There were advanced plans to increase this provision over the coming months.
- 2.26** A member of staff was available three days a week to provide individual case support and information on bail.

Equality, diversity and faith

Expected outcomes:

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

Strategic management

- 2.27** The strategic oversight and management of equality and diversity were adequate overall, but this area had not been developed since the previous inspection, and there were some shortfalls.
- 2.28** The diversity and equality action team (DEAT) meeting took place every two months, with good attendance by relevant staff and prisoners. The equality policy was up to date, easy to read and provided a relevant overview of all aspects of equality.
- 2.29** Data from the nationally managed equality monitoring tool were not used for analysis, primarily because of the gaps in the data and the inordinate delays in providing the information to the prison. The prison collated its own data, and frequent monitoring took place. However, in-depth analysis to identify any disproportionate treatment of prisoners from protected groups was inadequate (see below), and did not drive coordinated and dynamic action planning.
- 2.30** During the previous six months, 37 discrimination incidents had been reported – fewer than at the time of the previous inspection. Discrimination incident report forms were investigated thoroughly and the quality of responses was good. Internal quality assurance processes were robust, and all were reviewed by the director. However, too many were responded to late.
- 2.31** There were two committed equality leads, although they also had other responsibilities within the prison. These staff were supported by members of the senior management team, who took the lead for each of the relevant protected characteristics, and they all worked

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

well with prisoner equality representatives. Dedicated consultation took place with protected groups, but this was sometimes not regular enough to be fully effective.

- 2.32** There were few cultural and religious celebrations, and prisoners in protected groups had limited contact with external community support groups.

Recommendation

- 2.33** **Comprehensive equality data should be analysed, to identify and act on any disproportionate treatment of prisoners.**

Protected characteristics

- 2.34** Approximately 20% of the population was from a black and minority ethnic background. Arrangements for these prisoners were good, and our survey showed little disproportionality of treatment when compared with white prisoners. Prisoner race relations and equality representatives were not available on all wings, but consultation arrangements were in place, and the frequency and levels of attendance had recently improved.
- 2.35** There were 109 foreign national prisoners at the establishment at the time of the inspection, and good support was provided by a competent foreign nationals officer. An 'open door' policy was applied, and prisoners had access to information, support and translated materials. Consultation took place, and we saw evidence of actions being taken forward to improve outcomes for these prisoners. Immigration officials attended the prison every week, and there was effective liaison with the Home Office on immigration issues. Professional telephone interpreting services had been used 168 times in the previous six months, and face-to-face interpreters were sometimes used, usually for health care appointments. However, we saw no evidence of interpreting services being used in reception, which was a concern (see also paragraph 1.4 and recommendation 1.9).
- 2.36** In our survey, 5% of respondents said that they were from a Traveller community. This suggested a population of about 54, while the prison had records of only 27 such prisoners. The prison was aware of this low level of self-reporting but, despite efforts to encourage this group to engage with forums, these had not been well attended.
- 2.37** In our survey, 40% of respondents said that they had a disability, while the prison had records of only 23%. We were concerned that not all the needs of some prisoners with disabilities were known to, or being met by, the prison. Although prisoners located on the dedicated social care unit received good support (see section on social care), provision for most of those on other units was underdeveloped (see key concern and recommendation S59).
- 2.38** Physical provision for those with mobility difficulties was inadequate on the main house blocks. The lack of reasonable adjustments, such as grab rails in showers, and bed rails and ladders, made daily life difficult for some prisoners. Buddies (prisoners who provide informal support across a range of issues) offered general assistance for some prisoners but there was no formal prisoner carer system to provide consistent provision and support (see key concern and recommendation S59).
- 2.39** We were not confident that all prisoners who needed a personal emergency evacuation plan had one. Some staff did not even know if a prisoner had a plan, and, where plans were available, staff did not always know where they were.

- 2.40** There was reasonably good provision for older prisoners, and those we spoke to said that they felt supported. Consultation arrangements with this group had led to some positive outcomes, such as the introduction of a dedicated older persons unit on house block 1.
- 2.41** About 30% of the population was under the age of 25, and there was too little support for this group. Data suggested that these prisoners were subject to differential treatment – for example, higher levels of use of force, admissions to the social responsibility unit (see also paragraph 1.29 and key concern and recommendation S58), and adjudications charged and proven. The prison had only recently begun to develop provision for these prisoners and it was too early to judge its effectiveness.
- 2.42** Arrangements for gay, bisexual and transgender prisoners were adequate. Attendance at quarterly forums had increased and those we spoke to said that they were treated reasonably well. The two transgender prisoners being held at the time of the inspection were content with most aspects of their treatment, except for limitations on the availability of suitable clothing.
- 2.43** Support for veterans was impressive. A dedicated full-time worker ran weekly, well-attended mutual-aid support groups, and liaised effectively with community services on prisoners' arrival and on release.

Faith and religion

- 2.44** Faith provision was good, and in our survey 74% of respondents said that their religious beliefs were respected. Most prisoners had access to a chaplain of their own faith, and a range of weekly worship opportunities was available. In our survey, 81% of prisoners said that they could attend religious services if they wanted, although some prisoners were frustrated at delays in getting to weekend services.
- 2.45** The main chapel provided a bright, pleasant environment for worship and private contemplation (see Appendix V), and the multi-faith room was adequate. There was a wide range of religious resources, including an ablution area for prisoners to use before Muslim prayers.
- 2.46** The chaplaincy was undergoing a period of transition, and, despite vacancies in the team, good pastoral support was provided. Throughout the inspection, prisoners told us that the team was visible and approachable, and we saw evidence that they were well integrated into the life of the prison.
- 2.47** Chaplains provided one-to-one support to prisoners who had suffered bereavement. The chaplaincy had some links with community faith groups, and steps were being taken to develop these further.

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.

- 2.48** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹⁴ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued one 'requirement to improve' notice following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

- 2.49** NHS England commissioned Care UK Health and Rehabilitation Services to provide health care services, and Care UK subcontracted some specialist services. We saw evidence of good partnership working between health services and prison staff at management and operational levels. Overall, health services had improved since the previous inspection.
- 2.50** The delivery of health and social services was informed by a recent substantial health and social care needs assessment (HNA), with a joint action plan in place to address recommendations. Funding bids for improving mental health provision had been submitted to NHS England as a result of the HNA.
- 2.51** There were good local governance arrangements, with embedded quality assurance processes and a reflective learning culture. Regular patient consultations and surveys informed service development.
- 2.52** Incident reporting was used to improve patient care, with 139 incidents reported and investigated in the previous six months. Over 125 concerns had been submitted in this same period. These were responded to appropriately, and trends were monitored and used to inform service delivery. Only two concerns had been escalated to a formal complaint. Many concerns were about prescribing, gaps in the provision of prescribed medicines, or access to mental health services.
- 2.53** Registered nurses were readily available 24 hours per day. Staffing remained challenging, with ongoing recruitment to fill vacancies in primary and mental health nursing and the pharmacy. Staff were well supported, with excellent access to training opportunities, and embedded reflective support and supervision. We saw staff caring for prisoners appropriately throughout the inspection, despite the highly challenging environment and population.
- 2.54** The health centre was clean. Three treatment rooms on the wings did not have sinks and were therefore used for limited prisoner care. There were credible plans to upgrade the health care facilities on the wings, with the intent to provide additional space for wing triage and clinics. Infection prevention and control arrangements were good.
- 2.55** Clinical equipment maintenance checks had not been carried out in July 2019, owing to the inability of the maintenance contractor to attend, but a visit date was scheduled.
- 2.56** Health services staff were appropriately trained to respond to medical emergencies, and equipment was appropriate.

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

Promoting health and well-being

- 2.57** The approach to health promotion was effective and well coordinated. A calendar of well-supported events reflecting national programmes had been established. Health information and posters were evident throughout the prison.
- 2.58** Effective initial health screenings and additional well-being assessments enabled prompt and ready access to testing for blood-borne viruses and an appropriate range of immunisations. There was a health lead for older prisoners, and ongoing support for them.
- 2.59** An analysis of monthly demographic data ensured that prisoners could access age-appropriate national screening programmes, such as for abdominal aortic aneurysms and bowel cancer, in effective liaison with external agencies. Smoking cessation support was well promoted. A sexual health nurse visited weekly and provided a specialist clinic; barrier protection was discreetly available on request. There was a clear policy for managing outbreaks of communicable diseases.

Primary care and inpatient services

- 2.60** Prisoners were screened by a nurse on arrival at reception, and NHS community summary care records could now be accessed, which enabled continuity of care in most cases.
- 2.61** Secondary health assessment appointments were made following screening, although attendance was variable. Weekly complex care meetings and improved quality assurance processes identified patients at risk, and their health needs were prioritised, which was an improvement since the previous inspection. Prisoner attendance at health care appointments was low, with a non-attendance rate of around 25%. Actions had been taken since the previous inspection to address this problem but had not been sufficiently effective.
- 2.62** Prisoners had good access to health services, with applications made via the touchscreen kiosks on the wings (see paragraph 2.9). Waiting times for primary care services were equivalent to those in the community. Careful attention was paid to the oversight and monitoring of patients with pain management and drug-seeking concerns, which enabled a consistent approach.
- 2.63** GPs provided surgeries from Monday to Friday and supported advanced nurse practitioners (ANPs), who delivered minor injury and illness clinics, and long-term condition care. Nurses, ANPs and health care assistants provided a range of primary care clinics. Prisoners with long-term conditions were regularly invited for reviews, where they received health and lifestyle information and encouragement to adopt healthier personal choices.
- 2.64** Despite visiting specialists providing clinics such as optometry and physiotherapy, there remained a high need for external hospital appointments (over 900 had been requested in the previous six months). The number of escorts currently available (five per day) was insufficient, and about 30% of clinically required external appointments could not be facilitated by the prison. This led to risks for patients with potentially serious conditions.
- 2.65** X-ray and ultrasound scanning took place within the prison twice a month, and access to telemedicine appointments via Airedale Hospital were also available, which reduced some demand on external hospital escorts, and there was direct telephone access to hospital consultants for specialist advice.
- 2.66** There was good communication between health services staff, prison officers and community services. Suitable palliative care was available and aligned to the national Gold Standard

Framework. A weekly pre-release clinic provided information about community health services, including the Care UK mobile phone application, Socrates. A process for registering prisoners with community GPs for their release was currently being developed.

Recommendation

2.67 Patients should attend health care appointments inside the prison and externally, as advised by clinicians.

Social care

2.68 The prison had a suitable memorandum of understanding with Doncaster Metropolitan Borough Council ('the Council') for the provision of social care. A total of 16 prisoners had been referred to the Council for assessment in the previous year, and had been seen promptly. The Council contracted Care UK to provide social care to those who met the threshold.

2.69 Care UK employed several social carers to provide care to 15 prisoners at the time of the inspection. Most of these required substantial assistance with mobility and personal care needs, the majority of whom resided on the social care unit (SCU). Social carers knew the prisoners in their care, and these individuals appreciated the care that they received. SystemOne social care plans and records were very good. A Council social worker visited the prison regularly and monitored the delivery of individual care packages.

2.70 Although the SCU was not purpose designed, prison officers responded well to the needs of the residents, so that the majority were out of their cells for most of the day. However, the regime and available care were negatively affected by short-notice changes to officer allocation, and social carers having to leave the unit to help with medications elsewhere.

Mental health care

2.71 A small, well-led team of committed and experienced nurses, employed by Care UK, delivered a mental health service seven days a week. However, the staffing profile was not able to meet fully the high demand, with over 200 patients on the current caseload. At the time of the inspection, there were three nursing vacancies and three other posts covered by regular agency staff, with other vacancies in counselling and psychological therapies. There was also a cognitive behavioural therapist, who worked one day per week, a psychiatrist and a learning disabilities nurse, who delivered good support and 'through-the-gate' pre-release preparation; however, with 72 patients on her caseload, such input was unlikely to be sustainable (see key concern and recommendation S60).

2.72 All routine referrals were triaged and allocated by the clinical matron for initial assessment on the day, or within 24 hours, by a dedicated duty worker, who also attended all assessment, care in custody and teamwork (ACCT) case management initiations. Routine assessments generally occurred within a week following triage, but there were some inconsistencies, and as a result gaps in appointments could occur, which caused frustrations for patients. Although ongoing support for patients was established, access could be intermittent, and many contacts were concerned with welfare and risk monitoring, rather than providing one-to-one therapeutic interventions.

2.73 Good input and oversight by the psychiatrist mitigated risk but, unlike at the time of the previous inspection, there was no group work, clinical psychology, low-intensity improving

access to psychological therapies provision, or counselling available. A new stepped-care model was planned to address these deficits but current support for patients was inadequate, despite an appropriate focus on keeping prisoners safe, particularly those presenting the highest risks (see key concern and recommendation S60).

- 2.74** At the time of the inspection, there were 17 patients on the care programme approach (CPA), and they were receiving good support, but there was variability in the recording of the CPA, which was also reflected in more general aspects of record keeping and care planning.
- 2.75** Some aspects of governance, such as supervision and audit, were inconsistent, and few officers had received any mental health awareness training. At the time of the inspection, there were five prisoners waiting for transfer under the Mental Health Act, all of whom had been waiting several months to move.

Recommendation

- 2.76 Patients requiring admission to hospital under the Mental Health Act should be transferred expeditiously, and within current Department of Health guidelines.**

Substance use treatment¹⁵

- 2.77** Care UK now provided integrated psychosocial and clinical support services, which had improved substantially since the previous inspection. The HNA demonstrated the acute and enduring complex drug and alcohol problems experienced by prisoners, with chronic alcohol problems being particularly prominent.
- 2.78** Staffing levels had been increased, and this had enabled the range of individual and group psychosocial support activities to be expanded to meet the high demand. The team was appropriately focused on prompt assessments, risk management and treatment. It also provided a 'well man' interview for every new prisoner, which complemented health assessments in providing an identification of health protection factors and identifying those most at risk.
- 2.79** The recovery unit lacked a recovery ethos and regime, although thought was being given to improving support for abstaining prisoners. Peer support was being further developed to support patients on the wings.
- 2.80** Clinical prescribing was flexible, and informed by five-day and 13-week joint reviews, which occurred consistently. First night prescribing was provided in response to urgent needs. Around 200 patients were in receipt of opiate substitution therapy at any one time, with 95% receiving methadone, of whom up to 25% were appropriately on reducing regimes as most of them needed stabilisation. A large number of patients (235 in the previous six months) needed alcohol withdrawal treatment, which was safely managed, as registered nurses now observed patients on the stabilisation unit throughout 24 hours.
- 2.81** The team worked closely with mental health practitioners to ensure joint monitoring and care for patients with complex needs. Buprenorphine (an opiate substitution medication) was administered in private and was well supervised, and the supervision of methadone administration was now consistent.

¹⁵ In the previous report substance use treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

- 2.82** Peer support was available from both Alcoholics Anonymous and Narcotics Anonymous (although at the time of the inspection, group leaders were waiting for clearance to enter the prison). Pre-release and through-the-gate coordination of care was strong and had been enhanced by the availability of naloxone (an opiate reversal agent) to take home, following training.

Good practice

- 2.83** *The 'well man' interviews ensured that every prisoner had a personal needs interview, which complemented health assessments in providing an identification of health protection factors and identifying those most at risk.*

Medicines optimisation and pharmacy services

- 2.84** Care UK received medicines from an off-site pharmacy against legally valid prescriptions faxed to the pharmacy, so that most medicines ordered before 11.30am were received on the same day. However, one patient was observed not to have received his medicines, despite having been in the prison for one week. Staff had told him that the medicines had been sent to another establishment in error, but showed no urgency in retrieving them. There were persistent complaints by patients about their medicines being delayed when they first arrived at the establishment, or after reordering their medicines (see key concern and recommendation S61).
- 2.85** Not-in-possession medicines were administered safely from the wings three times daily by pharmacy technicians or nurses, with additional provision for night-time administration by nurses. The interactions we observed were good, but follow-up on non-attendance for medicines administration was not audited robustly. Medicines queues were adequately supervised by officers, to protect confidentiality and prevent bullying and the diversion of medicines, but sometimes there were insufficient officers in attendance due to the volume of patients queuing for medicines.
- 2.86** About 65% of medicines were given to patients in-possession. There was an in-possession policy, with regular risk assessments and reviews, although the reasons for decisions were not always recorded. In-possession medicines were correctly supplied as patient-named items, with individual labelling and a dispensing audit trail. A few patients were provided with medicines in multi-compartment compliance packs, which demonstrated personalised care.
- 2.87** A comprehensive range of medicines was available via patient group directions (which enable nurses to supply and administer prescription-only medicine) and the minor ailment policy. Prisoners had access to medicine use reviews, and the pharmacy contributed to monthly patient risk meetings.
- 2.88** Prisoners were given an adequate amount of medication on planned discharge, or provision was made for them to obtain medication in the community. However, the lack of provision of medications following unplanned discharge from court continued to be an issue.
- 2.89** The transfer of medicines to the wings was secure. There was adequate space and storage in wing treatment rooms, and these were clean and tidy. The storage of medicines requiring refrigeration was not adequate. Maximum and minimum refrigerator temperatures were recorded, but inconsistently, and no actions were taken when the required range was exceeded (see key concern and recommendation S61). We observed some mixed batches of medicines, which made audit problematic. Controlled drug management was generally good.

There was effective auditing of prescribing, including monitoring the use of tradable medicines.

- 2.90** There was a full range of standard operating procedures and policies, and reports were presented to the minuted Medicines and Therapeutics Committee, which had appropriate representation. A relevant prescribing formulary (a list of medications used to inform prescribing) was in use. Despite improvements since the previous inspection, there was insufficient professional pharmacy presence and monitoring. Recruitment was under way to rectify this situation, and plans were advanced to refurbish the dispensary.

Recommendation

- 2.91** **There should be sufficient professional pharmacy presence to ensure efficient medicines delivery systems, follow-up of patients failing to attend for medicines administration, and the monitoring of in-possession risk assessment rationales.**

Dental services and oral health

- 2.92** Time for Teeth provided the dental service, to which patients had excellent access, with no waiting list. Treatments were delivered efficiently, including oral health promotion. Dental emergencies were managed effectively. However, the dentist had too much unpredictable downtime due to patients not attending appointments, even though clinic lists had been extended to compensate for this. In our survey, 38% of respondents said that the quality of the dental service was good, against a comparator of 25%.
- 2.93** The dental surgery had been refurbished and much improved, although it was difficult to maintain an appropriate ambient room temperature. Despite the absence of a separate decontamination room, the cleaning of equipment, safety checks and disposal of waste were all managed well.

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** Fully employed prisoners could spend about eight and half hours out of their cells each weekday, but unemployed prisoners on the basic level of the incentives and earned privileges scheme only about four hours. At weekends, prisoners could spend about four and half hours out of their cells each day, more if they attended visits or a faith service. All prisoners could exercise in the open air for an hour each day. There was no evening association and prisoners were locked up from 5.45pm.
- 3.2** Too many prisoners were inactive and locked up for much of the working day. The timetable for each wing was dynamic and involved prisoners being locked and unlocked at various times during the day. However, during our roll checks we found an average of 44% of prisoners locked in their cells, more than at the previous inspection. Daily routines mainly ran to time. Staff moved prisoners to activities reasonably efficiently.
- 3.3** The library service was reasonably good. The main library was open five days a week, and the library for vulnerable prisoners opened two days a week; both were closed at weekends. The library for vulnerable prisoners was small but provided an adequate service. The libraries provided a wide range of reading materials, including almost 1,100 books and about 500 DVDs for enhanced prisoners. Prisoners could access easy-read material, foreign language books, Prison Service Instructions and legal reference books. About 87% of the population were active members. The library ran an outreach service for prisoners who had difficulty in getting to the library. The prison worked with the Shannon Trust (which provides peer-mentored reading plan resources and training to prisons) to improve literacy, and five prisoners were paid to act as coordinators.
- 3.4** The facilities for PE were good, with a large all-weather pitch, cardiovascular exercise and weights rooms, and a sports hall. The Sports Academy ran a wide range of qualifications and sessions to meet the population's needs. Sessions were available for groups of prisoners that did not usually attend the gym: young adults, the over-50s and prisoners with disabilities. There were regular sessions in the cardiovascular exercise suite to help prisoners to lose weight. The prison had good links with Doncaster Rovers Football Club, staff from which attended the prison regularly to run a football academy. However, the good work of the Sports Academy was impeded by regular staff redeployment, which led to too many sessions being cancelled, sometimes at very short notice. For example, in the previous two months, a member of staff had been taken off PE duties on 48 occasions.

Recommendation

- 3.5 Prisoners should be unlocked for at least 10 hours a day. (Repeated recommendation 3.5)**

Education, skills and work activities (Ofsted)¹⁶

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.¹⁷

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

Overall effectiveness of education, skills and work:	<i>Requires improvement</i>
<i>Achievements of prisoners engaged in education, skills and work:</i>	<i>Requires improvement</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>Requires improvement</i>

Management of education, skills and work

- 3.6** The number of purposeful activity places was inadequate and did not meet the needs of the population. Around 285 prisoners were unemployed, which was far higher than at the time of the previous inspection. This issue was compounded by the allocation of too many prisoners to wing work roles. Wing cleaners were often insufficiently occupied because there was not enough for them to do (see key concern and recommendation S62). We also found many wing cleaners standing idly by their cleaning equipment, making no effort to perform their job (see key concern and recommendation S56). However, the overall range of provision had increased, and met the needs of most of the population.
- 3.7** The process for allocating the available activity places was efficient and effective. Novus and prison allocations staff worked well together to ensure that most prisoners were quickly allocated to suitable education classes or prison work roles. The management of prisoners' attendance had improved, but more needed to be done to ensure that prisoners arrived to scheduled activities (see key concern and recommendation S62).
- 3.8** Quality improvement arrangements had improved since the previous inspection. Managers of the education provision, provided by Novus, now made better use of the results of observations of teaching and learning to support teachers. They provided teachers with useful and constructive feedback, to help them to improve. Managers implemented robust performance management, to ensure that teachers achieved the high standards expected. They monitored the performance of different groups well.
- 3.9** The quality improvement plan was a useful working document with clearly identified actions, responsibilities and timescales. The self-assessment report made suitable use of data to

¹⁶ This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

¹⁷ In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

support judgements about the quality of provision. However, it gave insufficient weight to the weaknesses we found in leadership and management, particularly in relation to unemployment, destination data and the number of jobs and activities available in the prison.

- 3.10** The number of prisoners studying the wide range of Open University and distance learning courses had increased since the previous inspection.
- 3.11** Prison leaders placed a high priority on developing prisoners' employability skills, including in English and mathematics. Partnership work between prison and Novus managers was effective, resulting in high-quality learning and skills provision which met the needs of prisoners. The curriculum was based on a suitably detailed needs analysis of the population, and prisoners could participate in an appropriate range of learning, skills and work activities.
- 3.12** Managers had established links with local employers. A few employer representatives had visited the prison to give well-attended talks to groups of prisoners about career and job opportunities in the rail, transport and catering industries. The prison's commercial workshops had established links with several local companies for the provision of textile products and print services. This ensured that prisoners working in these workshops were kept purposefully occupied for most of the year.
- 3.13** Novus staff provided suitably comprehensive information, advice and guidance on careers and jobs, and helped prisoners to understand how they could use their time in custody productively. Prison managers ensured that the few pay disparities did not act as a disincentive to prisoners who chose to attend learning, skills and work activities.
- 3.14** Pre-release activities promoted employability skills well and provided prisoners with high-quality information, advice and guidance on work opportunities. Prisoners benefited from good joint working between resettlement agencies, which helped to prepare them for release. The prison had a comprehensive range of support services to guide prisoners nearing release. Prisoners were confident in how to get the support they needed, and where to go if they required additional guidance. They could use the virtual campus facility (internet access for prisoners to community education, training and employment opportunities) to write CVs and look for jobs in their local area.
- 3.15** Managers had little accurate information on the education, training and work destinations of the relatively large number of prisoners released each month, which limited their ability to assess the impact of their work (see key concern and recommendation S63).

Quality of provision

- 3.16** Induction was clear and informative, and helped prisoners to understand the vocational and career pathways available to them.
- 3.17** Teachers planned and delivered high-quality learning sessions which prisoners enjoyed, and which contributed well to the development of their writing, mathematical and vocational skills.
- 3.18** Prisoners studying for a qualification in information, advice and guidance prepared interesting presentations which showed evidence of careful planning, and developed their confidence and spoken skills.
- 3.19** With the exception of wing cleaning work (see also paragraph 3.6), prisoners engaged in prison work developed useful skills which were likely to improve their prospects of employability and resettlement. The prison's commercial workshops provided a good

environment for engaging prisoners purposefully. They worked to a good standard, meeting production targets with work of high quality. They developed useful employability skills, including in the quality assurance of products and training of their peers. Prisoners in the print facility produced high-quality signs, brochures and documents involving design, print and distribution activities.

- 3.20** Most teachers of English checked prisoners' learning carefully and used this information to build on previous knowledge. Vocational tutors in barbering and horticulture integrated mathematics and English well into their lessons.
- 3.21** Most teachers and trainers provided useful and constructive feedback on prisoners' written and practical work. In English classes, teachers provided detailed feedback which helped prisoners to improve their work. In prison industries, staff provided feedback on the quality and standards of prisoners' work skills, which helped to encourage and motivate them. However, learners in mathematics, and information and communications technology did not always receive sufficient feedback to help them to understand how they could improve.
- 3.22** Prisoners benefited from a wide range of distance learning qualifications. The well-used virtual campus enabled them to gain the qualifications they needed for work, as well as qualifications at a higher level.
- 3.23** Novus had recently appointed a regional special educational needs coordinator, to help prisoners identified as having complex and challenging learning needs. However, it was too soon to assess the impact of this.
- 3.24** Teachers did not always model good practice with spelling in their written work and feedback. For example, teachers spelt common words incorrectly, which set a poor example to prisoners. In mathematics, teachers did not always promote learning effectively, to enable prisoners to understand how mathematical concepts can be applied in daily life.

Recommendation

- 3.25** **Teachers should pay careful attention to their own spelling when delivering teaching and learning sessions, and mathematics teachers should improve prisoners' understanding of mathematical concepts better by demonstrating their relevance and application to everyday activities.**

Personal development and behaviour

- 3.26** Most prisoners attending purposeful activity demonstrated a good work ethic and were motivated to learn and achieve. Their behaviour in classrooms and in work was good. They displayed courtesy and respect for their peers, teachers and visitors. They took responsibility for their own learning and most were motivated to use their time in custody productively. In the commercial workshops, prisoners assumed increasing levels of responsibility as they progressed, with some taking over quality assurance duties, as well as the training of new arrivals.
- 3.27** Prisoners attending training in barbering and horticulture enjoyed their learning, and many progressed into higher-level training, with good ambitions to work in these industries. Most prisoners on education courses took pride in their work and developed increased self-confidence as a result of their studies.

- 3.28** Most prisoners developed good vocational, personal and social skills which were likely to help them to gain sustainable employment or prepare them for transition to another establishment.

Outcomes and achievements

- 3.29** The standard of prisoners' work in English classes and in the commercial textile and print facilities was good. Achievements in entry-level English and mathematics were mostly high. However, they were low in these subjects at levels 1 and 2. In vocational training courses, the number of prisoners who stayed to the end of their studies was very low, although almost all of those who completed their course achieved the qualification (see key concern and recommendation S64).
- 3.30** There were no marked differences in achievement between the various groups of prisoners, including those with additional learning needs. All groups of prisoners developed suitable vocational skills, which prepared them for their next steps.

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 There was a strong focus on the importance of family ties. The wide, innovative range of measures to help prisoners maintain and rebuild relationships with their families had improved and was excellent.
- 4.2 Families First provided a wide range of opportunities outside of social visits, to enable prisoners to have extra time with their children, such as baby bonding sessions, toddler mornings and homework clubs for those with school-aged children. Prisoners spoke positively about these and the helpful courses on offer, such as the seven-week accredited programme aimed at developing parenting skills and the four-week relationship course designed to improve and build healthy relationships.
- 4.3 Since the previous inspection, the excellent Serco-wide 'Families and friends at the centre of throughcare' scheme had been introduced. All new prisoners were offered an additional visit to meet their family and key worker jointly, enabling families to ask questions and address any concerns and worries. Families could maintain contact with key workers, to receive updates on a prisoner's progress, and could engage with the family worker for additional support and help.
- 4.4 There were nine well-received family days each year, which enabled prisoners to spend good-quality time with their children in a less formal environment. A range of seasonal and creative activities encouraged inclusive and meaningful contact.
- 4.5 The provision of social visits was good, covering seven days a week. The booking process was generally efficient, and managed by prisoners through the touchscreen kiosks on the wings (see paragraph 2.9).
- 4.6 The spacious visits hall provided a bright, relaxed and welcoming environment (see Appendix V). It was well equipped with games, toys and activities for young children and teenagers alike, and the interactions we observed between staff and families were good.
- 4.7 The 'email a prisoner' scheme was available and prisoners had good access to telephones. In our survey, 94% of respondents, more than at similar prisons, said that they could use a telephone daily. Except for letters received at the weekend, all prisoners' mail was distributed on the day it arrived.

Good practice

- 4.8** *The ‘Families and friends at the centre of throughcare’ scheme, which facilitated new prisoners being offered an additional visit to meet their family and key worker jointly, enabled families to ask questions and put to rest any concerns and worries. Families could maintain contact with key workers, to receive updates on a prisoner’s progress, and could engage with the family worker for additional support and help.*

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.

- 4.9** The prison was dealing with a challenging population. Just under two-thirds (63%) were transient, staying at the prison for six months or less. There was also a more settled group of sentenced prisoners who required ongoing offending behaviour work. Around 260 prisoners, were convicted of sexual offences. Just over half of the population (52%) was assessed as presenting a high or very high risk of serious harm.
- 4.10** Work to reduce reoffending was not well coordinated. A reducing reoffending committee had recently regrouped but meetings so far had been ineffective, and not driven by a current action plan. The prison did not accurately understand the needs of its population. A recent needs analysis was weak, based only on a prisoner survey with a response rate of just 11%. The reducing reoffending strategy was out of date and was not informed by an accurate understanding of the strengths and weaknesses in provision.
- 4.11** Since the previous inspection, the prison had developed a bespoke strategy to manage prisoners convicted of sexual offences. However, outcomes for this group, particularly in terms of accessing work to reduce their risk to the public, were inconsistent (see also paragraph 4.30).
- 4.12** At the time of the inspection, 84% of eligible prisoners had an up-to-date offender assessment system (OASys) assessment,¹⁸ which was better than we typically see in local prisons. Offender supervisors had worked hard, completing 537 of these assessments in the previous 12 months. The quality of the OASys assessments completed by prison staff was reasonably good.
- 4.13** Offender management was delivered by Serco, which had recently taken over from Catch 22. Offender supervisors carried reasonably high, but manageable, caseloads. None of the offender supervisors were deployed to other duties, and contact levels with prisoners were good.
- 4.14** However, for higher-risk sentenced prisoners, who typically stayed at the establishment for longer, offender supervisor contact did not adequately drive sentence progression. This group needed to work through their sentence plans and address their offending behaviour. They included prisoners convicted of sexual offences, who were often in denial of their offences and potentially required one-to-one work if their risk was to be reduced (see also paragraph 4.30).

¹⁸ The OASys system is used by offender managers to assess how likely a prisoner is to reoffend, and the seriousness of harm should the prisoner reoffend. OASys identifies prisoners’ offending-related needs and informs a plan to manage the risks that they present.

- 4.15** The large number of high-risk cases had been allocated to a dedicated team of offender supervisors, so that they could build up their knowledge, and we considered this to have been a sensible decision. However, by their own admission, these staff had insufficient training, understanding of risk, and confidence to manage such a challenging cohort effectively. Such a large, high-risk population would typically require input from probation officers, but there were none presently working in the offender management unit (OMU). A senior probation officer had joined the team in 2019, but she did not offer professional supervision to the offender supervisors (see key concern and recommendation S65). Several probation officers were being recruited as part of the new Offender Management in Custody model.¹⁹
- 4.16** In the previous six months, just over 40% of prisoners approved for home detention curfew (HDC) had been released after their eligibility date. This had been partly due to the large number of prisoners serving short sentences who, having already spent time on remand, had been eligible for HDC within just a few weeks of sentencing. In addition, prison processes were slow and built in delay. The prison also often struggled to obtain a response from the offender manager in the community about the suitability of the proposed release address.
- 4.17** The number of prisoners serving an indeterminate sentence had increased substantially since the previous inspection, and was now nearly 60, and nearly half of them had been recalled to custody. There were not enough progression opportunities for these prisoners at the establishment, and offender supervisors struggled to find places for them in other, more appropriate prisons. There was no dedicated provision for, or consultation with, these prisoners. Work which we had seen elsewhere to assess prisoners serving indeterminate sentences for public protection, in order to address barriers to progression and prioritise interventions for them, had not been started at Doncaster.

Recommendations

- 4.18** **The reducing reoffending strategy should be based on a comprehensive analysis of the needs of the different types of prisoner held at the establishment and should be supported by a detailed action plan which is regularly reviewed to evidence the progress made.** (Repeated recommendation 4.6)
- 4.19** **Prisoners eligible and approved for home detention curfew should be released on their eligibility date.**

Public protection

- 4.20** Public protection procedures were poorly implemented and little understood by staff, which was a serious deficiency in a prison with such a large high-risk population and so many prisoners convicted of sexual offences. Many of the issues arose from the decision to locate public protection work in a separate team away from the OMU and the senior probation officer. During the inspection, managers started to reorganise processes to make them more effective.
- 4.21** About a third of all prisoners due for release in the following three months had been assessed as presenting a high risk of serious harm. Many of these prisoners were serving short recalls or sentences, and it was therefore both important and challenging to ensure

¹⁹ 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.

that they were identified, and preparations made for their return to the community. However, the prison's processes to manage the release of high-risk prisoners were not robust.

- 4.22** The interdepartmental risk management team meeting still did not ensure that an effective risk management plan was in place for all high-risk prisoners approaching release. The only releases routinely discussed there were for prisoners managed under level 2 or 3 multi-agency public protection arrangements (MAPPA), who made up a very small proportion of all the high-risk releases.
- 4.23** Over half of the population were eligible for multi-agency supervision on release. The prison did not routinely contact community offender managers well in advance of these prisoners' release, to confirm MAPPA management levels for them. Without establishing these levels, the OMU could not contribute effectively to multi-agency release planning. When MAPPA panels requested reports from offender supervisors about prisoners' behaviour in custody, these contributions were often inadequate. Most were far too brief, were insufficiently multidisciplinary and did not have a good enough analysis of risk (see key concern and recommendation S66).
- 4.24** Decisions to begin, cease or continue mail and telephone monitoring were taken by staff in the public protection team. These staff did not have access to information contained in OASys assessments. This gap had been identified many months before the inspection but not rectified. This meant that recommendations about monitoring were written without a full understanding of prisoners' offending behaviour and the ways in which they might have sought to contact or intimidate victims in the past (see key concern and recommendation S66).
- 4.25** At the time of the inspection, about 20% of the population was subject to child contact restrictions. Decisions about who should have contact with children were also taken by the public protection team without access to OASys assessments or regular input from the offender supervisors holding the cases. Once a prisoner was identified as presenting a potential risk to children, there was no assessment of their continuing risk, to confirm the decision, and no annual reviews of this decision to ensure that it remained relevant (see key concern and recommendation S66).
- 4.26** When child contact restrictions were imposed, most were not routinely enforced. Staff who managed the incoming and outgoing mail, and printed off emails sent to prisoners intercepted only correspondence relating to prisoners subject to short-term monitoring, rather than the much larger number subject to long-term restrictions. This meant that most prisoners who were not supposed to have contact with children were potentially able to correspond with them (see key concern and recommendation S66).

Categorisation and transfers

- 4.27** Large numbers of prisoners recategorised to category C were transferred swiftly from the establishment, usually to HMP Moorland. However, the OMU still struggled to transfer category B prisoners – particularly those convicted of sexual offences, who might need to have access to interventions at other sites (see also paragraph 4.30) – primarily due to the lack of places nationally. There were also too many prisoners subject to holds, which kept them at Doncaster when they should have progressed from a local prison. About a quarter of these hold decisions had been imposed before 2019, and work to review these decisions started during the inspection.

Recommendation

- 4.28 Category B prisoners requiring progression should be moved promptly to an appropriate training establishment.**

Interventions

Expected outcomes:

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

- 4.29** The range of accredited offending behaviour programmes had expanded since the previous inspection. As well as the thinking skills programme, the prison had also introduced Control of Violence for Angry Impulsive Drinkers (COVAID). The transient nature of the population made it difficult to plan programme delivery. In the previous four months, about 100 prisoners who had been referred to a programme had been either released or transferred. A shortage of staff in the previous financial year had prevented some groups from running, but the programmes team was now back at full strength.
- 4.30** The prison had developed a strategy to manage prisoners convicted of sexual offences (see also paragraph 4.11) and now offered the Horizon programme to medium-risk prisoners from this population. By the end of the current financial year, up to 30 prisoners were due to have completed this intervention. However, too many of these prisoners, about 20%, had still not undergone the Risk Matrix 2000 assessment, which they needed in order to determine their suitability for an intervention, and to progress. About a third of these prisoners were low risk and needed one-to-one work to challenge their attitudes. However, there was little capacity to complete this work in the OMU. About 10% of this population were high risk and potentially needed to access a programme in another establishment, but transfers were difficult to secure (see section on categorisation and transfers).
- 4.31** There was a wide range of other interventions to help prisoners to address their attitudes, thinking and behaviour. The prison continued to run two validated programmes: Timewise (to address violent behaviour in prison) and A to Z (designed to increase prisoners' motivation to change). Catch 22 offered the Rehabilitation Offering Another Direction (ROAD) intervention, to encourage prisoners to move away from gang-related activities (see also paragraph 1.12). There was also an impressive amount of restorative justice work, delivered by Remedi, including face-to-face conferences between prisoners and victims, numerous indirect victim contacts and the restorative choices programme.
- 4.32** Demand for housing support was high. Provision had improved since the introduction of new resettlement arrangements in April 2019 (see section on release planning). Nacro case workers, who acted on referrals from the South Yorkshire Community Rehabilitation Company (CRC), had good links with housing providers to source release accommodation. They were now able to work with all prisoners and could also offer support to new arrivals to either maintain or terminate tenancies. A housing options worker from Doncaster Council attended once a week to complete face-to-face homelessness assessments.
- 4.33** Despite this improved support, in the previous six months up to a quarter of prisoners had left the prison without sustainable accommodation on the day of release. This was less than at the time of the previous inspection but still too high.
- 4.34** Support for prisoners to manage their finances was good, and better resourced than at the time of the previous inspection. Nacro workers provided support to all prisoners, offered advice about court fines and helped an average of 13 prisoners a month to open a bank account. There was a permanent Jobcentre Plus worker on site, who ran a weekly course to

brief prisoners approaching release about their benefit entitlements. They also saw prisoners on an individual basis near release.

Recommendation

- 4.35 All prisoners convicted of sexual offences should be assessed, to determine their suitability for an intervention.**

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.

- 4.36** Demand for resettlement support was high. In the previous six months, an average of 114 prisoners had been released each month, which was slightly fewer than at the time of the previous inspection. Just over a third of prisoners were released to resettlement areas other than South Yorkshire.
- 4.37** Resettlement support had improved. Contractual restrictions in place at the time of the previous inspection had been removed, substantially more resettlement staff had been recruited and all prisoners now received the same, good level of support. South Yorkshire CRC case workers reviewed and identified prisoners' resettlement needs 12 weeks before release, and Nacro case workers delivered housing and finance support. These teams were co-located and had developed positive working relationships.
- 4.38** Many prisoners were serving short sentences or recalls. OMU case support workers, who met new arrivals before CRC staff became involved, were now able to make immediate referrals for issues such as housing to Nacro for these short-stay prisoners, avoiding any delays. CRC staff assessed prisoners' resettlement needs either 12 weeks before release or, for the many prisoners serving less than three months, as soon as possible after arrival. Most resettlement plans were completed in a timely manner, referrals were clearly recorded and there was evidence of checks to ensure that outstanding resettlement needs had been addressed. The CRC had also started inviting offender managers from the community to a three-way pre-release meeting with prisoners who would be released to the South Yorkshire area and the CRC case worker, which was very positive.
- 4.39** Since April 2019, Nacro had introduced some practical and helpful through-the-gate support on the day of release for the most complex prisoners with a South Yorkshire release address. This included escorting prisoners to a variety of appointments in the community, such as waiting with them at the local authority offices while they sought accommodation. This time-intensive work had been completed with 20 prisoners so far.
- 4.40** Practical arrangements in reception for discharging prisoners were poor. Prisoners were charged for a holdall in which to carry their belongings, which we typically see issued free of charge elsewhere. If they could not afford this, they were issued with an inadequate drawstring bag. For prisoners who had arrived in custody with little adequate clothing, there was little second-hand clothing available to assist a dignified return to the community.

Good practice

- 4.41** *Through-the-gate support on the day of release for the most complex prisoners released to South Yorkshire was extremely practical and helpful, and included escorting prisoners to a variety of appointments in the community.*

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new key concerns and recommendations, general recommendations and examples of good practice included in this report. The reference numbers in the left-hand column refer to the paragraph location in the main report.

Key concerns and recommendations		Directed to:
S54	<p>Key concern: Levels of violence had shown a downward trend but they remained higher than at similar prisons, and levels of serious assaults were increasing. There was insufficient analysis to understand the causes of violent incidents, and there was no coordinated plan to monitor which actions had worked, to help to drive a further reduction in violence.</p> <p>Recommendation: Actions and processes to understand and reduce violence should be embedded and their effectiveness regularly monitored.</p>	The director
S55	<p>Key concern: Levels of self-harm had increased and were much higher than at most other local prisons. The number of prisoners subject to ACCT support made processes difficult to manage and prevented staff in too many areas of the prison from focusing on those at the highest risk. Available data and serious acts of self-harm were not sufficiently investigated to identify underlying causes or emerging trends. Actions to address levels of self-harm and implement Prisons and Probation Ombudsman recommendations were underdeveloped.</p> <p>Recommendation: Effective, well-coordinated action should be taken and sustained to reduce levels of self-harm.</p>	The director
S56	<p>Key concern: As at our last three inspections, wing staff had insufficient authority over prisoners. Antisocial behaviour and infractions of the prison rules too often went unchallenged. On some wings, officers' control was sometimes tenuous.</p> <p>Recommendation: Wing staff should have the authority and confidence to challenge inappropriate conduct on, and maintain full control of, all wings.</p>	The director
S57	<p>Key concern: The prison was overcrowded, and almost 700 prisoners were doubled up in cells designed for one prisoner.</p> <p>Recommendation: Two prisoners should not be held together in cells designed for one.</p>	HMPPS

S58	<p>Key concern: A substantial proportion of the population, about 30%, was under the age of 25, and data showed potential disproportionalities in the treatment of this population.</p> <p>Recommendation: Action should be taken to understand and address the potential disproportionate treatment of younger prisoners.</p>	The director
S59	<p>Key concern: There were gaps in the provision for prisoners with disabilities, and the needs of many prisoners with mobility issues were not being met. There were not enough reasonable adjustments being made to support these prisoners. There was no effective prisoner carer system, and the management and delivery of personal emergency evacuation plans were weak.</p> <p>Recommendation: Prisoners with disabilities should be identified and given good, consistent and organised support based on their needs.</p>	The director
S60	<p>Key concern: The demand for mental health services was high and the range of interventions and support provided, particularly for patients needing psychological therapies, had not improved since the previous inspection, and was insufficient to meet need.</p> <p>Recommendation: Mental health services should provide timely, stepped care support through an appropriate range of therapeutic interventions that is sufficiently resourced to meet the high level of demand.</p>	The director
S61	<p>Key concern: Too many patients experienced delays in receiving their prescribed medicines following reception, and the integrity of temperature-sensitive medicines was not being assured by effective monitoring procedures.</p> <p>Recommendation: Patients should receive prescribed medicines without delay, and effective monitoring procedures should assure the integrity of stored medicines.</p>	The director
S62	<p>Key concern: There had been a substantial increase in unemployment since the previous inspection, attendance continued to require improvement and there was a lack of sufficient purposeful work for the large number of prisoners employed as wing workers.</p> <p>Recommendation: Leaders and managers should reduce unemployment, improve attendance and provide sufficient and purposeful high-quality learning, skills and work that meet the population's needs.</p>	The director

S63	<p>Key concern: Prison managers had no accurate data on prisoners' training and work destinations, which prevented them from evaluating the impact of learning, skills and work.</p> <p>Recommendation: Leaders and managers should gather up-to-date information on prisoners' destinations, so that they can evaluate the impact of the curriculum on prisoners' rehabilitation.</p>	The director
S64	<p>Key concern: The number of prisoners who completed and passed their courses was too low. Achievements in English and mathematics at levels 1 and level 2 required improvement. Too few prisoners on vocational courses stayed until the end of the course.</p> <p>Recommendation: Leaders and managers should increase the proportion of prisoners who achieve a qualification in English and mathematics at levels 1 and 2, and, on vocational courses, the proportion who successfully complete their studies</p>	The director
S65	<p>Key concern: More than half of the population had been assessed as presenting a high or very high risk of serious harm, and about a quarter had been convicted of sexual offences. Many of these prisoners stayed at the establishment for long periods and needed to address their offending behaviour to reduce their risk. Prisoners convicted of sexual offences potentially needed one-to-one work. Offender supervisors lacked the training, confidence and professional supervision to manage these challenging prisoners effectively and drive their sentence progression. There was not enough understanding of risk among the OMU staff group, which did not include any probation officers.</p> <p>Recommendation: High-risk prisoners and all those convicted of sexual offences should be managed by a well-supported offender supervisor who is trained in risk and can effectively drive their sentence progression.</p>	The director
S66	<p>Key concern: Procedures to protect the public while prisoners were held at the establishment and on release were ineffective. Decisions about monitoring prisoners' mail and telephone calls were made by staff who had no access to OASys assessments. Decisions about which prisoners should have contact with children while in prison were made by the same team and were not underpinned by assessments of the continuing risk. Where child contact restrictions had been imposed, most were not enforced, potentially allowing victim contact. The interdepartmental risk management team meeting did not review release plans for all high-risk prisoners. The prison did not confirm management levels for MAPPA-eligible prisoners, in order to contribute effectively to multi-agency release planning. Contributions from the OMU to multi-agency public protection panels were inadequate.</p>	The director

	Recommendation: Prisoners should be subject to rigorous and comprehensive public protection measures which address their risk, both in custody and on release.	
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General recommendations		Directed to:
1.9	Reception staff should use professional telephone interpreting services to communicate with newly arrived foreign national prisoners who speak little English, to ensure that their needs are identified quickly.	The director
1.10	All newly arrived prisoners should complete induction at the earliest opportunity.	The director
1.19	The victims of violence and perpetrators of antisocial behaviour should be managed effectively.	The director
1.20	Prisoners on the social responsibility unit should have access to a full regime.	The director
1.21	The incentives and earned privileges scheme should be effective in addressing individual prisoners' poor behaviour and encouraging them to behave well.	The director
1.26	The adjudications system should provide an effective deterrent to antisocial behaviour. (Repeated recommendation 1.44)	The director
1.46	An effective level of support should be available for prisoners in crisis, provided by appropriately trained peer supporters.	The director
2.11	Showers should be clean, well ventilated and in good repair.	The director
2.12	Cell call bells should be responded to within five minutes. (Repeated recommendation 2.8)	The director
2.18	Staff should always supervise mealtimes, to ensure that servery queues are well ordered and that food is given out fairly and hygienically. (Repeated recommendation 2.85)	The director
2.33	Comprehensive equality data should be analysed, to identify and act on any disproportionate treatment of prisoners.	The director
2.67	Patients should attend health care appointments inside the prison and externally, as advised by clinicians.	The director
2.76	Patients requiring admission to hospital under the Mental Health Act should be transferred expeditiously, and within current Department of Health guidelines.	The director
2.91	There should be sufficient professional pharmacy presence to ensure efficient medicines delivery systems, follow-up of patients failing to attend for medicines administration, and the monitoring of in-possession risk assessment rationales.	The director
3.5	Prisoners should be unlocked for at least 10 hours a day. (Repeated recommendation 3.5)	The director
3.25	Teachers should pay careful attention to their own spelling when delivering teaching and learning sessions, and mathematics teachers should improve prisoners' understanding of mathematical concepts better by demonstrating their relevance and application to everyday activities.	The director
4.18	The reducing reoffending strategy should be based on a comprehensive analysis of the needs of the different types of prisoner held at the establishment and should be supported by a detailed action plan which is regularly reviewed to evidence the progress made. (Repeated recommendation 4.6)	The director
4.19	Prisoners eligible and approved for home detention curfew should be released on their eligibility date.	The director

4.28	Category B prisoners requiring progression should be moved promptly to an appropriate training establishment.	The director
4.35	All prisoners convicted of sexual offences should be assessed, to determine their suitability for an intervention.	The director
Examples of good practice		
1.22	Work to identify possible self-isolators was carried out by monitoring the touchscreen kiosks weekly, to detect changes in behaviour. This information would then be passed on to a manager, and the prisoner spoken to by a key worker.	
2.13	The prison had created a cleaning and painting party of prisoners that worked through the night, under close supervision, in order to clean and paint parts of the prison that were difficult to get to during the day.	
2.83	The 'well man' interviews ensured that every prisoner had a personal needs interview, which complemented health assessments in providing an identification of health protection factors and identifying those most at risk.	
4.8	The 'Families and friends at the centre of throughcare' scheme, which facilitated new prisoners being offered an additional visit to meet their family and key worker jointly, enabled families to ask questions and put to rest any concerns and worries. Families could maintain contact with key workers, to receive updates on a prisoner's progress, and could engage with the family worker for additional support and help.	
4.41	Through-the-gate support on the day of release for the most complex prisoners released to South Yorkshire was extremely practical and helpful, and included escorting prisoners to a variety of appointments in the community.	

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Alison Perry	Team leader
Natalie Heeks	Inspector
Jonathan Tickner	Inspector
Paul Rowlands	Inspector
Jade Richards	Inspector
Colin Carrol	Inspector
Amilcar Johnson	Researcher
Sharlene Andrew	Researcher
Billie Powell	Researcher
Helen Ranns	Researcher
Paul Tarbuck	Lead health and social care inspector
Steve Eley	Health and social care inspector
Susan Melvin	Pharmacist
Joanne McDonald	Care Quality Commission inspector
Jai Sharda	Ofsted inspector
Andy Fitt	Ofsted inspector
Dave Baber	Ofsted inspector
Martyn Griffiths	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 2017, early days processes were welcoming and had a good focus on safety. Peer supporters provided valuable additional support. Too many prisoners felt unsafe. Levels of violence had reduced but remained too high, and higher than in similar prisons. The strategic and operational focus on identifying and tackling violence had improved and action was being taken to make the prison safer. Levels of self-harm were high and processes to support those at risk of self-harm required improvement. The prison was more stable overall, but the lack of staff supervision and control on some house blocks remained a concern. The number of adjudications was similar to that elsewhere but the number of incidents of force, although reduced, was still higher than at other prisons. Managerial oversight of use of force was now good. Prisoners stayed too long in segregation, with a poor regime. Substance use services had improved but were still not good enough. Outcomes for prisoners were not sufficiently against this healthy prison test.

Main recommendations

The focus on violence should continue and violence reduction plans should be applied swiftly and robustly, and should be monitored for their effectiveness. (S59)

Not achieved

Staff should understand how to identify and understand the risks of suicide and self-harm. Prisoners at risk of suicide and self-harm should be supported and this should be reflected in assessment, care in custody and teamwork (ACCT) documentation. (S60)

Not achieved

Recommendations

Prisoners should not have long waits locked in court cells before travelling to the prison. (I.3)

Achieved

The regime for prisoners on the social responsibility unit should be improved and include structured interventions and activities aimed at reducing antisocial behaviour, with sufficient time out of cell. (I.20)

Partially achieved

There should be sufficient Listeners to meet the needs of the population. (I.27)

Not achieved

Comprehensive adult safeguarding procedures should be introduced and embedded across the prison. (I.30)

Not achieved

Drug supply reduction measures should be applied swiftly and robustly, should have clear performance measures and be monitored for effectiveness. (I.36)

Achieved

The incentives and earned privileges scheme should clearly promote and reward positive behaviour. Behaviour should be reviewed regularly and prisoners should have opportunities to behave well. (I.40)

Not achieved

The adjudications system should provide an effective deterrent to antisocial behaviour. (I.44)

Not achieved (recommendation repeated, I.26)

Adjudications should be dealt with promptly. (I.45)

Not achieved

The segregation unit should be well maintained, and the regime should allow prisoners access to constructive activity. (I.56)

Partially achieved

Good order or discipline and care and reintegration planning reviews should be attended by staff from relevant departments, address the prisoner's individual circumstances and focus on their reintegration into the prison. (I.57)

Achieved

All prisoners with substance misuse issues should have easy access to an appropriate range of psychosocial support services throughout their stay, including mutual aid and groups of varying intensity. (I.66)

Achieved

All new prisoners with drug or alcohol dependency should be located on the stabilisation unit. (I.67)

Achieved

Local policies and prescribing for substance misuse needs should be individualised, reflect current national guidance and start on prisoners' first night at the establishment. (I.68)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, living conditions and access to basic essentials had improved and were mostly good. Most prisoners said that staff treated them respectfully, but staff were stretched and some failed to challenge poor behaviour. Equality and diversity provision had improved recently, but in our survey prisoners from some minority groups reported less favourable treatment than others, and in some cases needs were not met. Faith provision was adequate. Complaints were well managed. Health services had improved considerably and were reasonably good overall. The food provided was good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

There should be sufficient staff on the house blocks to ensure consistent and confident supervision and care of all prisoners. Staff should challenge inappropriate conduct by prisoners and maintain professional boundaries. (S61)

Not achieved

Recommendations

Cell call bells should be responded to within five minutes. (2.8)

Not achieved (recommendation repeated, 2.12)

A thorough needs analysis of all prisoners with disabilities should be completed, leading to practical measures, including reasonable adjustments in response to individual need, and a sound system of peer supporters. (2.27)

Not achieved

A clear strategy should be implemented for the management of young adults, based on identification of needs and priorities specific to this group. (2.28)

Not achieved

The chaplaincy, in consultation with managers, should develop and implement a strategy for making a more visible and positive contribution to the life of the prison. (2.32)

Partially achieved

Patients should receive their medications promptly to ensure they continue appropriate treatment. (2.65)

Not achieved

Medicines should be administered and supervised in line with established recommended dosage schedules for optimal care. (2.66)

Achieved

Medicines management should be improved, including the ordering and safe storage of medicines, with increased professional oversight by the pharmacist. (2.67)

Not achieved

Patients should have access to professional counselling services. (2.75)

Not achieved

Transfers of patients to mental health services should take place within the current time guideline. (2.76)

Not achieved

Black and minority ethnic and Muslim prisoners' negative perceptions of the food provided should be investigated and acted on. (2.84)

Achieved

Staff should always supervise mealtimes, to ensure that servery queues are well ordered and that food is given out fairly and hygienically. (2.85)

Not achieved (recommendation repeated, 2.18)

Purposeful activity

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

At the last inspection, in 2017, there was too little time unlocked for most prisoners. The leadership and management of learning and skills and work had improved but there was too little suitable, purposeful activity to meet the needs of the population, and the range of provision had not increased and was too limited. Opportunities to accredit work and employability skills were missed. There was a good focus on English and mathematics. The quality of teaching and learning was mostly good. Prisoners behaved well in sessions. Too many prisoners failed to complete their qualifications. Library services were reasonable but access was not good enough. PE provision was very good and well used. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

The current learning and skills and work curriculum should be reviewed, and the amount and range of vocational training and work should be expanded to meet the needs of the population. (S62)

Not achieved

Recommendations

Prisoners should be unlocked for at least 10 hours a day. (3.5)

Not achieved (recommendation repeated, 3.5)

Managers should improve quality assurance monitoring and reporting of its education and training provision, to ensure that prison managers are well aware of the strengths and areas for improvement. (3.11)

Achieved

Study skills support for open and distance learners should be provided. (3.24)

Achieved

Prisoners should attend their classes and workshops on time, and not leave sessions before the end. (3.29)

Achieved

The number of learners who complete and pass their courses should be improved. (3.33)

Not achieved

All prisoners should be able to access the library at least once a week. (3.38)

Achieved

Resettlement

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

At the last inspection, in 2017, reducing reoffending work lacked a comprehensive needs analysis to inform delivery, or a strategy to manage the large number of sex offenders. Offender management was reasonably good overall but higher-risk cases needed more focus on challenging offending behaviour and promoting sentence progression. Home detention curfew and categorisation processes were good. Basic public protection measures were sound but there were delays in child contact arrangements. Risk management and planning for some high-risk cases due for release were limited. Restrictions in the community rehabilitation company contract meant that access to resettlement provision was minimal for many. Advice and support were adequate across most of the resettlement pathways, and particularly good family support was offered. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

HMPPS should support and resource the prison in developing a comprehensive strategy which clearly identifies how men convicted of a sexual offence will be offender managed; how their risk of harm will be reduced; how they will progress through their sentence; and how the public will be protected during custody and on release. (S63)

Partially achieved

Recommendations

The reducing reoffending strategy should be based on a comprehensive analysis of the needs of the different types of prisoner held at the establishment and should be supported by a detailed action plan which is regularly reviewed to evidence the progress made. (4.6)

Not achieved (recommendation repeated, 4.18)

Case workers should be supported in delivering good-quality offender management to the prisoners on their caseload, including contact that is focused on offending behaviour, risk of harm and progression. (4.12)

Not achieved

The lack of reports from social services should be rectified, to enable child contact applications to be dealt with promptly. (4.18)

Achieved

The effectiveness of the interdepartmental risk management team should be improved, to ensure that all high risk of harm cases due for release are reviewed regularly and that this results in a high-quality risk management plan. (4.19)

Not achieved

More places should be available nationally, to ensure that all prisoners, including category B prisoners, are located in the most appropriate prison in order to progress or prepare for release. (4.22)

Not achieved

The resettlement needs of all prisoners should be thoroughly addressed throughout the duration of the sentence. (4.29)

Achieved

The accommodation and education, training and employment outcomes for those released should be monitored over time, to provide more robust evidence of the effectiveness of the provision. (4.30)

Not achieved

Education, training and employment resettlement work should be better coordinated, to improve the efficiency of the service. (4.36)

Achieved

Procedures should be put in place to ensure that there is no disruption in the supply of medicines to a patient following his unexpected release from court. (4.40)

Not achieved

Before release, prisoners with substance misuse issues should be able to access training on overdose management, including the use of naloxone. (4.43)

Achieved

A needs analysis should be completed and used to inform offending behaviour programme provision, including the use of structured one-to-one work aimed at changing attitudes, thinking and behaviour. (4.55)

Achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notice

Provider: Care UK Health and Rehabilitation Services Limited

Location: HMP YOI Doncaster

Location ID: 1-4133265750

Regulated activities: Treatment of disease, disorder or injury; Diagnostic and screening procedures.

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 12 Safe Care and Treatment	12(1) Care and treatment must be provided in a safe way for service users
<p>How the regulation was not being met:</p> <p>Assessments of the risks to the health and safety of services users of receiving care or treatment were not always carried out. In particular:</p> <p>One patient with a known history of deep vein thrombosis did not receive a timely assessment of their condition. Diagnosis and treatment were delayed for six days. This care did not meet NICE guidance on deep vein thrombosis management.</p> <p>There was insufficient proper and safe management of medicines. In particular:</p> <p>Despite prompt medicines reconciliation, patients did not consistently receive their medicines in a timely way on reception at the prison. One patient waited five days before receiving an anticoagulant used to prevent life threatening complications from deep vein thromboses.</p> <p>The integrity of some medicines could not be assured. Refrigerator and room temperatures were not being recorded in line with the provider's policy, across several clinical areas. Where storage temperatures were consistently out of range there was no evidence that this was identified, reported or acted upon to ensure medicines remained safe for use.</p>	

Appendix IV: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	96	621	65.2
Recall	21	117	12.5
Convicted unsentenced	17	63	7.3
Remand	42	111	13.9
Civil prisoners	0	1	0.1
Detainees (immigration detainee)	1	10	1.0
Total	177	923	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	67	220	26.1
Less than six months	14	58	6.5
six months to less than 12 months	11	22	3.0
12 months to less than 2 years	21	59	7.3
2 years to less than 4 years	20	65	7.7
3 years to less than 4 years	18	53	6.5
4 years to less than 10 years	21	170	17.4
10 years and over (not life)	5	219	20.4
ISPP (indeterminate sentence for public protection)	0	39	5.2
Life	0	18	1.6
Total	177	923	100

Age	Number of prisoners	%
Please state minimum age here:	18	
Under 21 years	177	16.1
21 years to 29 years	283	25.7
30 years to 39 years	335	30.5
40 years to 49 years	158	14.4
50 years to 59 years	84	7.6
60 years to 69 years	32	2.9
70 plus years	31	2.8
Please state maximum age here:	84	
Total	1,100	100

Nationality	18–20-year-olds	21 and over	%
British	154	836	90
Foreign nationals	23	86	9.9
Not stated	0	1	0.1
Total	177	923	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	65	201	24.2
Uncategorised sentenced	7	19	2.4
Category A	0	0	0/0
Category B	1	185	16.9
Category C	0	500	45.5
Category D	0	18	1.6
Other (YOI closed)	104	0	9.5
Total	177	923	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	106	687	72.1
Irish	4	7	1.0
Gypsy/Irish Traveller	0	27	2.5
Other white	8	45	4.8
Mixed			
White and black Caribbean	12	20	2.9
White and black African	1	3	0.4
White and Asian	3	4	0.6
Other mixed	2	7	0.8
Asian or Asian British			
Indian	0	8	0.7
Pakistani	23	47	6.4
Bangladeshi	0	2	0.2
Chinese	0	1	0.1
Other Asian	4	17	1.9
Black or black British			
Caribbean	4	23	2.5
African	7	10	1.5
Other black	2	8	0.9
Other ethnic group			
Arab	0	2	0.2
Other ethnic group	1	5	0.5
Not stated	0	0	0.0
Total	177	923	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	0	0.0
Church of England	6	182	17.1
Roman Catholic	17	116	12.1
Other Christian denominations	21	103	11.3
Muslim	36	127	14.8
Sikh	0	2	0.2
Hindu	0	0	0.0
Buddhist	1	20	1.9
Jewish	0	3	0.3

Other	1	7	0.7
No religion	95	360	41.4
Not stated	0	3	0.3
Total			100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	1	25	2.4
Total	1	26	2.4

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	30	2.7	102	9.3
1 month to 3 months	39	3.5	127	11.5
3 months to six months	25	2.3	106	9.6
six months to 1 year	13	1.2	154	14.0
1 year to 2 years	3	0.3	119	10.8
2 years to 4 years	0	0.0	86	7.8
4 years or more	0	0.0	9	0.8
Total	110	10	703	65

Sentenced prisoners only

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

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	19	6.6	85	29.0
1 month to 3 months	22	7.7	71	24.7
3 months to six months	22	7.7	49	17.1
six months to 1 year	4	1.4	12	4.2
1 year to 2 years	0	0.0	3	1.0
2 years to 4 years	0	0.0	0	0.0
4 years or more	0	0.0	0	0.0
Total	67	6.1	220	76

Appendix V: Photographs



Communal area on wing



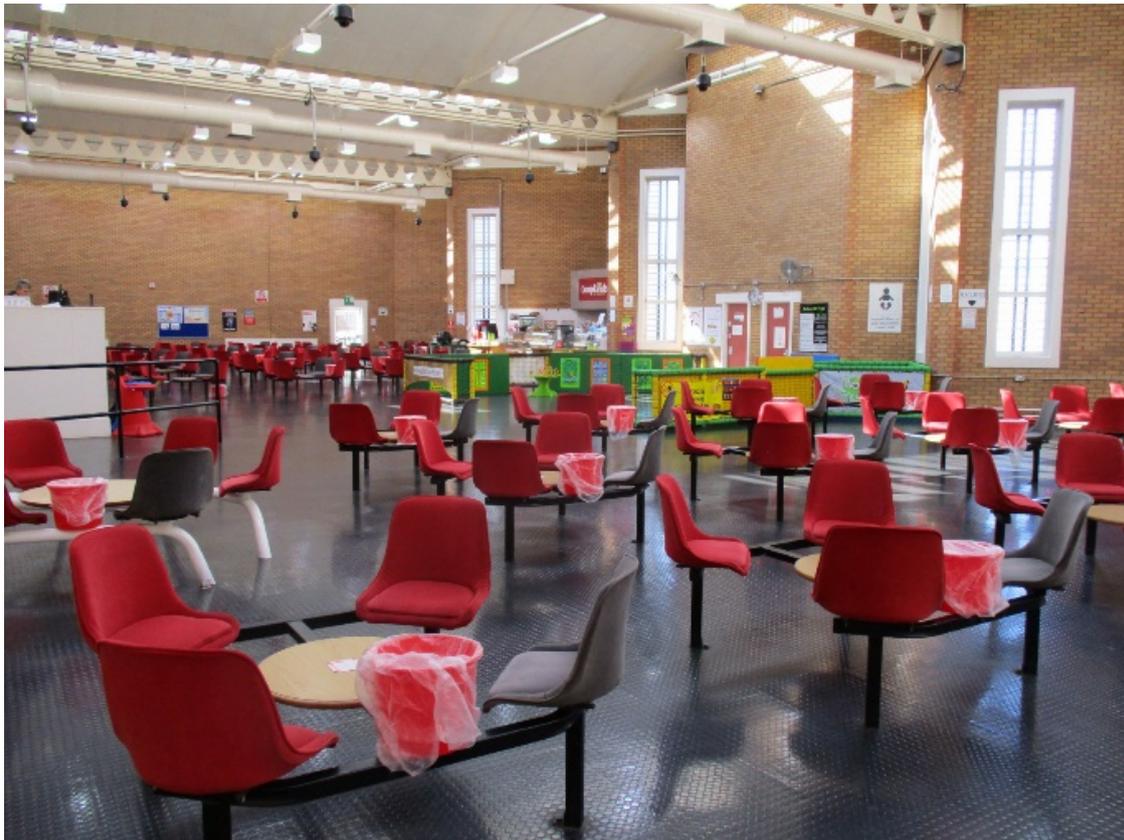
Damaged flooring beside a touchscreen information kiosk



Communal shower unit



The chapel



Visits hall

Appendix VI: Prisoner survey methodology and results

Prisoner survey methodology

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

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

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.²¹ 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.²² 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 9 September 2019, the prisoner population at HMP & YOI Doncaster was 1,100. Using the sampling method described above, questionnaires were distributed to 218 prisoners. We received a total of 169 completed questionnaires, a response rate of 78%. Sixteen prisoners declined to participate in the survey and 33 questionnaires were either not returned at all, or returned blank.

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

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

²² 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 & YOI Doncaster. For the comparator analyses, each question was reformulated into a binary ‘yes/no’ format and affirmative responses compared.²³ Missing responses have been excluded from all analyses and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

Full survey results

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

Responses from HMP & YOI Doncaster 2019 compared with those from other HMIP surveys²⁴

- Survey responses from HMP & YOI Doncaster in 2019 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP & YOI Doncaster in 2019 compared with survey responses from HMP & YOI Doncaster in 2017.

Comparisons between different residential locations within HMP & YOI Doncaster 2019

- Responses of prisoners on the vulnerable prisoner unit (Houseblock 1) compared with those from the rest of the establishment.

Comparisons between self-reported sub-populations of prisoners within HMP & YOI Doncaster 2019²⁵

- Responses of prisoners from black or minority ethnic groups compared with those of white prisoners.
- Responses of Muslim prisoners compared with those of non-Muslim prisoners.
- Responses of prisoners who reported that they had a disability compared to those who did not.
- Responses of prisoners who reported that they had mental health problems compared with those who did not.
- Responses of prisoners aged 50 and over compared with those under 50.
- Responses of prisoners aged 25 and under compared with those over 25.

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

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

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of

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

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

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

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

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

respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

Survey summary

Background information

I.1	What wing or houseblock are you currently living on?	
	Houseblock 1	66 (39%)
	Houseblock 2	53 (31%)
	Houseblock 3	42 (25%)
	Annex	5 (3%)
	Segregation unit	3 (2%)
I.2	How old are you?	
	Under 21	23 (14%)
	21 - 25	23 (14%)
	26 - 29	19 (11%)
	30 - 39	44 (26%)
	40 - 49	28 (17%)
	50 - 59	23 (14%)
	60 - 69	3 (2%)
	70 or over	5 (3%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British	117 (70%)
	White - Irish	3 (2%)
	White - Gypsy or Irish Traveller	3 (2%)
	White - any other White background	5 (3%)
	Mixed - White and Black Caribbean	6 (4%)
	Mixed - White and Black African	0 (0%)
	Mixed - White and Asian	2 (1%)
	Mixed - any other Mixed ethnic background	3 (2%)
	Asian/ Asian British - Indian	2 (1%)
	Asian/ Asian British - Pakistani	10 (6%)
	Asian/ Asian British - Bangladeshi	0 (0%)
	Asian/ Asian British - Chinese	1 (1%)
	Asian - any other Asian Background	2 (1%)
	Black/ Black British - Caribbean	3 (2%)
	Black/ Black British - African	3 (2%)
	Black - any other Black/ African/ Caribbean background	2 (1%)
	Arab	1 (1%)
	Any other ethnic group	4 (2%)
I.4	How long have you been in this prison?	
	Less than 6 months	75 (45%)
	6 months or more	91 (55%)
I.5	Are you currently serving a sentence?	
	Yes	111 (68%)
	Yes - on recall	15 (9%)
	No - on remand or awaiting sentence	36 (22%)
	No - immigration detainee	1 (1%)

1.6	How long is your sentence?	
	Less than 6 months	14 (9%)
	6 months to less than 1 year	8 (5%)
	1 year to less than 4 years	27 (17%)
	4 years to less than 10 years	33 (20%)
	10 years or more	34 (21%)
	IPP (indeterminate sentence for public protection)	4 (2%)
	Life	5 (3%)
	Not currently serving a sentence	37 (23%)

Arrival and reception

2.1	Were you given up-to-date information about this prison before you came here?	
	Yes	37 (23%)
	No	106 (65%)
	Don't remember	21 (13%)
2.2	When you arrived at this prison, how long did you spend in reception?	
	Less than 2 hours	55 (33%)
	2 hours or more	95 (58%)
	Don't remember	15 (9%)
2.3	When you were searched in reception, was this done in a respectful way?	
	Yes	127 (78%)
	No	25 (15%)
	Don't remember	11 (7%)
2.4	Overall, how were you treated in reception?	
	Very well	52 (32%)
	Quite well	88 (53%)
	Quite badly	15 (9%)
	Very badly	7 (4%)
	Don't remember	3 (2%)
2.5	When you first arrived here, did you have any of the following problems?	
	Problems getting phone numbers	46 (28%)
	Contacting family	46 (28%)
	Arranging care for children or other dependants	7 (4%)
	Contacting employers	6 (4%)
	Money worries	43 (26%)
	Housing worries	32 (20%)
	Feeling depressed	78 (48%)
	Feeling suicidal	28 (17%)
	Other mental health problems	53 (33%)
	Physical health problems	36 (22%)
	Drug or alcohol problems (e.g. withdrawal)	39 (24%)
	Problems getting medication	51 (31%)
	Needing protection from other prisoners	22 (13%)
	Lost or delayed property	24 (15%)
	Other problems	18 (11%)
	Did not have any problems	28 (17%)

2.6	Did staff help you to deal with these problems when you first arrived?	
	Yes	46 (30%)
	No	78 (51%)
	Did not have any problems when I first arrived	28 (18%)

First night and induction

3.1 Before you were locked up on your first night here, were you offered any of the following things?

Tobacco or nicotine replacement	119 (74%)
Toiletries / other basic items	98 (61%)
A shower	57 (36%)
A free phone call	113 (71%)
Something to eat	114 (71%)
The chance to see someone from health care	104 (65%)
The chance to talk to a Listener or Samaritans	36 (23%)
Support from another prisoner (e.g. Insider or buddy)	54 (34%)
Wasn't offered any of these things	9 (6%)

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

Very clean	10 (6%)
Quite clean	46 (27%)
Quite dirty	57 (34%)
Very dirty	52 (31%)
Don't remember	4 (2%)

3.3 Did you feel safe on your first night here?

Yes	112 (67%)
No	45 (27%)
Don't remember	9 (5%)

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

	Yes	No	Don't remember
Access to the prison shop / canteen?	98 (59%)	57 (34%)	11 (7%)
Free PIN phone credit?	114 (70%)	39 (24%)	11 (7%)
Numbers put on your PIN phone?	101 (63%)	50 (31%)	10 (6%)

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

Yes	77 (46%)
No	67 (40%)
Have not had an induction	24 (14%)

On the wing

4.1 Are you in a cell on your own?

Yes	47 (28%)
No, I'm in a shared cell or dormitory	120 (72%)

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

Yes	26 (16%)
No	128 (77%)
Don't know	13 (8%)
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?	117 (71%)	46 (28%)	2 (1%)
Can you shower every day?	155 (94%)	8 (5%)	2 (1%)
Do you have clean sheets every week?	103 (63%)	58 (35%)	3 (2%)
Do you get cell cleaning materials every week?	65 (40%)	89 (55%)	8 (5%)
Is it normally quiet enough for you to relax or sleep at night?	96 (59%)	64 (39%)	4 (2%)
Can you get your stored property if you need it?	56 (35%)	58 (36%)	47 (29%)

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

Very clean	24 (15%)
Quite clean	64 (40%)
Quite dirty	47 (29%)
Very dirty	27 (17%)

Food and canteen

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

Very good	8 (5%)
Quite good	70 (42%)
Quite bad	61 (37%)
Very bad	26 (16%)

5.2 Do you get enough to eat at mealtimes?

Always	26 (16%)
Most of the time	51 (31%)
Some of the time	59 (36%)
Never	30 (18%)

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

Yes	104 (62%)
No	54 (32%)
Don't know	10 (6%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	122 (74%)
No	42 (26%)

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

Yes	124 (75%)
No	41 (25%)

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

Yes	79 (48%)
No	87 (52%)

6.4	How helpful is your personal or named officer?	
	Very helpful	51 (31%)
	Quite helpful	36 (22%)
	Not very helpful	19 (12%)
	Not at all helpful	19 (12%)
	Don't know	23 (14%)
	Don't have a personal / named officer	15 (9%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly	16 (10%)
	Sometimes	45 (27%)
	Hardly ever	98 (59%)
	Don't know	8 (5%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes	78 (48%)
	No	85 (52%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change	32 (19%)
	Yes, but things don't change	35 (21%)
	No	69 (42%)
	Don't know	30 (18%)

Faith

7.1	What is your religion?	
	No religion	59 (37%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	65 (41%)
	Buddhist	4 (3%)
	Hindu	0 (0%)
	Jewish	0 (0%)
	Muslim	26 (16%)
	Sikh	1 (1%)
	Other	3 (2%)
7.2	Are your religious beliefs respected here?	
	Yes	76 (47%)
	No	14 (9%)
	Don't know	13 (8%)
	Not applicable (no religion)	59 (36%)
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	
	Yes	72 (45%)
	No	11 (7%)
	Don't know	18 (11%)
	Not applicable (no religion)	59 (37%)
7.4	Are you able to attend religious services, if you want to?	
	Yes	83 (51%)
	No	9 (6%)
	Don't know	11 (7%)
	Not applicable (no religion)	59 (36%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	76 (46%)
	No	90 (54%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	73 (45%)
	No	88 (55%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	154 (94%)
	No	10 (6%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	36 (22%)
	Quite easy	54 (33%)
	Quite difficult	32 (20%)
	Very difficult	25 (15%)
	Don't know	17 (10%)
8.5	How often do you have visits from family or friends?	
	More than once a week	15 (9%)
	About once a week	48 (30%)
	Less than once a week	44 (28%)
	Not applicable (don't get visits)	52 (33%)
8.6	Do visits usually start and finish on time?	
	Yes	64 (62%)
	No	39 (38%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	74 (73%)
	No	27 (27%)

Time out of cell

9.1	Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?	
	Yes, and these times are usually kept to	86 (52%)
	Yes, but these times are not usually kept to	67 (41%)
	No	11 (7%)
9.2	How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?	
	Less than 2 hours	19 (12%)
	2 to 6 hours	81 (53%)
	6 to 10 hours	33 (22%)
	10 hours or more	6 (4%)
	Don't know	14 (9%)

9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	22 (14%)
	2 to 6 hours	114 (71%)
	6 to 10 hours	12 (7%)
	10 hours or more	1 (1%)
	Don't know	12 (7%)
9.4	How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?	
	None	5 (3%)
	1 or 2	27 (17%)
	3 to 5	30 (19%)
	More than 5	86 (53%)
	Don't know	14 (9%)
9.5	How many days in a typical week do you get association, if you want it?	
	None	6 (4%)
	1 or 2	26 (16%)
	3 to 5	19 (12%)
	More than 5	96 (59%)
	Don't know	16 (10%)
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?	
	None	5 (3%)
	1 or 2	17 (11%)
	3 to 5	40 (25%)
	More than 5	88 (56%)
	Don't know	8 (5%)
9.7	Typically, how often do you go to the gym?	
	Twice a week or more	72 (46%)
	About once a week	21 (13%)
	Less than once a week	17 (11%)
	Never	48 (30%)
9.8	Typically, how often do you go to the library?	
	Twice a week or more	6 (4%)
	About once a week	49 (30%)
	Less than once a week	23 (14%)
	Never	83 (52%)
9.9	Does the library have a wide enough range of materials to meet your needs?	
	Yes	39 (25%)
	No	36 (23%)
	Don't use the library	83 (53%)

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?	
	Yes	109 (67%)
	No	33 (20%)
	Don't know	20 (12%)

10.2	If you have made any applications here, please answer the questions below:			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	64 (43%)	56 (38%)	28 (19%)
	Are applications usually dealt with within 7 days?	43 (30%)	74 (51%)	28 (19%)
10.3	Is it easy for you to make a complaint?			
	Yes			101 (62%)
	No			33 (20%)
	Don't know			28 (17%)
10.4	If you have made any complaints here, please answer the questions below:			
		Yes	No	Not made any complaints
	Are complaints usually dealt with fairly?	31 (21%)	58 (38%)	62 (41%)
	Are complaints usually dealt with within 7 days?	28 (20%)	53 (37%)	62 (43%)
10.5	Have you ever been prevented from making a complaint here when you wanted to?			
	Yes			37 (24%)
	No			77 (50%)
	Not wanted to make a complaint			40 (26%)
10.6	In this prison, is it easy or difficult for you to...			
		Easy	Difficult	Don't know
	Communicate with your solicitor or legal representative?	81 (52%)	35 (22%)	21 (13%)
	Attend legal visits?	91 (58%)	22 (14%)	25 (16%)
	Get bail information?	26 (17%)	34 (22%)	55 (36%)
				19 (12%)
				18 (12%)
				37 (24%)
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?			
	Yes			56 (35%)
	No			81 (51%)
	Not had any legal letters			23 (14%)

Health care

11.1	How easy or difficult is it to see the following people?					
		Very easy	Quite easy	Quite difficult	Very difficult	Don't know
	Doctor	14 (9%)	36 (22%)	58 (36%)	40 (25%)	13 (8%)
	Nurse	19 (12%)	56 (36%)	51 (32%)	17 (11%)	14 (9%)
	Dentist	6 (4%)	19 (12%)	56 (36%)	49 (32%)	25 (16%)
	Mental health workers	7 (4%)	21 (13%)	33 (21%)	55 (35%)	40 (26%)
11.2	What do you think of the quality of the health service from the following people?					
		Very good	Quite good	Quite bad	Very bad	Don't know
	Doctor	16 (10%)	59 (38%)	34 (22%)	24 (15%)	24 (15%)
	Nurse	22 (14%)	65 (42%)	26 (17%)	22 (14%)	18 (12%)
	Dentist	11 (7%)	46 (30%)	23 (15%)	26 (17%)	45 (30%)
	Mental health workers	8 (5%)	34 (22%)	27 (18%)	31 (20%)	53 (35%)
11.3	Do you have any mental health problems?					
	Yes					80 (51%)
	No					76 (49%)

11.4	Have you been helped with your mental health problems in this prison?	
	Yes	22 (14%)
	No	55 (36%)
	Don't have any mental health problems	76 (50%)
11.5	What do you think of the overall quality of the health services here?	
	Very good	10 (6%)
	Quite good	58 (37%)
	Quite bad	36 (23%)
	Very bad	37 (24%)
	Don't know	15 (10%)

Other support needs

12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?	
	Yes	63 (40%)
	No	94 (60%)
12.2	If you have a disability, are you getting the support you need?	
	Yes	18 (12%)
	No	40 (26%)
	Don't have a disability	94 (62%)
12.3	Have you been on an ACCT in this prison?	
	Yes	39 (25%)
	No	119 (75%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes	15 (10%)
	No	22 (14%)
	Have not been on an ACCT in this prison	119 (76%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	32 (20%)
	Quite easy	36 (23%)
	Quite difficult	23 (15%)
	Very difficult	8 (5%)
	Don't know	45 (28%)
	No Listeners at this prison	14 (9%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	30 (19%)
	No	129 (81%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	18 (11%)
	No	11 (7%)
	Did not / do not have an alcohol problem	129 (82%)

13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	46 (30%)
	No	107 (70%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	23 (14%)
	No	136 (86%)
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	17 (11%)
	No	142 (89%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	27 (18%)
	No	27 (18%)
	Did not / do not have a drug problem	98 (64%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	66 (42%)
	Quite easy	30 (19%)
	Quite difficult	2 (1%)
	Very difficult	4 (3%)
	Don't know	56 (35%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	42 (27%)
	Quite easy	29 (18%)
	Quite difficult	9 (6%)
	Very difficult	7 (4%)
	Don't know	71 (45%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	95 (59%)
	No	65 (41%)
14.2	Do you feel unsafe now?	
	Yes	37 (24%)
	No	117 (76%)
14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply.)	
	Verbal abuse	59 (39%)
	Threats or intimidation	60 (39%)
	Physical assault	37 (24%)
	Sexual assault	10 (7%)
	Theft of canteen or property	47 (31%)
	Other bullying / victimisation	42 (28%)
	Not experienced any of these from prisoners here	65 (43%)

14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	72 (47%)
	No	80 (53%)
14.5	Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply.)	
	Verbal abuse	41 (28%)
	Threats or intimidation	33 (22%)
	Physical assault	22 (15%)
	Sexual assault	6 (4%)
	Theft of canteen or property	14 (9%)
	Other bullying / victimisation	24 (16%)
	Not experienced any of these from staff here	87 (58%)
14.6	If you were being bullied / victimised by staff here, would you report it?	
	Yes	87 (59%)
	No	60 (41%)

Behaviour management

15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?		
	Yes	73 (48%)	
	No	43 (28%)	
	Don't know what the incentives / rewards are	36 (24%)	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?		
	Yes	61 (39%)	
	No	51 (33%)	
	Don't know	19 (12%)	
	Don't know what this is	25 (16%)	
15.3	Have you been physically restrained by staff in this prison in the last 6 months?		
	Yes	21 (13%)	
	No	135 (87%)	
15.4	If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?		
	Yes	5 (3%)	
	No	13 (8%)	
	Don't remember	5 (3%)	
	Not been restrained here in last 6 months	135 (85%)	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?		
	Yes	22 (14%)	
	No	136 (86%)	
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?	13 (65%)	7 (35%)
	Could you shower every day?	6 (30%)	14 (70%)
	Could you go outside for exercise every day?	16 (84%)	3 (16%)
	Could you use the phone every day (if you had credit)?	13 (62%)	8 (38%)

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	97 (65%)	30 (20%)	21 (14%)	1 (1%)
Vocational or skills training	48 (34%)	43 (30%)	46 (33%)	4 (3%)
Prison job	35 (23%)	96 (64%)	16 (11%)	2 (1%)
Voluntary work outside of the prison	9 (6%)	40 (28%)	42 (30%)	51 (36%)
Paid work outside of the prison	6 (4%)	40 (27%)	41 (28%)	59 (40%)

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	75 (51%)	46 (32%)	25 (17%)
Vocational or skills training	55 (40%)	33 (24%)	51 (37%)
Prison job	58 (39%)	58 (39%)	32 (22%)
Voluntary work outside of the prison	22 (15%)	26 (18%)	95 (66%)
Paid work outside of the prison	24 (17%)	22 (15%)	96 (68%)

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

Yes	62 (42%)
No	71 (48%)
Not applicable (e.g. if you are retired, sick or on remand)	16 (11%)

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

Yes	73 (48%)
No	79 (52%)

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

Yes	55 (76%)
No	8 (11%)
Don't know what my objectives or targets are	9 (13%)

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

Yes	36 (52%)
No	24 (35%)
Don't know what my objectives or targets are	9 (13%)

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

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	16 (24%)	7 (10%)	45 (66%)
Other programmes	9 (14%)	7 (11%)	47 (75%)
One to one work	16 (25%)	7 (11%)	41 (64%)
Being on a specialist unit	4 (6%)	4 (6%)	55 (87%)
ROTL - day or overnight release	0 (0%)	3 (5%)	61 (95%)

Preparation for release

18.1	Do you expect to be released in the next 3 months?			
	Yes			28 (18%)
	No			100 (65%)
	Don't know			26 (17%)
18.2	How close is this prison to your home area or intended release address?			
	Very near			4 (15%)
	Quite near			9 (33%)
	Quite far			11 (41%)
	Very far			3 (11%)
18.3	Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?			
	Yes			20 (77%)
	No			6 (23%)
18.4	Are you getting help to sort out the following things for when you are released?			
		Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
	Finding accommodation	7 (28%)	10 (40%)	8 (32%)
	Getting employment	3 (12%)	13 (52%)	9 (36%)
	Setting up education or training	0 (0%)	10 (42%)	14 (58%)
	Arranging benefits	9 (38%)	11 (46%)	4 (17%)
	Sorting out finances	3 (13%)	13 (54%)	8 (33%)
	Support for drug or alcohol problems	4 (17%)	5 (22%)	14 (61%)
	Health / mental health support	1 (4%)	9 (36%)	15 (60%)
	Social care support	2 (9%)	7 (30%)	14 (61%)
	Getting back in touch with family or friends	4 (17%)	6 (25%)	14 (58%)

More about you

19.1	Do you have children under the age of 18?		
	Yes		69 (45%)
	No		84 (55%)
19.2	Are you a UK / British citizen?		
	Yes		140 (91%)
	No		14 (9%)
19.3	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?		
	Yes		8 (5%)
	No		144 (95%)
19.4	Have you ever been in the armed services (e.g. army, navy, air force)?		
	Yes		11 (7%)
	No		141 (93%)
19.5	What is your gender?		
	Male		149 (99%)
	Female		0 (0%)
	Non-binary		2 (1%)
	Other		0 (0%)

19.6	How would you describe your sexual orientation?	
	Straight / heterosexual	141 (95%)
	Gay / lesbian / homosexual	2 (1%)
	Bisexual	4 (3%)
	Other	2 (1%)
19.7	Do you identify as transgender or transsexual?	
	Yes	4 (3%)
	No	142 (97%)

Final questions about this prison

20.1	Do you think your experiences in this prison have made you more or less likely to offend in the future?	
	More likely to offend	11 (7%)
	Less likely to offend	86 (57%)
	Made no difference	53 (35%)

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Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
- Muslim prisoners' responses are compared with those of non-Muslim prisoners

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

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

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

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

Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
39	128	26	132

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	46%	22%	39%	26%
	Are you 50 years of age or older?	5%	22%	4%	21%
1.3	Are you from a minority ethnic group?			77%	13%
7.1	Are you Muslim?	54%	5%		
11.3	Do you have any mental health problems?	38%	56%	32%	56%
12.1	Do you consider yourself to have a disability?	32%	43%	25%	42%
19.2	Are you a foreign national?	22%	5%	25%	5%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	7%	0%	6%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	78%	77%	85%	77%
2.4	Overall, were you treated very / quite well in reception?	85%	86%	92%	86%
2.5	When you first arrived, did you have any problems?	74%	85%	73%	84%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	41%	36%	38%	38%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	72%	66%	65%	69%
3.5	Have you had an induction at this prison?	95%	83%	100%	84%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	54%	53%	60%	53%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	18%	15%	27%	14%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	80%	68%	80%	72%
	- Can you shower every day?	95%	94%	96%	95%
	- Do you have clean sheets every week?	76%	58%	73%	61%
	- Do you get cell cleaning materials every week?	44%	39%	50%	38%
	- Is it normally quiet enough for you to relax or sleep at night?	59%	59%	72%	59%
	- Can you get your stored property if you need it?	44%	31%	56%	30%

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

Number of completed questionnaires returned

	Black and minority ethnic	White	Muslim	Non-Muslim
	39	128	26	132

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	44%	47%	52%	45%
5.3	Does the shop / canteen sell the things that you need?	62%	62%	73%	58%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	82%	72%	92%	72%
6.2	Are there any staff here you could turn to if you had a problem?	79%	74%	81%	76%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	56%	44%	65%	46%
6.6	Do you feel that you are treated as an individual in this prison?	56%	46%	54%	49%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	94%	65%	92%	70%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	74%	69%	79%	70%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	46%	46%	58%	43%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	39%	48%	16%	51%
8.3	Are you able to use a phone every day (if you have credit)?	95%	94%	92%	95%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	82%	70%	88%	70%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	9%	14%	0%	14%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	4%	0%	4%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	24%	61%	33%	57%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	64%	68%	69%	67%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	59%	52%	61%	52%
10.3	Is it easy for you to make a complaint?	54%	65%	73%	61%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	36%	35%	47%	32%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	21%	37%	22%	34%

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

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Black and minority ethnic		Muslim	
Black and minority ethnic	White	Muslim	Non-Muslim
39	128	26	132

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	36%	29%	50%	27%
	- Nurse?	50%	47%	50%	47%
	- Dentist?	18%	16%	21%	14%
	- Mental health workers?	27%	15%	26%	17%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	33%	27%	25%	28%
11.5	Do you think the overall quality of the health services here is very / quite good?	58%	39%	48%	41%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	20%	33%	17%	29%
SAFETY					
14.1	Have you ever felt unsafe here?	56%	60%	54%	61%
14.2	Do you feel unsafe now?	24%	24%	17%	26%
14.3	Not experienced bullying / victimisation by other prisoners	56%	40%	57%	41%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	37%	50%	50%	47%
14.5	Not experienced bullying / victimisation by members of staff	61%	57%	58%	58%
14.6	If you were being bullied / victimised by staff here, would you report it?	51%	61%	52%	59%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	51%	47%	42%	49%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	43%	38%	61%	35%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	16%	13%	13%	13%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	11%	15%	4%	15%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	52%	44%	65%	43%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	37%	50%	38%	51%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	42%	53%	38%	53%
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?	80%	76%	100%	73%
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?	82%	50%	68%	56%

HMP & YOI Doncaster 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 to those who did not
- responses of prisoners who reported that they had a disability compared to those who did not

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

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

Number of completed questionnaires returned

Mental health problems	No mental health problems	Have a disability	Do not have a disability
80	76	63	94

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	27%	26%	21%	31%
	Are you 50 years of age or older?	11%	26%	19%	18%
1.3	Are you from a minority ethnic group?	18%	31%	19%	27%
7.1	Are you Muslim?	10%	24%	10%	20%
11.3	Do you have any mental health problems?			81%	32%
12.1	Do you consider yourself to have a disability?	63%	16%		
19.2	Are you a foreign national?	5%	14%	7%	10%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	6%	3%	6%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	76%	83%	78%	80%
2.4	Overall, were you treated very / quite well in reception?	89%	82%	90%	83%
2.5	When you first arrived, did you have any problems?	92%	69%	92%	74%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	35%	42%	35%	42%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	68%	69%	71%	67%
3.5	Have you had an induction at this prison?	88%	84%	84%	87%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	53%	57%	47%	60%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	6%	28%	10%	20%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	71%	78%	67%	78%
	- Can you shower every day?	91%	99%	90%	98%
	- Do you have clean sheets every week?	55%	79%	60%	69%
	- Do you get cell cleaning materials every week?	35%	51%	37%	45%
	- Is it normally quiet enough for you to relax or sleep at night?	53%	67%	53%	63%
	- Can you get your stored property if you need it?	32%	38%	30%	39%

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Number of completed questionnaires returned

	Mental health problems	No mental health problems		
	80	76	Have a disability	Do not have a disability
			63	94

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	40%	56%	49%	47%
5.3	Does the shop / canteen sell the things that you need?	60%	62%	64%	60%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	73%	81%	73%	79%
6.2	Are there any staff here you could turn to if you had a problem?	73%	82%	77%	77%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	45%	57%	52%	48%
6.6	Do you feel that you are treated as an individual in this prison?	41%	59%	46%	50%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	72%	83%	71%	81%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	72%	72%	72%	74%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	38%	54%	44%	49%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	58%	27%	57%	36%
8.3	Are you able to use a phone every day (if you have credit)?	91%	96%	92%	95%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	70%	77%	74%	72%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	13%	10%	17%	8%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	4%	3%	5%	3%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	59%	46%	64%	44%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	66%	71%	65%	70%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	53%	55%	57%	51%
10.3	Is it easy for you to make a complaint?	61%	64%	64%	62%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	27%	46%	26%	42%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	38%	22%	39%	27%

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Number of completed questionnaires returned

	Mental health problems	No mental health problems		Have a disability	Do not have a disability
	80	76		63	94

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	24%	38%	29%	33%
	- Nurse?	40%	56%	48%	49%
	- Dentist?	13%	18%	18%	15%
	- Mental health workers?	17%	18%	18%	19%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	29%		27%	32%
11.5	Do you think the overall quality of the health services here is very / quite good?	30%	57%	32%	52%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	26%	46%	31%	
SAFETY					
14.1	Have you ever felt unsafe here?	67%	49%	56%	60%
14.2	Do you feel unsafe now?	26%	19%	25%	22%
14.3	Not experienced bullying / victimisation by other prisoners	36%	52%	37%	46%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	49%	48%	56%	43%
14.5	Not experienced bullying / victimisation by members of staff	49%	69%	49%	65%
14.6	If you were being bullied / victimised by staff here, would you report it?	50%	69%	60%	59%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	43%	53%	41%	54%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	35%	43%	28%	47%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	12%	14%	15%	12%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	14%	12%	18%	11%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	38%	58%	36%	55%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	51%	44%	48%	49%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	42%	62%	35%	63%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	71%	83%	75%	77%
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?	55%	61%	56%	59%

HMP & YOI Doncaster 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

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

- responses of prisoners aged 25 and under are compared with those of prisoners over 25

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

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Number of completed questionnaires returned

	25 and under	Over 25	50 and over	Under 50
	46	145	31	137

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION		25 and under	Over 25	50 and over	Under 50
1.2	Are you under 21 years of age?	50%			14%
	Are you 70 years of age or older?		4%	16%	
1.3	Are you from a minority ethnic group?	39%	17%	7%	27%
7.1	Are you Muslim?	23%	14%	3%	20%
11.3	Do you have any mental health problems?	51%	51%	31%	56%
12.1	Do you consider yourself to have a disability?	31%	44%	41%	40%
19.2	Are you a foreign national?	20%	5%	0%	11%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	8%	5%	3%	6%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	58%	85%	80%	77%
2.4	Overall, were you treated very / quite well in reception?	80%	87%	87%	84%
2.5	When you first arrived, did you have any problems?	75%	86%	83%	83%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	36%	37%	35%	37%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	67%	67%	60%	69%
3.5	Have you had an induction at this prison?	85%	86%	81%	87%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	59%	51%	32%	58%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	9%	18%	26%	13%
4.3	- Do you normally have enough clean, suitable clothes for the week?	72%	71%	77%	69%
	- Can you shower every day?	96%	93%	90%	95%
	- Do you have clean sheets every week?	61%	63%	77%	59%
	- Do you get cell cleaning materials every week?	33%	42%	47%	38%
	- Is it normally quiet enough for you to relax or sleep at night?	59%	59%	61%	58%
	- Can you get your stored property if you need it?	35%	34%	37%	34%

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Number of completed questionnaires returned

	25 and under	Over 25	50 and over	Under 50
	46	145	31	137

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	35%	51%	68%	42%
5.3	Does the shop / canteen sell the things that you need?	76%	57%	42%	67%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	71%	76%	74%	74%
6.2	Are there any staff here you could turn to if you had a problem?	67%	79%	81%	74%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	34%	52%	55%	46%
6.6	Do you feel that you are treated as an individual in this prison?	47%	49%	43%	49%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	69%	75%	86%	70%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	56%	76%	76%	70%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	39%	49%	50%	45%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	49%	44%	45%	46%
8.3	Are you able to use a phone every day (if you have credit)?	91%	95%	97%	93%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	74%	73%	68%	74%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	9%	14%	10%	13%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	5%	4%	3%	4%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	50%	53%	50%	53%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	51%	73%	70%	66%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	32%	62%	60%	53%
10.3	Is it easy for you to make a complaint?	49%	67%	63%	62%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	30%	38%	43%	34%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	54%	26%	32%	33%

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Number of completed questionnaires returned

	25 and under	Over 25	50 and over	Under 50
	46	145	31	137

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	24%	34%	35%	31%
	- Nurse?	36%	53%	57%	46%
	- Dentist?	14%	17%	18%	16%
	- Mental health workers?	21%	16%	10%	19%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	26%	29%	30%	28%
11.5	Do you think the overall quality of the health services here is very / quite good?	34%	47%	53%	42%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	20%	33%	42%	28%
SAFETY					
14.1	Have you ever felt unsafe here?	66%	57%	55%	60%
14.2	Do you feel unsafe now?	25%	24%	20%	25%
14.3	Not experienced bullying / victimisation by other prisoners	44%	43%	42%	43%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	40%	51%	65%	43%
14.5	Not experienced bullying / victimisation by members of staff	64%	56%	58%	58%
14.6	If you were being bullied / victimised by staff here, would you report it?	60%	59%	73%	55%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	37%	51%	63%	44%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	30%	42%	42%	38%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	27%	9%	7%	15%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	17%	13%	7%	16%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	49%	45%	44%	47%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	48%	48%	58%	45%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	47%	53%	53%	51%
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%	67%	50%	82%
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?	57%	58%	67%	56%

HMP & YOI Doncaster 2019

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

In this table summary statistics from HMP & YOI Doncaster 2019 are compared with the following HMIP survey data:

- Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (26 prisons). Please note that this does not include all local prisons.
- Summary statistics from HMP & YOI Doncaster in 2017. Please note that we do not have comparable data for the new questions introduced in September 2017.

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Number of completed questionnaires returned

n=number of valid responses to question (HMP & YOI Doncaster 2019)

HMP & YOI Doncaster 2019	All other local prisons surveyed since September 2017	HMP & YOI Doncaster 2019	HMP & YOI Doncaster 2017
169	4,469	169	178

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	<i>n</i> =168	14%	5%	14%	14%
	Are you 25 years of age or younger?	<i>n</i> =168	27%	22%	27%	
	Are you 50 years of age or older?	<i>n</i> =168	19%	13%	19%	15%
	Are you 70 years of age or older?	<i>n</i> =168	3%	1%	3%	3%
1.3	Are you from a minority ethnic group?	<i>n</i> =167	23%	26%	23%	18%
1.4	Have you been in this prison for less than 6 months?	<i>n</i> =166	45%	61%	45%	
1.5	Are you currently serving a sentence?	<i>n</i> =163	77%	70%	77%	75%
	Are you on recall?	<i>n</i> =163	9%	14%	9%	6%
1.6	Is your sentence less than 12 months?	<i>n</i> =162	14%	21%	14%	12%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n</i> =162	3%	3%	3%	1%
7.1	Are you Muslim?	<i>n</i> =158	17%	14%	17%	13%
11.3	Do you have any mental health problems?	<i>n</i> =156	51%	52%	51%	
12.1	Do you consider yourself to have a disability?	<i>n</i> =157	40%	41%	40%	34%
19.1	Do you have any children under the age of 18?	<i>n</i> =153	45%	53%	45%	53%
19.2	Are you a foreign national?	<i>n</i> =154	9%	10%	9%	10%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n</i> =152	5%	7%	5%	7%
19.4	Have you ever been in the armed services?	<i>n</i> =152	7%	7%	7%	7%
19.5	Is your gender female or non-binary?	<i>n</i> =151	1%	1%	1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n</i> =149	5%	4%	5%	5%
19.7	Do you identify as transgender or transsexual?	<i>n</i> =146	3%	2%	3%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	<i>n</i> =164	23%	16%	23%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n</i> =165	33%	36%	33%	33%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n</i> =163	78%	77%	78%	82%
2.4	Overall, were you treated very / quite well in reception?	<i>n</i> =165	85%	75%	85%	

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Number of completed questionnaires returned

n=number of valid responses to question (HMP & YOI Doncaster 2019)

HMP & YOI Doncaster 2019	All other local prisons surveyed since September 2017	HMP & YOI Doncaster 2019	HMP & YOI Doncaster 2017
169	4,469	169	178

2.5	When you first arrived, did you have any problems?	<i>n</i> =163	83%	88%	83%	78%
2.5	Did you have problems with:					
	- Getting phone numbers?	<i>n</i> =163	28%	46%	28%	21%
	- Contacting family?	<i>n</i> =163	28%	48%	28%	24%
	- Arranging care for children or other dependents?	<i>n</i> =163	4%	4%	4%	
	- Contacting employers?	<i>n</i> =163	4%	7%	4%	2%
	- Money worries?	<i>n</i> =163	26%	29%	26%	21%
	- Housing worries?	<i>n</i> =163	20%	25%	20%	17%
	- Feeling depressed?	<i>n</i> =163	48%	49%	48%	
	- Feeling suicidal?	<i>n</i> =163	17%	19%	17%	
	- Other mental health problems?	<i>n</i> =163	33%	30%	33%	
	- Physical health problems?	<i>n</i> =163	22%	20%	22%	20%
	- Drugs or alcohol (e.g. withdrawal)?	<i>n</i> =163	24%	25%	24%	
	- Getting medication?	<i>n</i> =163	31%	31%	31%	
	- Needing protection from other prisoners?	<i>n</i> =163	14%	11%	14%	15%
	- Lost or delayed property?	<i>n</i> =163	15%	22%	15%	19%
	<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	<i>n</i> =124	37%	30%	37%	42%
FIRST NIGHT AND INDUCTION						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	<i>n</i> =160	74%	71%	74%	86%
	- Toiletries / other basic items?	<i>n</i> =160	61%	52%	61%	77%
	- A shower?	<i>n</i> =160	36%	26%	36%	50%
	- A free phone call?	<i>n</i> =160	71%	48%	71%	77%
	- Something to eat?	<i>n</i> =160	71%	76%	71%	77%
	- The chance to see someone from health care?	<i>n</i> =160	65%	62%	65%	68%
	- The chance to talk to a Listener or Samaritans?	<i>n</i> =160	23%	25%	23%	30%
	- Support from another prisoner (e.g. Insider or buddy)?	<i>n</i> =160	34%	22%	34%	
	- None of these?	<i>n</i> =160	6%	6%	6%	
3.2	On your first night in this prison, was your cell very / quite clean?	<i>n</i> =169	33%	30%	33%	
3.3	Did you feel safe on your first night here?	<i>n</i> =166	68%	62%	68%	65%
3.4	In your first few days here, did you get:					
	- Access to the prison shop / canteen?	<i>n</i> =166	59%	32%	59%	37%
	- Free PIN phone credit?	<i>n</i> =164	70%	55%	70%	
	- Numbers put on your PIN phone?	<i>n</i> =161	63%	34%	63%	
3.5	Have you had an induction at this prison?	<i>n</i> =168	86%	81%	86%	83%
	<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	<i>n</i> =144	54%	48%	54%	

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ON THE WING						
4.1	Are you in a cell on your own?	n=167	28%	34%	28%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=167	16%	20%	16%	17%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	n=165	71%	54%	71%	57%
	- Can you shower every day?	n=165	94%	79%	94%	94%
	- Do you have clean sheets every week?	n=164	63%	63%	63%	87%
	- Do you get cell cleaning materials every week?	n=162	40%	50%	40%	45%
	- Is it normally quiet enough for you to relax or sleep at night?	n=164	59%	54%	59%	42%
	- Can you get your stored property if you need it?	n=161	35%	22%	35%	22%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=162	54%	55%	54%	
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	n=165	47%	34%	47%	
5.2	Do you get enough to eat at meal-times always / most of the time?	n=166	46%	28%	46%	
5.3	Does the shop / canteen sell the things that you need?	n=168	62%	59%	62%	58%
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	n=164	74%	68%	74%	80%
6.2	Are there any staff here you could turn to if you had a problem?	n=165	75%	70%	75%	72%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=166	48%	32%	48%	39%
6.4	Do you have a personal officer?	n=163	91%	61%	91%	
For those who have a personal officer:						
6.4	Is your personal or named officer very / quite helpful?	n=148	59%	50%	59%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=167	10%	7%	10%	
6.6	Do you feel that you are treated as an individual in this prison?	n=163	48%	39%	48%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=166	40%	40%	40%	
	If so, do things sometimes change?	n=67	48%	33%	48%	
FAITH						
7.1	Do you have a religion?	n=158	63%	67%	63%	65%
For those who have a religion:						
7.2	Are your religious beliefs respected here?	n=103	74%	67%	74%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=101	71%	64%	71%	
7.4	Are you able to attend religious services, if you want to?	n=103	81%	83%	81%	

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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=166	46%	25%	46%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=161	45%	55%	45%	44%
8.3	Are you able to use a phone every day (if you have credit)?	n=164	94%	83%	94%	
8.4	Is it very / quite easy for your family and friends to get here?	n=164	55%	45%	55%	
8.5	Do you get visits from family/friends once a week or more?	n=159	40%	23%	40%	
<i>For those who get visits:</i>						
8.6	Do visits usually start and finish on time?	n=103	62%	44%	62%	
8.7	Are your visitors usually treated respectfully by staff?	n=101	73%	72%	73%	
TIME OUT OF CELL						
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=164	93%	83%	93%	
<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=153	56%	49%	56%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=153	12%	34%	12%	18%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=153	4%	4%	4%	15%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=161	14%	45%	14%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=161	1%	1%	1%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=162	53%	42%	53%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=163	59%	42%	59%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=158	56%	46%	56%	
9.7	Do you typically go to the gym twice a week or more?	n=158	46%	39%	46%	
9.8	Do you typically go to the library once a week or more?	n=161	34%	40%	34%	29%
<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=75	52%	54%	52%	48%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS						
10.1	Is it easy for you to make an application?	n=162	67%	66%	67%	67%
<i>For those who have made an application:</i>						
10.2	Are applications usually dealt with fairly?	n=120	53%	47%	53%	45%
	Are applications usually dealt with within 7 days?	n=117	37%	34%	37%	29%
10.3	Is it easy for you to make a complaint?	n=162	62%	55%	62%	52%
<i>For those who have made a complaint:</i>						
10.4	Are complaints usually dealt with fairly?	n=89	35%	27%	35%	31%
	Are complaints usually dealt with within 7 days?	n=81	35%	24%	35%	29%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=114	33%	30%	33%	

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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=137	59%	40%	59%
	Attend legal visits?	n=138	66%	58%	66%
	Get bail information?	n=115	23%	17%	23%
<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=137	41%	53%	41%
HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	n=161	31%	24%	31%
	- Nurse?	n=157	48%	46%	48%
	- Dentist?	n=155	16%	12%	16%
	- Mental health workers?	n=156	18%	20%	18%
11.2	Do you think the quality of the health service is very / quite good from:				
	- Doctor?	n=157	48%	40%	48%
	- Nurse?	n=153	57%	51%	57%
	- Dentist?	n=151	38%	25%	38%
	- Mental health workers?	n=153	28%	25%	28%
11.3	Do you have any mental health problems?	n=156	51%	52%	51%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	n=77	29%	35%	29%
11.5	Do you think the overall quality of the health services here is very / quite good?	n=156	44%	34%	44%
OTHER SUPPORT NEEDS					
12.1	Do you consider yourself to have a disability?	n=157	40%	41%	40%
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	n=58	31%	26%	31%
12.3	Have you been on an ACCT in this prison?	n=158	25%	24%	25%
<i>For those who have been on an ACCT:</i>					
12.4	Did you feel cared for by staff?	n=37	41%	48%	41%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=158	43%	45%	43%
ALCOHOL AND DRUGS					
13.1	Did you have an alcohol problem when you came into this prison?	n=159	19%	24%	19%
<i>For those who had / have an alcohol problem:</i>					
13.2	Have you been helped with your alcohol problem in this prison?	n=29	62%	55%	62%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=153	30%	36%	30%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=159	15%	17%	15%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=159	11%	12%	11%
<i>For those who had / have a drug problem:</i>					
13.6	Have you been helped with your drug problem in this prison?	n=54	50%	50%	50%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=158	61%	51%	61%
13.8	Is it very / quite easy to get alcohol in this prison?	n=158	45%	26%	45%

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SAFETY						
14.1	Have you ever felt unsafe here?	n=160	59%	59%	59%	62%
14.2	Do you feel unsafe now?	n=154	24%	28%	24%	29%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	n=152	39%	39%	39%	
	- Threats or intimidation?	n=152	40%	35%	40%	
	- Physical assault?	n=152	24%	21%	24%	
	- Sexual assault?	n=152	7%	3%	7%	
	- Theft of canteen or property?	n=152	31%	32%	31%	
	- Other bullying / victimisation?	n=152	28%	21%	28%	
	- Not experienced any of these from prisoners here	n=152	43%	47%	43%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=152	47%	35%	47%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	n=149	28%	33%	28%	
	- Threats or intimidation?	n=149	22%	26%	22%	
	- Physical assault?	n=149	15%	13%	15%	
	- Sexual assault?	n=149	4%	2%	4%	
	- Theft of canteen or property?	n=149	9%	11%	9%	
	- Other bullying / victimisation?	n=149	16%	19%	16%	
	- Not experienced any of these from staff here	n=149	58%	54%	58%	
14.6	If you were being bullied / victimised by staff here, would you report it?	n=147	59%	47%	59%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=152	48%	38%	48%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=156	39%	34%	39%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=156	14%	15%	14%	13%
<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=23	22%	19%	22%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=158	14%	10%	14%	
<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=20	65%	53%	65%	
	Could you shower every day?	n=20	30%	51%	30%	
	Could you go outside for exercise every day?	n=19	84%	60%	84%	
	Could you use the phone every day (if you had credit)?	n=21	62%	48%	62%	

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EDUCATION, SKILLS AND WORK						
16.1	In this prison, is it easy to get into the following activities:					
	- Education?	n=149	65%	52%	65%	
	- Vocational or skills training?	n=141	34%	27%	34%	
	- Prison job?	n=149	24%	35%	24%	
	- Voluntary work outside of the prison?	n=142	6%	4%	6%	
	- Paid work outside of the prison?	n=146	4%	4%	4%	
16.2	In this prison, have you done the following activities:					
	- Education?	n=146	83%	72%	83%	66%
	- Vocational or skills training?	n=139	63%	56%	63%	50%
	- Prison job?	n=148	78%	72%	78%	65%
	- Voluntary work outside of the prison?	n=143	34%	34%	34%	
	- Paid work outside of the prison?	n=142	32%	34%	32%	
<i>For those who have done the following activities, do you think they will help you on release:</i>						
	- Education?	n=121	62%	59%	62%	41%
	- Vocational or skills training?	n=88	63%	58%	63%	39%
	- Prison job?	n=116	50%	43%	50%	47%
	- Voluntary work outside of the prison?	n=48	46%	52%	46%	
	- Paid work outside of the prison?	n=46	52%	57%	52%	
16.3	Do staff encourage you to attend education, training or work?	n=133	47%	45%	47%	
PLANNING AND PROGRESSION						
17.1	Do you have a custody plan?	n=152	48%	26%	48%	
<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=72	76%	79%	76%	
17.3	Are staff helping you to achieve your objectives or targets?	n=69	52%	48%	52%	
17.4	In this prison, have you done:					
	- Offending behaviour programmes?	n=68	34%	46%	34%	
	- Other programmes?	n=63	25%	46%	25%	
	- One to one work?	n=64	36%	41%	36%	
	- Been on a specialist unit?	n=63	13%	23%	13%	
	- ROTL - day or overnight release?	n=64	5%	18%	5%	
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>						
	- Offending behaviour programmes?	n=23	70%	72%	70%	
	- Other programmes?	n=16	56%	68%	56%	
	- One to one work?	n=23	70%	68%	70%	
	- Being on a specialist unit?	n=8	50%	50%	50%	
	- ROTL - day or overnight release?	n=3	0%	52%	0%	

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PREPARATION FOR RELEASE					
18.1	Do you expect to be released in the next 3 months?	<i>n</i> =154	18%	32%	18%
<i>For those who expect to be released in the next 3 months:</i>					
18.2	Is this prison very / quite near to your home area or intended release address?	<i>n</i> =27	48%	57%	48%
18.3	Is anybody helping you to prepare for your release?	<i>n</i> =26	77%	48%	77%
18.4	Do you need help to sort out the following for when you are released:				
	- Finding accommodation?	<i>n</i> =25	68%	68%	68%
	- Getting employment?	<i>n</i> =25	64%	64%	64%
	- Setting up education or training?	<i>n</i> =24	42%	51%	42%
	- Arranging benefits?	<i>n</i> =24	83%	71%	83%
	- Sorting out finances?	<i>n</i> =24	67%	60%	67%
	- Support for drug or alcohol problems?	<i>n</i> =23	39%	53%	39%
	- Health / mental Health support?	<i>n</i> =25	40%	61%	40%
	- Social care support?	<i>n</i> =23	39%	45%	39%
	- Getting back in touch with family or friends?	<i>n</i> =24	42%	44%	42%
18.4	Are you getting help to sort out the following for when you are released, if you need it:				
	- Finding accommodation?	<i>n</i> =17	41%	30%	41%
	- Getting employment?	<i>n</i> =16	19%	19%	19%
	- Setting up education or training?	<i>n</i> =10	0%	16%	0%
	- Arranging benefits?	<i>n</i> =20	45%	26%	45%
	- Sorting out finances?	<i>n</i> =16	19%	16%	19%
	- Support for drug or alcohol problems?	<i>n</i> =9	44%	42%	44%
	- Health / mental Health support?	<i>n</i> =10	10%	24%	10%
	- Social care support?	<i>n</i> =9	22%	17%	22%
	- Getting back in touch with family or friends?	<i>n</i> =10	40%	27%	40%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	<i>n</i> =150	57%	48%	57%

HMP & YOI Doncaster 2019

Comparison of survey responses from different residential locations

In this table responses from vulnerable prisoner unit (Houseblock I) are compared with those from rest of the establishment.

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Number of completed questionnaires returned

	Vulnerable prisoner unit	Rest of the establishment
Number of completed questionnaires returned	66	100

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	6%	19%
	Are you 25 years of age or younger?	17%	34%
	Are you 50 years of age or older?	29%	12%
	Are you 70 years of age or older?	6%	1%
1.3	Are you from a minority ethnic group?	19%	27%
1.4	Have you been in this prison for less than 6 months?	25%	59%
1.5	Are you currently serving a sentence?	95%	65%
	Are you on recall?	5%	11%
1.6	Is your sentence less than 12 months?	6%	18%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	3%
7.1	Are you Muslim?	15%	18%
11.3	Do you have any mental health problems?	44%	56%
12.1	Do you consider yourself to have a disability?	38%	41%
19.1	Do you have any children under the age of 18?	44%	45%
19.2	Are you a foreign national?	5%	12%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	2%	8%
19.4	Have you ever been in the armed services?	12%	4%
19.5	Is your gender female or non-binary?	2%	1%
19.6	Are you homosexual, bisexual or other sexual orientation?	7%	5%
19.7	Do you identify as transgender or transsexual?	3%	2%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	17%	26%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	31%	35%
2.3	When you were searched in reception, was this done in a respectful way?	83%	76%
2.4	Overall, were you treated very / quite well in reception?	83%	88%

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Vulnerable prisoner unit	Rest of the establishment
66	100

Number of completed questionnaires returned

2.5	When you first arrived, did you have any problems?	77%	87%
2.5	Did you have problems with:		
	- Getting phone numbers?	30%	26%
	- Contacting family?	30%	26%
	- Arranging care for children or other dependents?	2%	5%
	- Contacting employers?	5%	2%
	- Money worries?	22%	29%
	- Housing worries?	14%	23%
	- Feeling depressed?	48%	48%
	- Feeling suicidal?	25%	12%
	- Other mental health problems?	31%	33%
	- Physical health problems?	22%	22%
	- Drugs or alcohol (e.g. withdrawal)?	16%	29%
	- Getting medication?	25%	34%
	- Needing protection from other prisoners?	14%	13%
	- Lost or delayed property?	14%	15%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	34%	39%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	64%	83%
	- Toiletries / other basic items?	61%	62%
	- A shower?	23%	45%
	- A free phone call?	69%	72%
	- Something to eat?	59%	80%
	- The chance to see someone from health care?	64%	67%
	- The chance to talk to a Listener or Samaritans?	22%	23%
	- Support from another prisoner (e.g. Insider or buddy)?	33%	35%
	- None of these?	6%	4%
3.2	On your first night in this prison, was your cell very / quite clean?	35%	33%
3.3	Did you feel safe on your first night here?	54%	77%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen?	56%	62%
	- Free PIN phone credit?	53%	82%
	- Numbers put on your PIN phone?	59%	66%
3.5	Have you had an induction at this prison?	86%	87%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	46%	59%

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Vulnerable prisoner unit	Rest of the establishment
66	100

Number of completed questionnaires returned

ON THE WING			
4.1	Are you in a cell on your own?	26%	29%
4.2	Is your cell call bell normally answered within 5 minutes?	21%	12%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	79%	68%
	- Can you shower every day?	92%	96%
	- Do you have clean sheets every week?	83%	50%
	- Do you get cell cleaning materials every week?	47%	37%
	- Is it normally quiet enough for you to relax or sleep at night?	57%	62%
	- Can you get your stored property if you need it?	36%	34%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	64%	50%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	52%	45%
5.2	Do you get enough to eat at meal-times always / most of the time?	55%	41%
5.3	Does the shop / canteen sell the things that you need?	61%	62%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	79%	73%
6.2	Are there any staff here you could turn to if you had a problem?	80%	73%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	52%	46%
6.4	Do you have a personal officer?	89%	92%
	<i>For those who have a personal officer:</i>		
6.4	Is your personal or named officer very / quite helpful?	70%	53%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	9%	10%
6.6	Do you feel that you are treated as an individual in this prison?	46%	51%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	30%	47%
	If so, do things sometimes change?	55%	46%
FAITH			
7.1	Do you have a religion?	60%	65%
	<i>For those who have a religion:</i>		
7.2	Are your religious beliefs respected here?	75%	75%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	82%	64%
7.4	Are you able to attend religious services, if you want to?	85%	78%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	50%	43%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	43%	46%
8.3	Are you able to use a phone every day (if you have credit)?	95%	93%
8.4	Is it very / quite easy for your family and friends to get here?	64%	49%
8.5	Do you get visits from family/friends once a week or more?	48%	35%
	<i>For those who get visits:</i>		
8.6	Do visits usually start and finish on time?	63%	61%
8.7	Are your visitors usually treated respectfully by staff?	70%	77%

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Vulnerable prisoner unit	Rest of the establishment
66	100

Number of completed questionnaires returned

TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	94%	93%
<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?	58%	56%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	8%	14%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	5%	3%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	16%	12%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	0%	1%
9.4	Do you have time to do domestics more than 5 days in a typical week?	57%	52%
9.5	Do you get association more than 5 days in a typical week, if you want it?	66%	56%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	56%	56%
9.7	Do you typically go to the gym twice a week or more?	53%	40%
9.8	Do you typically go to the library once a week or more?	44%	28%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	53%	53%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	77%	62%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	56%	53%
	Are applications usually dealt with within 7 days?	33%	39%
10.3	Is it easy for you to make a complaint?	70%	58%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	29%	40%
	Are complaints usually dealt with within 7 days?	36%	35%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	33%	31%

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<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	58%	61%
	Attend legal visits?	59%	71%
	Get bail information?	18%	25%
<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?	46%	37%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	31%	31%
	- Nurse?	50%	47%
	- Dentist?	16%	17%
	- Mental health workers?	16%	20%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	50%	47%
	- Nurse?	63%	53%
	- Dentist?	44%	34%
	- Mental health workers?	21%	32%
11.3	Do you have any mental health problems?	44%	56%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	29%	29%
11.5	Do you think the overall quality of the health services here is very / quite good?	48%	41%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	38%	41%
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	38%	24%
12.3	Have you been on an ACCT in this prison?	31%	20%
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	40%	41%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	48%	40%
ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	13%	23%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	56%	65%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	16%	40%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	8%	19%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	5%	15%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	42%	52%
13.7	Is it very / quite easy to get illicit drugs in this prison?	67%	56%
13.8	Is it very / quite easy to get alcohol in this prison?	44%	45%

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SAFETY			
14.1	Have you ever felt unsafe here?	63%	56%
14.2	Do you feel unsafe now?	15%	31%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	49%	32%
	- Threats or intimidation?	49%	32%
	- Physical assault?	21%	26%
	- Sexual assault?	8%	6%
	- Theft of canteen or property?	31%	30%
	- Other bullying / victimisation?	34%	23%
	- Not experienced any of these from prisoners here	31%	51%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	63%	37%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	28%	27%
	- Threats or intimidation?	28%	18%
	- Physical assault?	12%	16%
	- Sexual assault?	3%	5%
	- Theft of canteen or property?	8%	10%
	- Other bullying / victimisation?	17%	15%
	- Not experienced any of these from staff here	58%	59%
14.6	If you were being bullied / victimised by staff here, would you report it?	71%	51%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	63%	38%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	52%	30%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	8%	17%
	<i>For those who have been restrained in the last 6 months:</i>		
15.4	Did anyone come and talk to you about it afterwards?	20%	24%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	8%	17%
	<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?	67%	63%
	Could you shower every day?	0%	40%
	Could you go outside for exercise every day?	67%	87%
	Could you use the phone every day (if you had credit)?	60%	60%

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EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	78%	56%
	- Vocational or skills training?	40%	30%
	- Prison job?	21%	26%
	- Voluntary work outside of the prison?	5%	7%
	- Paid work outside of the prison?	3%	5%
16.2	In this prison, have you done the following activities:		
	- Education?	89%	78%
	- Vocational or skills training?	58%	68%
	- Prison job?	79%	77%
	- Voluntary work outside of the prison?	33%	34%
	- Paid work outside of the prison?	31%	33%
<i>For those who have done the following activities, do you think they will help you on release:</i>			
	- Education?	61%	63%
	- Vocational or skills training?	56%	67%
	- Prison job?	44%	54%
	- Voluntary work outside of the prison?	40%	50%
	- Paid work outside of the prison?	47%	56%
16.3	Do staff encourage you to attend education, training or work?	51%	44%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	63%	38%
<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?	76%	77%
17.3	Are staff helping you to achieve your objectives or targets?	54%	50%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	30%	39%
	- Other programmes?	25%	26%
	- One to one work?	28%	46%
	- Been on a specialist unit?	11%	15%
	- ROTL - day or overnight release?	8%	0%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	- Offending behaviour programmes?	46%	92%
	- Other programmes?	33%	86%
	- One to one work?	40%	92%
	- Being on a specialist unit?	25%	75%
	- ROTL - day or overnight release?	0%	

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PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	10%	23%
<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very / quite near to your home area or intended release address?	50%	50%
18.3	Is anybody helping you to prepare for your release?	83%	74%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	67%	67%
	- Getting employment?	67%	61%
	- Setting up education or training?	50%	39%
	- Arranging benefits?	100%	78%
	- Sorting out finances?	80%	61%
	- Support for drug or alcohol problems?	0%	53%
	- Health / mental Health support?	17%	44%
	- Social care support?	40%	39%
	- Getting back in touch with family or friends?	33%	44%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	75%	33%
	- Getting employment?	50%	9%
	- Setting up education or training?	0%	0%
	- Arranging benefits?	60%	43%
	- Sorting out finances?	0%	27%
	- Support for drug or alcohol problems?		44%
	- Health / mental Health support?	0%	13%
	- Social care support?	0%	29%
	- Getting back in touch with family or friends?	50%	38%
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?	59%	57%