

Report on an unannounced inspection of

HMP Thameside

14–17 January 2013

by HM Chief Inspector of Prisons

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 of terms on our website at: http://www.justice.gov.uk/downloads/about/hmipris/Glossary-for-web-rps_.pdf

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Introduction

Thameside is a local prison that is privately run (by Serco) and located next to Belmarsh and Isis prisons in South East London. Holding up to 900 adult and young adult male prisoners, this new establishment had opened in March 2012.

Information we received about Thameside suggested a need to bring forward our first inspection of this establishment and, as a consequence, we inspected the prison when it had been open for just 9 months. Our findings overall were very mixed and improvement was required for most aspects of the prison – in particular, safety, the provision of purposeful activity and meeting the resettlement needs of prisoners.

Prisoner's reception into custody was reasonable if a bit chaotic and our survey findings suggested prisoners felt safe. Levels of assaults however, were too high and of concern - prisoners seemed to lack confidence in what in fairness was an inexperienced staff group, to deal with and protect them from violence or delinquency. In the autumn, and as an operational response to rising levels of violence the prison had taken the unusual step of effectively locking down the prison, severely curtailing the regime and in particular prisoner access to time unlocked. The prison had done little to evaluate the success of this quite extreme strategy and at the time of our visit there seemed only vague plans to restore the prison to normality.

There was evidence that the prison had to do more to ensure that security measures were always applied proportionately. Use of force was reducing but remained high, as did use of segregation. Prisoners at risk of self-harm were reasonably well cared for, and detoxification arrangements were developing although not sufficiently integrated.

The quality of accommodation throughout the prison was excellent, and the innovative use of interactive technology in each cell had great potential to improve the experience of prisoners. Staff-prisoner relationships were very good, although the attitude of some nurses in health care required improvement, as did other aspects of health care provision. Prisoners from a black or minority ethnic background made up well over half the population and in our survey reported similar perceptions to white prisoners. However, the promotion of diversity generally, and in respect of other minority groups of prisoners, was poor.

The prison's regime was one of the most restricted we have ever seen. Time out of cell was very limited. We found 60% of prisoners locked up during the working day, and some spent 23 hours a day in their cells. There were far too few activity places for the needs of the population, and much of the provision required improvement. There was too little vocational training, and most of the work available was low skill.

Offender management was still developing. Case managers needed better training and smaller caseloads. We observed an enthusiasm to improve but a service that was still too reactive, with limited one-to-one engagement of prisoners and insufficient attention to risk reduction. Resettlement services were still developing, which was of concern in a local prison with many short-term prisoners released into the community. All prisoners were assessed upon their arrival but service provision across most of the resettlement pathways and discharge planning were very limited. Services to support family contact were a strength.

As an Inspectorate, we are increasingly visiting institutions that are experiencing transition for one reason or another. The early development of a prison during its opening phase is both critical and demanding. The challenges that management and staff in Thameside had faced in bringing stability to this prison were clearly evident. The opening process had been hard work

and very tough. There remained some big gaps at the prison and there was much to do before it could be seen as operating at its full potential.

Nick Hardwick
HM Chief Inspector of Prisons

March 2013

Fact page

Task of the establishment

HMP Thameside is a large newly built local category B establishment holding convicted and remanded adult and young adult males.

Prison status (public or private, with name of contractor if private)

Privately run by Serco

Region/Department

London

Number held

850

Certified normal accommodation

600

Operational capacity

900

Date of last full inspection

This was the first inspection

Brief history

HMP Thameside was opened on 27 March 2012, having being built in collaboration with Skanska.

Short description of residential units

The five wings (A, B, C, D and E) are split into environments: 'Lowers' (levels 1 and 2) and 'Uppers' (levels 3 and 4). The prison can hold up to 180 prisoners per wing, 90 prisoners per environment.

A wing Lowers is the first night centre.

A wing Uppers is the integrated drug treatment system unit.

C wing is the foreign national wing.

The wings have a mix of single and double cells. All cells have integrated toilets and shower facilities, a telephone, in-cell information and communications technology, a television, a mouse and a keyboard.

The care and separation unit (segregation unit) holds up to 20 prisoners and the in-patient health care unit holds up to 18 prisoners.

Name of director

Guy Baulf

Escort contractor

Serco Wincanton

Health service commissioner and providers

Commissioner: Greenwich PCT

Provider: Harmoni for Health

Learning and skills providers

A4E

Independent Monitoring Board chair

Geoffrey Penzer

Healthy prison summary

Introduction

HP1 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, immigration detention facilities and police custody.

HP2 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.

HP3 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 criteria 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

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

HP4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- outcomes for prisoners are good against this healthy prison test.

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

- outcomes for prisoners are reasonably good against this healthy prison test.

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

- outcomes for prisoners are not sufficiently good against this healthy prison test.

There is evidence that outcomes for prisoners are being adversely affected in many

areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- outcomes for prisoners are poor against this healthy prison test.

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

HP5 Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be checked for implementation at future inspections
- **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
- **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.

Safety

HP6 Staff in reception were welcoming but processes sometimes took too long. First night accommodation was very good and prisoners felt well supported in their early days. Induction was rushed. Prisoners generally reported feeling safe but levels of assaults were relatively high. Arrangements to identify and analyse violent incidents and improve safety were poor. Suicide and self-harm prevention procedures were reasonable and prisoners generally felt well cared for. Some security arrangements were disproportionate to the risks posed. Use of force was relatively high and governance was underdeveloped. Use of segregation was high and the regime poor but few prisoners stayed on the unit for long periods. Levels of drug availability and use were similar to those at comparator prisons. Clinical support for prisoners on the integrated drug treatment system was undermined by poor drug administration procedures but psychosocial support was good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

HP7 Some prisoners waited for too long in court on completion of their cases before being transported to the establishment. Escort vehicles entered the prison reasonably quickly and disembarkation was swift but prisoners were routinely handcuffed.

HP8 Prisoners in our survey were positive about their treatment in reception and their first night and induction experience.¹ The reception area was pleasant, staff were

¹ **Inspection methodology:** There are five key sources of evidence for inspection: 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, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'.

welcoming and we saw friendly interactions between staff and prisoners. When busy, reception was chaotic and many prisoners spent far too long there, but all new arrivals were offered a free telephone call and a hot meal. Arrangements for men who spoke little or no English were weak. Health care interviews were held in an open area and were not confidential. Some staff were not confident or competent to complete cell sharing risk assessments properly.

- HP9 First night accommodation was clean and well prepared and arrangements were generally sound. We were assured that new arrivals had a private interview with staff but some staff did not fully understand vulnerability or first night risk factors. Peer mentors were used well on the first night centre but their presentation during induction was sometimes inaccurate and rushed.
- HP10 In our survey, fewer prisoners than in similar prisons said that they felt unsafe, but levels of assaults were higher and we were not satisfied that all bullying incidents were reported. Information about violent incidents was collected and reported to the safer custody committee, and the prison responded reactively to violent incidents but data were not analysed to identify trends and make the prison safer. Three months before the inspection, in response to high levels of violent incidents and staff inexperience, the regime had been severely restricted to reduce the amount of time that prisoners were unlocked. Since then, there had been inadequate analysis or monitoring, the regime remained severely limited and we found that the level of violence had not significantly reduced. Prisoner violence reduction representatives played an effective and important role in supporting safer custody staff and providing prisoner views. The bullying monitoring system was inadequate, with no interventions to challenge bullying behaviour and no structured support for victims.
- HP11 Vulnerable prisoners and young adults had been integrated into the main adult population. Both felt generally safe but it was assumed by prisoners and staff that younger prisoners were responsible for most violent incidents, many of which were gang related.
- HP12 Levels of self-harm were lower than at comparator prisons. The number of prisoners on self-harm monitoring arrangements was in line with that at other local prisons. Such prisoners felt well supported but the quality of planning and monitoring was inconsistent. A Listener scheme (whereby prisoners trained by the Samaritans support those at risk of self-harm) had been recently established but prisoners reported difficulty in accessing them. Listeners told us that this was because some staff did not fully understand the system.
- HP13 Security measures in a number of key areas were disproportionate to the risks posed. Security information was analysed well and key areas requiring attention were identified, with objectives set. The prison was suitably focused on the threat of gangs and drugs and the significant finds of weapons. Prisoner survey results and the random positive drug testing rate indicated that drug availability was in line with that at other local prisons. A drug supply-reduction action plan was being finalised and there was good integration between supply and demand reduction initiatives.

The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towl et al (eds), *Dictionary of Forensic Psychology*.)

- HP14 Staff were using the incentives and earned privileges policy more to challenge minor infringements of rules than to encourage improved behaviour. There were insufficient differentials between levels of the scheme to encourage improvement.
- HP15 Governance arrangements for adjudications, use of force and segregation were very new and there had been too little analysis of data in these areas. The number of adjudications was high. Use of force was higher than in similar prisons but had reduced over the previous few months. The many conflicting statements from officers relating to use of force incidents made it difficult to ascertain whether force was always used as a last resort, and quality assurance was poor.
- HP16 The use of segregation was high and the unit was running close to full capacity. The segregation regime was very limited and, although the environment was reasonable, there was some gang-related graffiti in the cells and holding rooms. Staff–prisoner relationships on the unit were generally positive but there was a lack of challenge of prisoners’ poor behaviour. Few prisoners remained on the unit for long periods but there was no formal reintegration planning.
- HP17 Clinical support for prisoners needing opiate substitute treatment and alcohol detoxification was reasonable. For most, treatment started immediately; integrated drug treatment system (IDTS) prisoners were prioritised at reception and moved to the stabilisation wing but we found exceptions. A lack of consistent supervision and privacy during controlled drug administration, and a generally chaotic environment presented opportunities for the diversion of medication. Some prisoners missed medication and clinical reviews. Joint working between clinical IDTS and psychosocial staff was improving but teams did not offer an integrated service. Prisoners received good psychosocial support, including drug and alcohol courses, and high numbers were engaging actively. A range of self-help groups met and peer support was developing.

Respect

- HP18 All areas of the prison were clean and well maintained. The standard of residential accommodation was very high. Staff were inexperienced but relationships with prisoners were positive and a real strength. Diversity was extremely underdeveloped and the needs of some minorities were not met. The chaplaincy delivered good faith provision. The number of complaints was not high and they were quality assured effectively. Health services were developing slowly but were undermined by some poor nursing staff. The mental health team were under-resourced. Food was very good. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP19 Communal areas were clean and bright. All cells had been built to a high standard, with integral showers and toilets. Offensive graffiti and inappropriate materials were displayed in some cells. All prisoners could wear their own clothes, and laundry facilities were adequate, but prisoners did not always receive regular provision of prison-issue clothing and bedding. The in-cell custodial management system was effective but there was a risk that it was used as a replacement for staff–prisoner interaction (see paragraph 2.5).
- HP20 Most staff were relatively inexperienced but relationships between staff and prisoners were very good and more prisoners than at comparator prisons said that staff treated

them with respect. We observed mostly positive interactions between staff and prisoners, including some caring and empathic treatment. There was no personal officer scheme and the recording of engagement and personal circumstances in history sheets and electronic case notes was inadequate. Consultation arrangements were well developed and responsive

- HP21 Diversity was underdeveloped. The diversity policy failed to identify specific actions to meet the diverse needs of the population and there was no supporting action plan. Prisoners from minority groups were not identified properly on admission, so the prison was not focused on the scale and range of need. Ethnic monitoring data had recently been introduced to monitor against race but no data were collected to monitor equality of access or treatment of prisoners from any other minority groups. Prisoner equality representatives provided some ad-hoc support for prisoners.
- HP22 Other than for young adults, there were only limited consultation opportunities for any prisoners from minority groups and no minority specific consultation or forums. There was little activity to support them. Black and minority ethnic prisoners generally reported similarly or more positively than white prisoners in most areas of our survey.
- HP23 The substantial number of foreign national prisoners reported considerably less favourably than British prisoners across most areas of our survey. Support for this group was poor. There was little translated information available and prisoner interpreters were inappropriately used for sensitive and confidential issues. However, good independent legal immigration advice was provided.
- HP24 Prisoners were mostly positive about religious matters. However, more Muslim than non-Muslim prisoners reported being victimised by other prisoners, and by staff due to their religion.
- HP25 Prisoners with disabilities reported less favourable treatment across many areas of our survey. There was no care planning or emergency evacuation provision for less able prisoners. There was negligible support for older prisoners. There was no identification of gay, bisexual or transgender prisoners and no identified support.
- HP26 Faith provision was good and the chaplaincy played an active role in the daily life of the prison.
- HP27 The number of complaints received was lower than at comparator prisons and there were good quality assurance procedures. Bail information provision was sporadic and inadequate.
- HP28 There was no health needs assessment and we were not assured that the services provided met needs. There was little health promotion and no up-to-date information about those with lifelong conditions. Prisoners were dissatisfied with the nurses. Interactions between nurses and patients were poor and we received numerous complaints about rude and dismissive staff. Some record keeping was extremely poor.
- HP29 The inpatient unit had a relaxed regime. The officers there clearly knew their prisoners and there was work in progress to ensure that nursing staff worked more closely with the discipline staff. Care plans for inpatients were comprehensive.

- HP30 Administration of medications was problematic. The one main treatment room was inadequate for the number of prisoners on medications, queues were not always supervised and the treatment hatch was insufficiently private.
- HP31 The mental health team was insufficiently resourced for the population and there were no services for prisoners with primary mental health needs, except for the support of the overstretched team and the GP. For those with more complex needs, consultant psychiatrists attended daily and saw prisoners quickly and regularly.
- HP32 The food was of high quality and the menu provided a varied choice which was appropriate to the population.

Purposeful activity

- HP33 The regime was severely restricted. Prisoners had no association during the week and far too many prisoners were locked up for too long. There were insufficient activity places for the population and even these were not fully utilised. The management of learning and skills was weak. The range of education was suitable but there was hardly any vocational training and only low-skilled work. Few work skills were accredited. The quality of teaching and learning was only satisfactory. Pass rates for exams were high but few prisoners took them. Library services were poor. PE provision was very good. Outcomes for prisoners were poor against this healthy prison test.
- HP34 Time out of cell was extremely restricted. There was no weekday association and some prisoners were routinely locked up for 23 hours. On average, 60% of prisoners were locked up during the day. The poor time out of cell was mitigated by good access to the gym, in-cell telephones and showers.
- HP35 The new education provider had made good progress but the management of learning and skills was still weak. There was no prisoner needs analysis or plan to develop or extend the provision of learning and skills. Managers did not collect sufficient data and information to monitor the quality of provision, there was no self-assessment report and there were no teaching observations. There were too few activity places for the population, too many were part time and not all the places were utilised. Around 30% of prisoners had no activity at all. Allocations to activity took too long, were not based on assessed needs and were not appropriately prioritised.
- HP36 The range of education provision was suitable but there were only a few vocational training places and much of the work was low skilled. Overall, the quality of teaching, learning and assessment was only satisfactory. Prisoners routinely left education classes to attend other appointments. Prisoners who worked had a positive work ethic and were productive but training for work was minimal, lacked structure and was not accredited.
- HP37 Pass rates for exams were high in all subjects but the number of prisoners gaining qualifications was too low. The quality of learners' work was at least satisfactory.
- HP38 The library was underused and did not provide an adequate learning resource. Provision for foreign nationals was inadequate.

HP39 Gym facilities were good and well used.

Resettlement

HP40 The management of reducing reoffending was developing but some key aspects of the strategy had not yet been achieved. Case manager workloads were very high and they had little face-to-face contact with prisoners. They had received insufficient training in the assessment and management of risk of harm. Too few eligible prisoners were granted home detention curfew and too many were released late. Public protection arrangements were sound. Too many prisoners were not categorised because of the lack of availability of information on previous convictions. All prisoners received a custody plan but there were too few resources to provide comprehensive resettlement help. Resettlement pathway provision was mainly poor but prisoners with substance misuse problems received good support. Visits and family provision was good and developing well. Outcomes for prisoners were not sufficiently good against this healthy prison test.

HP41 A good reducing reoffending strategy had been developed and governance arrangements were in place but some key aspects of the strategy had not yet been achieved. The resettlement pathways were not supported by action plans, making it difficult to see how progress was monitored.

HP42 A backlog of offender assessment system (OASys) assessments had cleared and they were now largely up to date, but their quality varied too much. Case managers were enthusiastic and clear about their role but had been inadequately trained – for example, in the assessment of risk – and their caseloads were excessive. Prisoners received little face-to-face contact with their case manager, resulting in a largely reactive service. Too few prisoners said that they would be able to achieve any of their sentence plan targets at the prison but many said that there were plans to move to another prison. There were a high number of progressive transfers to other establishments each month.

HP43 Few eligible prisoners were granted home detention curfew and too many were released after their earliest eligibility date.

HP44 Public protection measures were sound. Assessment of restrictions was thorough and appropriate, with regular reviews of monitoring. Contributions to multi-agency public protection arrangements (MAPPA) meetings were in their early stages but developing.

HP45 Too many prisoners were not categorised because of the lack of availability of information on previous convictions. There was no specific support or guidance for those facing an indeterminate sentence.

HP46 Resettlement provision was generally weak. All prisoners had an initial assessment on arrival, leading to a basic custody plan, but too few resources were available at the prison to provide specialist resettlement help. There was no discharge planning.

HP47 There was no specialist accommodation support but case managers made efforts to access local authority housing. The effectiveness of the service was not monitored.

The through-the-gate support provided by Catch 22 (the provider of offender management services) looked promising, although was small scale.

- HP48 Too few prisoners were seen by the careers service but those who accessed the service received information on education and employment opportunities in preparation for release. There was no tracking of the impact of these services. Links with employers had not been developed.
- HP49 Pre-release health care arrangements were rudimentary, with prisoners seen by a nurse immediately before release and given a health promotion leaflet. For those known to the mental health team there were reasonable links to community services. There was good-quality through-care work for prisoners with substance misuse problems. A through-the-gate worker had been recruited and regular 'continuation of care' meetings with local drug intervention programme teams took place.
- HP50 There was no specialist advice or support for those in debt. There was a money management course in the education department but take-up and effectiveness were poor.
- HP51 The visits and family arrangements were good. A full-time family services manager was developing the roles of her family support workers. The visitors centre was comfortable and the visits hall had a supervised play area and a snack bar serving hot food. Family visits (known as 'Dad's days') had been established and further parenting support was being developed.
- HP52 There was no specific needs analysis, strategy or provision to challenge attitudes thinking and behaviour.

Main concerns and recommendations

- HP53 Concern: Despite a very controlled and locked-down regime, levels of assaults were high and there was evidence that not all incidents of bullying were addressed or reported. There was no proper analysis of violence to identify trends and improve safety.

Recommendation: All data relating to violence should be collated and analysed to identify trends, and action should be taken to improve safety.

- HP54 Concern: Equality and diversity provision was underdeveloped. In our survey, prisoners from some minority groups reported negatively about their treatment across a wide range of areas. There was evidence showing that their needs were not being identified or met, yet no data were collected to monitor the equality of their treatment or their access to the regime.

Recommendation: Governance and management oversight of diversity should be prioritised to ensure that the needs of all prisoners with protected characteristics are identified, assessed and met and that any negative perceptions of particular groups are understood.

- HP55 Concern: There was no health needs assessment and we were not assured that the health services provided met needs.

Recommendation: A health needs assessment which reflects the specific needs of the population should be completed.

HP56 Concern: Time out of cell was severely restricted. There was no weekday association and some prisoners were routinely locked up for 23 hours. On average, 60% of prisoners were locked up during the day.

Recommendation: All prisoners should have access to weekday association.

HP57 Concern: There was too little learning and skills activity available, most prisoners only worked part time and almost a third had no activity at all. The range of provision was poor, with little activity outside education classes and low-skilled work.

Recommendation: The amount and range of learning and skills activity should be increased and should include good-quality work and vocational training.

HP58 Concern: There was inadequate specialist resettlement help available for prisoners who had accommodation, employment and debt problems. The services provided were not monitored for their effectiveness, so it was not possible to establish how many prisoners had been released with or without help.

Recommendation: Specialist resettlement support should be offered, and the services available should be monitored to establish how many prisoners are helped.

Section 1: Safety

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

- 1.1 Some prisoners waited in court for too long on conclusion of their case but most journey times to the establishment were short. Relationships between escort staff and prisoners were good. Disembarkation from vehicles was quick but prisoners were routinely handcuffed. Person escort records were not always fully completed.
- 1.2 In our survey, more respondents than at comparator prisons said that they were treated well by escort staff and we observed respectful interactions. Most prisoners had short journeys to the establishment, escort vehicles were clean but most cells on the vans we inspected were covered with graffiti. On arrival at the prison, vehicles entered reasonably quickly and prisoners were disembarked swiftly but they were all handcuffed without justification by a risk assessment (see also section on security).
- 1.3 An examination of a sample of completed person escort records showed that they were not all properly or fully completed and that some prisoners spent too long at court after their case was concluded.

Recommendations

- 1.4 Prisoners should only be handcuffed to and from escort vehicles subject to a risk assessment.
- 1.5 Person escort records should be fully and properly completed and prisoners should be transferred to prison shortly after the conclusion of their court appearance.

Housekeeping point

- 1.6 Cellular accommodation in escort vehicles should be free from graffiti.

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

- 1.7 Reception was busy and at times chaotic. Many prisoners spent too long there but the environment was good and interactions with staff were friendly. First night arrangements were

mostly reasonable but some staff were not sufficiently well trained in completing first night and cell sharing risk assessments. Induction processes were underdeveloped but the involvement of peer mentors was positive. Provision in the early days for prisoners who spoke little or no English was inadequate.

- 1.8 The busy reception area offered a pleasant environment and the holding rooms were large, clean and well equipped. Relationships between reception staff and prisoners were good.
- 1.9 Multiple escort vehicles often arrived in quick succession and during the inspection we saw a particularly chaotic reception. Many prisoners spent too long in reception but this was mitigated slightly for new arrivals because they were offered a free telephone call, a hot meal and a drink and were introduced to the violence reduction peer mentors. The use of Listeners (prisoners trained by the Samaritans to support those at risk of self-harm) in reception was introduced during the inspection.
- 1.10 Health services staff assessed all new arrivals in an open area of reception, which afforded no privacy. Reception staff completed cell sharing risk assessments but not all were suitably trained and some lacked the confidence and competence to complete them properly. Some of the assessments we sampled were of poor quality.
- 1.11 In our survey, respondents were positive about most aspects of their first night and induction experience. After completing reception processes, new arrivals were taken to the first night centre on A wing, where they were greeted by a team of peer mentors in a comfortable room, offered a hot drink and put at ease. We were assured that all new arrivals had a private interview with a member of staff but were concerned that some staff lacked a full understanding of vulnerability and risk factors. Peer mentors showed prisoners to their clean and well-prepared first night accommodation, explained how the emergency cell call system and in-cell technology worked and completed a basic housing needs assessment.
- 1.12 Induction started on the day after arrival. An initial brief presentation about important aspects of life at the prison was delivered by peer mentors in a suitable room. The presentation we watched was rushed and not all information given was accurate. Turning Point (the substance misuse service provider) attended to speak to all prisoners but other agencies/departments such as Catch 22 (the provider of offender management services), did not attend consistently. The programme also included a chaplaincy induction, education assessment and library and gym inductions, which were scheduled for prisoners through the custodial management system (CMS) (see section on residential units). Records assured us that most prisoners completed all aspects of induction but there were sometimes delays in completing it. Reception, first night and induction arrangements for prisoners who spoke little or no English were inadequate (see section on equality).

Recommendations

- 1.13 **All staff completing cell sharing risk assessments and first night risk assessments should be properly trained and the quality of assessments should be improved.**
- 1.14 **The content and delivery of induction should be reviewed to ensure that it covers everything that prisoners need to know, and it should be subject to proper staff oversight and quality assurance.**

Housekeeping points

- 1.15 Prisoners should spend less time in reception.
- 1.16 Health services staff should conduct initial assessments of prisoners in a sufficiently private environment in reception.

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

1.17 Prisoners generally felt safe but the level of assaults was high and prisoners did not have confidence in staff to deal with violent behaviour. Following a high number of violent incidents, the prison had severely restricted the regime but there was no evidence that this had reduced levels of violence. Violence reduction data were not used well enough and the violence reduction policy had not been fully implemented. Prisoner violence reduction representatives played a valuable role and vulnerable prisoners had been successfully integrated.

1.18 In our survey, fewer prisoners than at comparator prisons said that they had ever felt unsafe at the establishment (31% versus 40%), and that they had been victimised by another prisoner (18% versus 22%). However, the reported number of assaults was high, with 48 assaults on prisoners in the previous six months, equating to approximately six per 100 prisoners, considerably more than the average of 4.4 per 100 prisoners in local prisons we have inspected. Staff and prisoners told us that most assaults involved young prisoners and were often gang related, and this was supported by the data supplied. Our separate safety research revealed that although prisoners generally felt safe, their greatest concern was that wing staff were not competent in dealing with bullying and violent behaviour.

1.19 We were told that during autumn 2012, the level of assaults had become unacceptably high. At that time, all prisoners had been unlocked for most of the day; therefore, in an attempt to combat the problem, approximately three months before the inspection the decision had been taken to allow association only at weekends. However, the prison had not monitored the effect of this significant restriction of the regime to determine its effectiveness or the range of consequences for prisoners. The data on assaults, security reports and use of force that we examined did not show any improvement from previous months and we were told that some prisoners got around restrictions by planning to attend activities so that they could become involved in fights (see main recommendation HP53).

1.20 A monthly safer custody team meeting, chaired by a residential manager, considered a range of information about violent incidents and bullying reports but there was insufficient analysis leading to action to reduce violence (see main recommendation HP53). There had been reactive responses to violent behaviour by managers, but not as part of a considered strategy. However, the meeting actively oversaw the development of safer custody measures, including developing a response to gang issues.

- 1.21 The prison's policy for violence reduction was comprehensive and well structured but had not been fully implemented. Staff had been appointed to implement the policy but were not in post at the time of the inspection. When we compared reported bullying with data from adjudications and security reports, we were not confident that all bullying incidents were recorded (see main recommendation HP53). The bullying incident notification process was not always used and violence reduction staff relied on learning informally of incidents. Unexplained injuries were not investigated to determine whether they were the result of victimisation.
- 1.22 Measures to deal with bullies and support victims were weak. Suspected bullies were observed but this was not separately recorded unless they were involved in a serious incident or persisted in bullying behaviour, and no victim support plans were formulated. Behaviour improvement targets were not set. There were no interventions to address the attitudes and behaviour of suspected bullies.
- 1.23 The prison had appointed violence reduction prisoner representatives, who played a valuable role in reducing conflict and met staff monthly. There were no other established surveys of prisoner views.
- 1.24 Vulnerable prisoners and young offenders had been successfully integrated into the general population. They told us that they felt safe and were not victimised by other prisoners.

Recommendations

- 1.25 All unexplained injuries should be investigated.
- 1.26 There should be effective interventions to address bullying behaviour and to support victims, and staff should deal effectively with violent behaviour.
- 1.27 Prisoners' views on bullying and violence should be regularly and systematically sought to inform strategy.

Housekeeping point

- 1.28 The bullying notification process should be fully introduced and monitored across the prison.

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 1.29 Levels of self harm were relatively low and the prison had a good policy on self-harm prevention. Prisoners subject to assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures were generally well cared for but the quality of ACCT documentation varied widely. A Listener team had been trained and established but there were problems with availability and access to a Listener suite.

- 1.30 Levels of self-harm were lower than the average for local prisons, with 94 incidents in the previous six months, equating to approximately 12 per 100 prisoners compared with the average of 20.
- 1.31 During the inspection, the prison had its first death in custody since it had opened. The cause of death was being investigated but there were no indications at the time that it was self-inflicted.
- 1.32 There was a comprehensive operating procedures document for safer custody which provided clear guidance on prisoners' needs and staff responsibilities. All staff had been trained in safer custody, and incidents of self-harm were monitored. Serious incidents of self-harm were investigated and a report was provided for the safer custody committee.
- 1.33 At the time of the inspection, there were 22 prisoners subject to assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures. There had been 233 documents opened in the previous six months, which was in line with the average for local prisons. Prisoners we spoke to who had been subject to these procedures told us that staff cared for them well.
- 1.34 The safer custody team regularly reviewed ACCT documents and tried to drive improvements. However, we found wide variations in the quality of assessments, care planning, records of engagement with prisoners and reviews of progress, and there was insufficient evidence of management checks in the files we examined.
- 1.35 A team of Listeners (prisoners trained by the Samaritans to support those at risk of self-harm) had been established and were well trained and supported. However, in our survey only 39% of respondents, against the 59% comparator, said that they were able to speak to a Listener at any time if they wanted to. Prisoners told us that some staff did not understand that Listeners were available outside association time. Most Listeners did not have access to a care suite and had to see prisoners in cells or association areas. A good care suite had recently been created on A wing but most Listeners on other wings were unable to access it.

Recommendations

- 1.36 Assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures should be improved to a consistently high standard.
- 1.37 Prisoners should have access to a Listener at all times.

Housekeeping point

- 1.38 All Listeners should be able to use the Listener suite when required.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.²

- 1.39 There was no adult safeguarding policy or suitable staff training.
- 1.40 The prison did not have an adult safeguarding policy and identification of safeguarding needs for older prisoners and those with disabilities was weak (see section on equality and diversity). Staff were not trained in identifying adult or young prisoners with such needs or in how to refer them under safeguarding procedures.
- 1.41 The prison mental health team had contacted the local social services department to provide care plans for individual prisoners with mental health needs.

Recommendation

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

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships.

Prisoners are safe from exposure to substance misuse while in prison.

- 1.43 Security was disproportionate in some areas. The prison was focused on the major issues it faced and set appropriate objectives. Security information was well analysed. Closed visits were used sparingly and for visits-related illicit activity. Fewer prisoners than in similar prisons said that it was easy to get illegal drugs at the prison and the random mandatory drug testing positive rate was below the target.
- 1.44 Security was appropriately focused on the main issues identified by drug-related intelligence, threats to prisoners and staff, and conflict between prisoners including gang-related activity. The gang issues, which were primarily between young adult gangs in South East London, were problematic and prisoners would routinely try to settle scores or debts from the community. The prison was building up a clear picture of gang identity and recruitment, and making efforts to try to reduce or avoid conflict. There were adequate procedures to deal with misconduct or illegal conduct by staff. However, security arrangements were disproportionate

² We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

in some areas (for example, routine handcuffing on reception and controlled unlocking at mealtimes) and many prisoners faced an impoverished regime with little time out of cell (see section on bullying and violence reduction).

- 1.45 Respectful staff–prisoner relationships supported dynamic security. Security information reports (SIRs) were received from all areas of the prison and were analysed quickly. Target searches were usually completed within a reasonable time, with some significant finds of drugs and weapons. Matters relating to bullying and prisoner safety were referred to the safer custody team when appropriate, and links between these two departments were well developed.
- 1.46 The year-to-date random mandatory drug testing (MDT) positive rate averaged 9.96%, against a target of 12%, which was similar to that at comparable local prisons. During the previous seven months, 121 suspicion tests had been conducted, resulting in a positive rate of 66%. Test results and finds pointed to cannabis as the main drug of use, but fewer prisoners than at comparator establishments said that it was easy to get illegal drugs at the prison (18% versus 29%) or reported developing a problem while at the prison (3% versus 8%).
- 1.47 The prison was finalising its drug supply-reduction action plan and there was good information sharing between the security department and other strands of the drug strategy.
- 1.48 Monthly security committee meetings had started in August 2012 and were well attended by staff from all departments. The meetings were focused on ensuring that procedures were carried out correctly. Appropriate local security objectives were set. Effective support was given to the prison by a local police intelligence officer.
- 1.49 Closed visits arrangements were used appropriately following incidents or intelligence relating to visits. At the time of the inspection, there were four prisoners subject to these restrictions and two visitors banned from visiting.

Incentives and earned privileges

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- 1.50 The incentives and earned privileges policy required prisoners to wait too long to gain enhanced status. There were insufficient differentials between the regime levels to encourage better behaviour. The reviews we examined appeared proportionate. Quality assurance arrangements were sound.
- 1.51 The incentives and earned privileges (IEP) scheme required prisoners to be free of adjudications and IEP warnings for 12 months before being able to gain enhanced status, which was too long. Most managers ignored this requirement and promoted deserving prisoners well before this time.
- 1.52 Staff had started to use the IEP scheme more to challenge inappropriate behaviour and minor infringements of the rules than to encourage better behaviour. IEP warnings were given where previously some had resorted to using the adjudication process. There were insufficient

differentials between the standard and enhanced levels of the IEP scheme, and in our survey only 38% of respondents, against the 44% comparator, said that the different levels encouraged them to change their behaviour. Reviews were carried out by wing managers and appeared proportionate, and quality assurance systems were good.

- 1.53 Prisoners on the basic regime were not subject to additional monitoring and wing files showed few comments from staff about their daily behaviour. These prisoners were reviewed weekly but no targets were set to assist them in improving their behaviour.

Recommendations

- 1.54 The incentives and earned privileges (IEP) policy should give more encouragement to prisoners to improve their behaviour, with greater differentials between the levels of the scheme.
- 1.55 The IEP policy should require a shorter period of good behaviour before prisoners gain enhanced status.

Housekeeping point

- 1.56 Prisoners on the basic regime should be monitored more closely, with targets set to address their poor behaviour.

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

- 1.57 Governance of use of force, segregation and adjudications was poor. The number of adjudications was high and had increased in recent months. The use of force was high but had reduced recently. Written accounts from staff were contradictory and we were not assured that force was always used appropriately and as a last resort. Special accommodation had not been used. The segregation unit environment was good, although there was graffiti in cells and holding rooms. Few prisoners remained there for long periods. There was no formal reintegration planning, and care planning was rudimentary. The regime was restricted for most.

Disciplinary procedures

- 1.58 There had been 879 adjudications in the previous six months, which was much higher than in similar prisons. Records were completed adequately but did not always show sufficient investigation of the charges, particularly for prisoner fights. There was no record of bullying incidents or prisoner safety matters raised during adjudications being referred to the safer custody team. The new adjudications meetings included adequate quality assurance procedures but governance was underdeveloped as analysis of statistics was in its early stages (see recommendation 1.72).

Housekeeping point

- 1.59 Safer custody matters arising during adjudications should be referred to the safer custody team.

The use of force

- 1.60 The use of force was high, and higher than in comparator prisons, but had decreased in the previous three months. There had been 139 incidents in the previous six months but there was no analysis of how often full control and restraint had been used. Not all planned incidents were identified or video-recorded, and recordings were not reviewed by managers.
- 1.61 Governance arrangements were new and not yet established (see recommendation 1.72). There were no quality assurance procedures, data analysis was limited and there had been only one use of force meeting, in November 2012, despite the concerns over safety in the establishment in the months leading up to the inspection (see section on bullying and violence reduction). The documentation we examined was poorly completed and we found many instances of conflicting accounts from the staff involved. We were therefore unable to ascertain whether force was always used appropriately or as a last resort.
- 1.62 Special accommodation had not been used.

Housekeeping point

- 1.63 All planned incidents of use of force should be video-recorded and recordings reviewed.

Segregation

- 1.64 The segregation unit (known locally as the care and separation unit (CSU)) was generally clean, although there was graffiti in the cells and holding rooms, some relating to gang activity. Accommodation was of a good standard, with in-cell showers. Some cells contained a television and prisoners had access to the custodial management system (CMS) (see section on residential units) either in-cell or on the landing.
- 1.65 We observed respectful staff–prisoner relationships on the unit and some staff had a good knowledge of the prisoners in their care. However, we saw many instances where staff did not challenge inappropriate behaviour such as loud noise and abusive shouting out of windows.
- 1.66 Use of segregation was high and had increased in recent months. At the time of the inspection, there were 12 prisoners on the unit, which was close to full capacity. A total of 343 prisoners had been segregated in the previous six months. Few prisoners remained segregated for long periods, with only 14 prisoners staying on the unit for more than 20 days in the previous six months.
- 1.67 There was no formal policy for reintegration and care planning, and management of the few who stayed for prolonged periods was poor. Staff told us that most prisoners were moved back to normal accommodation but we were unable to confirm this from the information available to us. Sixteen prisoners on open ACCT documents had been held on the unit in the previous six months, with no explanation in the documents as to why this unit had been considered to be the most appropriate place for them to reside.

- 1.68 The regime on the unit was basic, although a few prisoners had attended religious services. There was limited library provision. All prisoners were served meals at their cell doors. The exercise yards were bare and mostly caged in, and prisoners were not permitted to exercise together when appropriate. Daily history sheets recorded mostly observational matters, with little evidence of the respectful interaction we saw between staff and prisoners.
- 1.69 Governance of segregation was new, with only one meeting having taken place and limited analysis of data. Reviews were timely but documentation was incomplete and prisoners were not set targets to address the reasons why they were in segregation. Documentation did not detail what had been discussed during the reviews we observed, or others that had taken place previously. We were not assured that prisoners had sufficient access to the Independent Monitoring Board (IMB). The CSU did not reliably inform the IMB of prisoners entering segregation, and there were only a few instances of the IMB attending review boards.

Recommendations

- 1.70 Staff should fully record the reasons why prisoners on open ACCT documents are kept in segregation, with an explanation as to why it is the most appropriate place for them.
- 1.71 The regime in the care and separation unit should be improved. Subject to risk assessment, prisoners should be able to collect their meals from the servery, exercise together and have access to suitable regime activities.
- 1.72 Governance of adjudications, use of force and segregation should be improved with the implementation of regular quality assurance and analysis of data, to ensure that adjudication and segregation are appropriate and that force is always used appropriately and as a last resort.

Housekeeping point

- 1.73 Anti-social behaviour in the segregation unit should be routinely challenged.

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- 1.74 Substance misuse services were developing but were not sufficiently integrated and the clinical team still lacked permanent staff. The administration of controlled medicines was poorly supervised. Prisoners with drug and/or alcohol problems could easily access one-to-one and group-work support and also self-help groups.
- 1.75 Prisoners were screened on arrival and most received first night substance misuse treatment but there were significant exceptions to this; one prisoner who had arrived on a Friday had not received methadone until the following Monday and another had waited two days for his first dose of Librium. Most were fast-tracked to the stabilisation unit (A3 and A4 wings) but we found exceptions to this, even when spaces had been available.

- 1.76 At the time of the inspection, 71 prisoners were prescribed methadone and 41 buprenorphine. Local protocols allowing for secondary detoxification had not yet been introduced and prisoners who had relapsed while in custody complained about a lack of help. There were no dedicated staff to facilitate prisoner movement and closely supervise the administration of controlled medicines, which had potentially increased opportunities for the diversion of medication (see section on health services).
- 1.77 The clinical substance misuse team still lacked permanent staff, and the head of health services acted as the clinical lead member of staff. A different organisation (Turning Point) provided psychosocial support, which included the full range of integrated drug treatment (IDTS) modules and key working, but the teams did not offer a fully integrated service. Although clinical reviews were conducted jointly, some prisoners missed them because they had not received notification of the appointment or they had not been unlocked. Prisoners with complex needs were referred to the mental health team but a dual diagnosis service (for those with both mental health and alcohol misuse problems) had not yet been developed.
- 1.78 In our survey, fewer prisoners (61%, against the 79% comparator) said that the support they received for their drug/alcohol problem was helpful. Substance misuse service providers had not yet consulted service users or undertaken needs assessments, although Turning Point analysed activity data to inform interventions.
- 1.79 The establishment's drug and alcohol strategy committee met monthly and appropriate departments were represented. The substance misuse policy was under development and an IDTS action plan neared completion.
- 1.80 Psychosocial support was easily accessible, including on Sundays, to those with drug and/or alcohol problems. All new arrivals were seen within 48 hours, and at the time of the inspection 252 prisoners were actively engaging with substance misuse workers. In addition to IDTS modules, a cannabis awareness group and one-to-one work, Turning Point ran three validated rolling group-work courses. These focused on alcohol, class A drugs and the impact of substance misuse on families. Prisoners could also attend Alcoholics Anonymous, Cocaine Anonymous and Narcotics Anonymous self-help groups. In addition, a peer mentor was available and peer support was being developed further.

Recommendations

- 1.81 There should be consistency in issuing first night substance misuse treatment and in admitting prisoners to the stabilisation unit.
- 1.82 The clinical substance misuse service should develop secondary detoxification provision.
- 1.83 Controlled medication should be administered in a safe and suitable environment and appropriate supervision arrangements should be made to prevent the diversion of medication.
- 1.84 A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems.
- 1.85 Clinical and psychosocial support services should further improve joint work and provide fully integrated care. A mechanism for service user feedback should be developed to inform future service provision.

Housekeeping point

- 1.86 The prison should ensure the timely unlock and movement of prisoners managed under the integrated drug treatment system.

Section 2: Respect

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1 Residential units were of a high standard. There were in-cell showers, toilets and telephones. Cell call bells were not always responded to quickly enough. The in-cell technology system was mostly positive but had limitations.
- 2.2 Communal areas were clean and bright. Most cells were double occupancy, had integral showers and toilets and were of a high standard. They were generally clean and were adequately furnished. The offensive display policy was over-complicated and not widely understood by staff, and we found some inappropriate displays and offensive graffiti in cells across the prison.
- 2.3 Prisoners could wear their own clothes and laundry facilities were adequate. There had been some problems with the exchange of prison-issue clothing and bedding, and we were not assured that this was consistently available weekly. Personal hygiene products were available free of charge through the prison shop.
- 2.4 Records of cell call bells, our observations and negative survey results did not assure us that all call bells were responded to quickly enough. Recently introduced management checks were beginning to address this.
- 2.5 Each cell was equipped with information technology (IT) known as the custodial management system (CMS). The system enabled prisoners to take personal responsibility for many aspects of their life at the establishment, including: overseeing their finances; making prison shop orders; ordering meals; making applications to departments/individuals across the prison and receiving answers electronically; booking visits and ordering additional telephone credit. The system was mostly positive but had limitations; for example, it assumed a level of literacy and competence with IT and it was only available in English. The system did not encourage interaction, particularly with residential staff, and contingencies for when the system was broken or unavailable were not always put into place quickly enough –which sometimes caused frustration to prisoners and staff.
- 2.6 Telephones were provided in all cells. Prisoners could not receive external calls but could make calls to numbers previously approved. To have numbers approved, they applied through the CMS but there were sometimes considerable delays in this process, which was also a source of frustration for some prisoners.

Recommendations

- 2.7 All cell call bells should be responded to within five minutes.

- 2.8 The custodial management system should be reviewed and its shortfalls addressed, and the time taken for approval of telephone numbers should be reduced.

Housekeeping points

- 2.9 The offensive display policy should be simplified, communicated to staff and consistently enforced.
- 2.10 Cells should be maintained free from graffiti.
- 2.11 Clothing and bedding exchange should be available for all prisoners weekly.

Staff–prisoner relationships

Expected outcomes:

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

- 2.12 Relationships between staff and prisoners were good and interactions were mostly positive. There was no personal officer scheme and records of engagement were underdeveloped. Consultation arrangements were well developed and responsive.
- 2.13 Most staff were inexperienced in working in a custodial setting. In our survey, more respondents than at comparator prisons said that staff treated them with respect. We observed positive interactions between staff and prisoners, including some caring and empathic treatment. However, some staff appeared unwilling or nervous in challenging inappropriate behaviour from prisoners (see housekeeping point 1.73). The use of prisoners' first or preferred names was well embedded.
- 2.14 There was no personal officer scheme and in our survey fewer prisoners than at comparator prisons said that they had a member of staff they could turn to for help. Staff entries in prisoner records (both paper based and electronic) were infrequent and reflected limited knowledge of personal circumstances or individual and resettlement needs.
- 2.15 Regular consultation arrangements were well developed, afforded a high priority and had effected many changes. The few prisoners who were involved in these felt valued and that their collective 'voice' was listened to. Many other prisoners were not fully aware of the arrangements or outcomes.

Recommendation

- 2.16 A personal officer or similar scheme should be introduced and records of engagement should be improved.

Housekeeping point

- 2.17 Outcomes of consultation meetings should be widely publicised.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic³ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

2.18 Diversity arrangements were poor. There was no embedded strategic management or monitoring of diversity and equality. In our survey, some minority groups were negative about their treatment. There were virtually no support processes for minority groups and their needs were not being met.

Strategic management

- 2.19 There had been only one equality meeting since the prison had opened. The policy document failed to outline any actions that the prison would take to ensure equality of opportunity and treatment, and to support minority groups. There was no specific action plan to support prisoners or to outline the work that the diversity manager was to undertake (see main recommendation HP54).
- 2.20 Initial identification of prisoners' ethnic, cultural and religious backgrounds was poor, with data for around 25% of the population being incomplete. Ethnic monitoring had only been fully completed for one month (December 2012). This had led to some analysis of data, resulting in attention being paid to some gang-related incidents and an evaluation of use of force, segregation and adjudications involving young black men. There was no analysis of access to services or regime for any other minority groups.
- 2.21 Prisoner equality representatives on each of the wings provided informal support when requested. In reality, they provided a conduit to the newly appointed diversity manager to raise ad-hoc issues on behalf of other prisoners. We were satisfied that the planned enhancement of their roles would lead to a much more proactive outcome.
- 2.22 Discrimination investigation report forms (DIRFs) were freely available but the long periods without any submissions of these indicated that this had not always been the case, or that those that had been submitted had not been investigated or recorded. The quality of DIRFs was poor, many were incomplete and quality assurance was inadequate and not completed at a sufficiently senior level, and there was no external scrutiny arrangement.

Recommendations

- 2.23 **The diversity strategy and accompanying action plan should describe the specific and diverse population, and action to be taken to identify and meet need.**

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.24 All diversity investigation reports should be recorded, investigated fully and completed within timescales, and prisoners should be advised of the outcome.

Protected characteristics

- 2.25 Identification of and support for prisoners with protected characteristics was almost non-existent. With the exception of two focus groups run for young offenders late in 2012, there had been no consideration of any other groups (see main recommendation HP54).
- 2.26 Black and minority ethnic prisoners accounted for approximately 56% of the prison population, and in our survey generally reported similarly or more positively than white prisoners.
- 2.27 Provision for the 207 foreign nationals held was very limited and they reported considerably less favourably than British prisoners across most areas of our survey. A policy existed but it did not reflect practice or provision. Foreign national prisoners were identified on reception and a list was maintained by the chaplain. However, their entitlements were not communicated effectively, which inevitably led to a poor uptake. There was no translated material and, although a list of multilingual staff was collated, it was not available in key areas such as reception, the segregation unit, the offender management unit or induction. Other prisoners were often used to translate, including, inappropriately, for health-related matters. The prison had a contract with an external interpreting and translation service but this had not been used for some months.
- 2.28 The Library held a reasonable stock of books in foreign languages and also a range of international newspapers. However, the limited access to the library (see section on management of learning and skills and work) and poor communication with foreign nationals meant that very few such prisoners (including the foreign national prisoner representative) were aware of them.
- 2.29 The UK Border Agency (UKBA) visited regularly to progress casework, and the Detention Advice Service provided valuable independent legal advice and support. At the time of the inspection, there were 17 foreign national prisoners detained beyond their sentence, the longest stay post-sentence being 13 months.
- 2.30 In our survey, prisoners were mostly positive about religious matters. However, more Muslim than non-Muslim prisoners reported being victimised by other prisoners, and by staff due to their religion.
- 2.31 In our survey, prisoners with disabilities were more negative than those without in some important areas such as reception, safety, victimisation, mental health issues, and accessing vocational training, exercise and the gym. There was little support for such prisoners and there were no personal emergency evacuation procedures.
- 2.32 A little over 6% of the population was over 50, with the oldest being 74. There was negligible support for this group, and those over the age of retirement remained locked up all day. Younger prisoners responding to our survey were negative about the fairness of the incentives and earned privileges scheme, victimisation from prisoners due to age and access to work and the gym. There had been little consideration of their needs beyond specific forums late in 2012.
- 2.33 There was no identification of gay, bisexual or transgender prisoners and no identified support.

Recommendations

- 2.34 Key information should be available in an appropriate range of foreign languages, and more use should be made of interpreting and translation services, both formal and informal.
- 2.35 Older prisoners with care needs and those with a disability should have an integrated care plan and a personal emergency and evacuation plan, both of which should be reviewed regularly.
- 2.36 Prisoners over the age of retirement should not be routinely locked up all day.

Faith and religious activity

Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and resettlement.

- 2.37 The chaplaincy was well integrated into the daily life of the prison. Faith provision was good. Our survey results in this area were mostly very good.
- 2.38 The chaplaincy comprehensively met the religious needs of the population. Provision was very good, although the two large multi-faith rooms were bare and acoustically poor.
- 2.39 Prisoners could access services easily using the in-cell CMS (see section on residential units) to book attendance. Prisoners on the segregation unit were allowed to participate, subject to risk assessment and where practicable, and inpatients attended from the inpatient unit.
- 2.40 Religious-based activities took place throughout the week, and faith-related events were celebrated throughout the year.
- 2.41 The chaplaincy was well represented in a range of areas, including security, safety, diversity and also the interdepartmental risk management team. It also coordinated the work of bereavement services.

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 2.42 Prisoners in our survey were negative about complaints but we found them to be managed adequately. Responses did not always address the issues raised and too many prisoners were asked to submit additional complaint forms.

- 2.43 An average of 200 complaints was submitted per month, which was lower than at comparator prisons. In our survey, only 37% of respondents, against the 57% comparator, said that it was easy to make a complaint. Only 16%, against the 36% comparator, said that complaints were dealt with quickly. Complaint forms and locked collection boxes were freely available on the wings, and complaints were collected by the clerk.
- 2.44 Although some complaints were dealt with respectfully and comprehensively, many of the responses we examined did not address the issues raised. In many cases, the prisoner had to submit a subsequent complaint with additional details.
- 2.45 Complaints information was submitted to the senior management team meeting, but minutes showed no record of any discussions, analysis of data or identification of trends. Quality assurance was carried out to a good standard and had identified the issues that we found. Efforts were under way to address these matters.

Recommendation

- 2.46 Analysis of complaints data should be undertaken and any trends or issues identified addressed quickly.

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

- 2.47 Legal services provision was limited. Bail information services were sporadic and there was no evidence of any departmental responsibility.
- 2.48 No single department had responsibility for the provision of legal services and there were no prison staff trained in these matters. The offender management contractor subcontracted bail information to a third party but attendance by the latter at the prison was sporadic and we were not assured that all new receptions were screened to identify the service need. Immigration advice was available for foreign nationals (see section on protected characteristics). Our survey results were considerably worse than the comparator in relation to access to bail information and legal books.
- 2.49 Recall processes were well managed and appeal packs were quickly issued to newly recalled prisoners.

Recommendation

- 2.50 Legal services provision should meet the needs of the population, especially those remanded in custody.

Health services

Expected outcomes:

Prisoners are cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive elsewhere in the community.

2.51 There was no health needs assessment and we were not assured that the services provided met needs. There was a structure for governance but not all the policies had been ratified or were specific to the establishment. Prisoners were dissatisfied with the nurses. There was little health promotion. Lifelong condition registers were inaccurate or lacking, and we were not assured that such prisoners were monitored appropriately. Record keeping was poor and there were no care plans. There was only one main treatment room, queues for medication administration were not always supervised and there were sometimes delays in prisoners receiving medications. The inpatient unit had a relaxed regime, with coordinated working and comprehensive care plans. Prisoners were able to receive a full range of dental treatment but the non-attendance rate was high. The mental health team was too small for the population and there were no specific services for prisoners with primary mental health needs. Consultant psychiatrists attended daily and saw referred prisoners quickly and regularly. Transfers to secure mental health beds were reasonable but did not meet the 14-day target.

Governance arrangements

- 2.52 Health services were commissioned by NHS Greenwich and provided by Harmoni for Health, which subcontracted some services to other providers. A health needs assessment was planned, but at the time of the inspection there was nothing by which to assess whether the services provided met need (see main recommendation HP55). There were a range of governance meetings, both across the cluster arrangement with nearby HMP Belmarsh and HMP/YOI Isis, and specific to the establishment. The partnership board met quarterly (although the most recent meeting had been cancelled) but was not attended by the head of health care. Clinical policies were mostly on line, but they were not specific to the establishment and many had yet to be ratified by the relevant committee.
- 2.53 The head of health care was a nurse; she was supported by a clinical lead. The team structure under them was described as being 'in transition'. There were several vacancies, and long-term agency staff were used. Staff training was appropriate but clinical supervision was in its infancy. In our survey, only 50% of respondents said that the quality of care provided by the nurses was good or very good. We witnessed nursing staff who did not listen to the patient, and who were dismissive and rude. The GPs were all long-term locums, and mental health services were provided by a team of consultants and senior doctors from South London and Maudsley NHS Foundation Trust (SLAM).
- 2.54 The health care department and treatment rooms were appropriate, but the waiting room was a thoroughfare, with insufficient seating for the number of prisoners attending the department. There was a television, but no educational or health promotion videos/DVDs were shown. There were some health promotion posters but they were only in English.
- 2.55 Resuscitation equipment was held in the main health care department and in the treatment rooms, and was checked daily. Discipline staff also had access to a defibrillator in the main

residential block, but we found it not to be functioning and there was no evidence that it was checked regularly.

Housekeeping points

- 2.56 There should be a range of Thameside-specific ratified policies to support the delivery of care.
- 2.57 All resuscitation equipment should be checked regularly and be ready for use.

Delivery of care (physical health)

- 2.58 All new prisoners were seen in reception for an initial health assessment; this was done in the full view and hearing of other prisoners and staff (see also section on early days in custody). Prisoners could be seen by the GP on the evening of arrival if required. All prisoners were then booked for a secondary screening appointment, but not all prisoners were offered or received hepatitis B vaccinations.
- 2.59 Prisoners applied to see a health professional via the CMS system (see section on residential units), but not all health services staff could use this system, which created problems with ensuring that requests were acknowledged promptly and that prisoners knew about their appointments.
- 2.60 Prisoners could be seen by a nurse or were booked to see the GP directly. The wait for the GP was usually no more than three to four days. Because of the limited number of scheduled movement times, some detainees could experience long waits on the health care wing before or after their appointment.
- 2.61 Some of the entries on SystmOne (the electronic clinical record) were extremely poor. Lifelong condition registers were inaccurate or lacking; those with such conditions did not have care plans and we were not assured that they were treated in line with good practice or national guidance. There was no lead nurse for older prisoners.
- 2.62 There was little health promotion; there were no smoking cessation clinics or specific links with the gym for most prisoners. However, a sexual health clinic technician, who worked across the cluster, provided a comprehensive range of tests, advice and treatment at a weekly clinic. Prisoners could obtain barrier protection only by attending the sexual health clinic.
- 2.63 There were difficulties in getting an appointment with an optician. At the time of the inspection, there were 42 prisoners on the waiting list, but it was not clear whether they were all still at the prison because none of the lists were regularly validated. The optician visited only once a month.
- 2.64 There was an 18-bed inpatient unit, staffed by discipline officers and nurses. The regime on the unit was relaxed; patients were unlocked for most of the day and there was evidence of therapeutic activities taking place. Efforts had been made to enhance joint working between nurses and discipline staff, and the latter maintained good documentation about each patient, although this was not used to inform the weekly ward round conducted by a consultant psychiatrist. Care plans for inpatients were comprehensive. The GP visited the wing daily.
- 2.65 Prisoners were not always able to attend outside hospital appointments at an appropriate time because there was a limit of two such appointments per day. There were some discrepancies

between the records of external appointments held by the health care department and those held by the prison security department.

Recommendations

- 2.66 There should be effective management and care of prisoners with lifelong conditions, in line with good practice.
- 2.67 All prisoners should have access to disease prevention programmes, in line with national guidance.
- 2.68 Prisoners requiring outside hospital appointments should be able to attend them.

Housekeeping points

- 2.69 There should be a lead nurse for older prisoners.
- 2.70 Prisoners should have free and confidential access to barrier protection.

Pharmacy

- 2.71 There was an in-house pharmacy, staffed by a part-time technician and a full-time health care assistant. A pharmacist was on duty every weekday morning or afternoon, but prisoners were unable to see her.
- 2.72 SystmOne was used for creating prescriptions and for recording the administration of medications. This information was checked by pharmacy staff each day. There was no specific prison formulary (list of medications used to inform prescribing), and the GP was not clear which medications were safe to be prescribed in a prison environment. GP prescriptions were printed off and taken as a batch to the doctor to sign, and then to the pharmacy. This meant that there were often delays in dispensing the medications, which frustrated prisoners. Dispensed medicines were taken to the treatment rooms the next day.
- 2.73 Most items were supplied on a named-patient basis, at three medicine administration times, from one treatment room. The average number of prisoners attending the morning treatment time was 240. Queues could be unruly, with delays and staff feeling under pressure to administer medication quickly. We witnessed unsupervised queues and several prisoners crowding around the door hatch. There was 24-hour nurse cover, so night-time doses were administered by the night nursing staff. However, the times for giving night-time doses varied and patients often received their medication much later than desired.
- 2.74 Methadone, Subutex and diazepam were supplied to the integrated drug treatment system room as stock. An officer was present in this room during the three daily administration times, but staff told us that patients were rowdy and poorly controlled, leaving staff feeling harassed and intimidated. Staff also said that it was often difficult to engage an officer to assist with ensuring that these patients had consumed their medication, leading to concerns about diversion (see recommendation 1.83). They also said that officers often brought patients from their cells too late to receive their medication, which meant that medication doses were late or even missed, and contributed to patients' agitated and disruptive behaviour.

- 2.75 Patients due for release, transfer or a court appearance were not always able to obtain their medication before leaving the prison because the pharmacy was often closed when their details became available. In addition, patients often left the prison before the pharmacy was open in the morning.
- 2.76 Medicines were given in-possession for periods of seven or 28 days. Prisoners were expected to reorder their own medications, but we heard of delays in the ordering system. The only items available as 'special sick' (immediate health treatment without an appointment) were generally ibuprofen and, occasionally, paracetamol; these were also available to buy from the prison shop but it was not clear if such purchases were known to health services staff.
- 2.77 Medicines management and clinical governance procedures in the pharmacy were in place, although they had yet to be read and signed by all members of staff. The risk assessment and in-possession policy had been reviewed and were awaiting approval by the medicines management committee. The in-possession policy allowed for weekly possession of medicines with the potential for abuse. The risk assessment policy was applied on a patient-by-patient basis but there was no referral to the cell sharing risk assessment.
- 2.78 There was an out- of-hours cupboard, which could only be accessed by health services staff, although *in extremis* the pharmacy department could be entered. There were some concerns about the security of the pharmacy department out of hours, and of keys to the medicine cupboards in the treatment rooms. Some controlled drugs cabinets were screwed to the wall and not bolted, as required in the regulations.

Recommendations

- 2.79 Prisoners should have access to a pharmacist.
- 2.80 The prescribing of medications liable to abuse should be carefully controlled.
- 2.81 All medications should be stored securely at all times.

Housekeeping point

- 2.82 All controlled drugs cabinets should be appropriately secured to walls.

Dentistry

- 2.83 A local dentist was contracted to provide four sessions a week. At the time of the inspection, there were 34 prisoners on the waiting list who had yet to be allocated an appointment. Appointments were booked up to three weeks in advance. During the inspection, at least half of the patients booked to attend on one day failed to arrive, and little was done to find out where they were. The dentist told us that he regularly overbooked the clinic sessions to try to overcome the problem of non-attendance. There was no out-of-hours cover.
- 2.84 The surgery was modern and met current guidelines; the dentist was unable to tell us whether there had been a primary care trust dental inspection.
- 2.85 Prisoners were able to receive a full range of dental treatment, but only chair-side oral health promotion was provided and there were no opportunities for prisoners to see a hygienist. Dental medical histories were recorded on SystemOne.

Delivery of care (mental health)

- 2.86 The mental health team consisted of only three nurses employed by Harmoni for Health, supported by a team of senior doctors and consultant psychiatrists from SLAM, one of whom was present every weekday and saw patients quickly and regularly.
- 2.87 At the time of the inspection, one of the nurses was on night duty, so only two were available to see patients. The team had a combined caseload of approximately 120 patients, consisting of those with primary mental health problems and with severe and enduring mental health issues. Prisoners were referred to the team either from the reception health screening or by staff on the wings, and could also self-refer. The team assessed each referral and categorised it in terms of urgency to be seen. At the time of the inspection, there were 12 prisoners waiting to be seen, the longest wait having been over three weeks. New referrals were discussed at a weekly team meeting with a consultant psychiatrist, and a plan was devised.
- 2.88 There were no specific services for those with primary mental health problems, who were managed by the GP. Those with severe and enduring mental health problems were reviewed by the team from SLAM at least every two months. Prisoners we spoke to were generally satisfied with the support they received.
- 2.89 At the time of the inspection, there were three patients awaiting transfer to secure mental health beds in the community, one of whom had been waiting over four weeks. Commissioners were not informed of delays in transfers.

Recommendations

- 2.90 There should be a range of services for prisoners with primary mental health issues.
- 2.91 Prisoners assessed as requiring secure mental health beds in the community should be transferred expeditiously.

Catering

Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 2.92 The food was of high quality and the menu was developed in consultation with prisoners. Arrangements for the preparation and serving of food were good but there was inadequate supervision. Facilities for dining in association were not used.
- 2.93 The menu was varied and nutritious, meeting dietary and religious needs. It had been developed in response to prisoner consultation. Breakfast packs were too small and were distributed on the day before consumption. In our survey, 47%, considerably better than the 24% comparator, said that the food was good.
- 2.94 The kitchen and servery areas were clean and those working in them observed hygiene requirements. Prisoners working in the kitchen completed a basic national vocational qualification in food hygiene but higher-level qualifications were not available (see section on

learning and skills and work activities). Food was stored appropriately in the kitchen and hot meals were served at the correct temperature. However, the implements for serving halal food were not kept separately. Food comments books were not freely available at the serveries.

- 2.95 The supervision of food queues was not effective, despite a controlled unlocking procedure (see section on security). We saw some queue jumping and prisoners complained of favouritism by serveries workers.
- 2.96 There were facilities for dining in association on every wing but they were not used routinely. Prisoners had access to drinking water and kettles in their cells.

Recommendations

- 2.97 Food queues should be supervised effectively.
- 2.98 Prisoners should be allowed to dine in association.

Housekeeping points

- 2.99 Breakfast portions should be improved and served on the day of consumption.
- 2.100 Implements for serving halal food should be kept separately.
- 2.101 Prisoners should have access to food comments books and catering staff should respond to them.

Purchases

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.

- 2.102 The shop arrangements worked efficiently and the range of goods sold was adequate. Consultation with prisoners was effective.
- 2.103 The prison shop arrangements worked efficiently, with onsite provision. Prisoners could order goods up to midnight on the day before their order was due for delivery through the CMS system (see section on residential units). There were effective consultation arrangements about the range of goods available, through the monthly prisoner consultative committee, and changes were made in response to prisoners' requests where possible.
- 2.104 New arrivals could access a basic initial pack of goods. There was a satisfactory range of catalogues and prisoners could order newspapers and magazines if they wished.

Section 3: Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock, and the prison offers a timetable of regular and varied activities.⁴

- 3.1 Time out of cell was extremely limited and the level of activity was low. This was mitigated to some extent by the access to facilities in cells. The provision of outdoor exercise was poor and exercise areas were small.
- 3.2 For the first six months of the prison being open, time out of cell had been generous and prisoners had been unlocked all day. Approximately three months before the inspection, the regime had been severely curtailed in response to frequent incidents of fighting and disorder, so there was no weekday association (see main recommendation HP56 and section on bullying and violence reduction).
- 3.3 In our spot checks during the inspection, we found an average of 60% of prisoners locked in their cells and most of them were in bed, sleeping the day away.
- 3.4 The poor level of time unlocked was mitigated slightly by access to showers and in-cell telephones but there were low levels of daily activity and restricted opportunities for engagement with staff. On weekdays, unemployed prisoners were routinely locked up for more than 23 hours.
- 3.5 There was only between 30–45 minutes a day of outdoor exercise and exercise areas were small.

Recommendation

- 3.6 All prisoners should have access to one hour of outdoor exercise a day.

Learning and skills and work activities

Expected outcomes:

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

⁴ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

3.7 The management of learning and skills was weak. The range of education classes was suitable but there was little vocational training and only low-skilled work. Very few work skills were accredited. Learning sessions were well planned but lacked stimulation and relevant references to employment. Too few prisoners took exams but pass rates were high for those who did. Library services were poor.

3.8 Ofsted⁵ made the following assessments about the learning and skills and work provision:

Outcomes for prisoners engaged in learning and skills and work activities:

Requires improvement

Quality of learning and skills and work activities (including the quality of teaching, training, learning and assessment):

Requires improvement

Effectiveness of leadership and management of learning and skills and work activities:

Inadequate

Management of learning and skills and work

3.9 The management of learning and skills was weak. Managers did not collect sufficient data and information to monitor and improve the quality of provision. Performance data, such as levels of achievement on courses, were unreliable. The prison had established a quality improvement group, but this was not effective in monitoring or promoting improvements in learning and skills.

3.10 An analysis of the needs of the population had recently been undertaken but the results had not been fully analysed. The prison did not have a clear and detailed plan for the implementation or expansion of vocational training across the prison.

3.11 The new education provider, A4E, had made progress in the short time it had been operating at the prison and had developed good partnerships with the prison and other providers. Suitable structures had very recently been introduced and detailed plans for the monitoring of teaching and learning and performance management of staff had been developed. However, there was no education self-assessment report and managers had not formally observed any teachers or provided formal feedback to staff on their performance. Managers relied too much on informal approaches to performance management and quality assurance.

Recommendations

3.12 The education provider should complete a thorough analysis of prisoner needs to inform the planning of learning and skills across the prison and develop a clear plan for the implementation of vocational training and work activities.

3.13 The education provider should ensure that managers have clear and accurate data about the quality and performance of learning and skills activities and use these to monitor and improve provision.

⁵ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

Provision of activities

- 3.14 There were too few activity places for the prison population. Around 30% of prisoners had no activity at all and the prison was unable to identify how many of these were sentenced prisoners. Most of the activity places were part time and insubstantial, resulting in a large number of prisoners remaining on the wings during the day (see section on time out of cell). There were 248 wing workers, 91 off-wing workers and 440 in part-time education classes. Of the 339 approved employment positions, only 222 had been filled at the time of the inspection. There were too few vocational training places; these were only available in the training kitchen and the gym (see main recommendation HP57).
- 3.15 The allocation of prisoners to work and to education took too long and did not take account of sentencing plans or prisoners' needs. Waiting lists for work were not systematically managed to ensure that allocation was fair or was appropriately prioritised.
- 3.16 The education provision was appropriate for the profile of learners and their length of stay at the prison, which was generally short, and most programmes offered unit accreditation. Programmes delivered included English, mathematics, information and communications technology (ICT), business enterprise, English for speakers of other languages (ESOL), money management, preparation for work and mentoring. Programmes were offered from entry level to level 2.
- 3.17 Classrooms in the education department and in the residential block provided good physical access. Although all cells had interactive computing equipment which could allow in-cell study, this had not been fully utilised. A small pilot programme of in-cell learning was under way and allowed access to distance learning programmes for 24 prisoners. Peer mentor training enabled appropriate prisoners to gain positions of responsibility in supporting others in classroom and workshop learning environments.

Housekeeping points

- 3.18 The prison should implement effective monitoring arrangements so that managers have detailed data about which prisoners are employed, unemployed and undertaking education, including those who are sentenced.
- 3.19 The prison should ensure that allocation to work, training and education is quick, and based on the identified needs of prisoners.

Quality of provision

- 3.20 Vocational training in catering was good. A training kitchen and servery offered a few prisoners good industrial experience to develop the necessary skills required to achieve a foundation-level qualification. In total, around 10 prisoners had gained a full qualification.
- 3.21 Prisoners working in the laundry, kitchen, in waste management and as cleaners had reasonable opportunities to develop or improve their employment skills, but too many prisoners worked in an environment that was insufficiently challenging. The training provided for most work activities was at the minimum level needed to perform the job role and there was no recognition, recording or celebration of the development of employment skills (see main recommendation HP57).

- 3.22 Learning sessions were well planned but delivered to generic learning plans demanding compliance to specific tasks. Too many sessions lacked stimulation, enrichment and relevant references to employment. In education classes, too many learning tasks were dependent on paper-based resources, with insufficient use of ICT and no 'virtual campus' (internet access for prisoners to community education, training and employment opportunities).
- 3.23 In the small number of good sessions, tutors used their skills well to meet learners' needs through activities encouraging discussion, full learner participation and appropriate challenge to extend learning. Learning tasks were disaggregated for learners with different learning abilities, and explained fully. For more advanced learners, good use was made of extended activities.
- 3.24 Prisoners made satisfactory progress in most lessons. The standard of learners' work was satisfactory overall and tutors provided positive verbal feedback to encourage progress. Learning tasks were completed in class but not enough work was marked and there was little written feedback from tutors.
- 3.25 Attendance was poor in most education sessions. Health care appointments and legal visits were allowed to take precedence over classes, resulting in too many disruptions to lessons. Breaks during learning sessions were sometimes poorly managed and prisoners wandered the corridor distracting other learners. Punctuality was satisfactory.
- 3.26 Resources were good but were not used to their full potential. Rooms were clean and tidy but little displayed work and promotional material, and few learning resources, resulted in uninteresting learning environments. Teachers made insufficient use of the library to support their courses.
- 3.27 Induction to education was weak. Too little attention was given to ensuring that prisoners fully understood what was available and to help them to make well-informed choices about work and education.

Recommendations

- 3.28 The education provider should improve the quality of teaching, training, learning and assessment.
- 3.29 Attendance at education should be improved and education prioritised as an activity, to minimise disruptions to classes.
- 3.30 The virtual campus should be introduced across the prison.

Housekeeping point

- 3.31 Learners should receive regular feedback from tutors.

Education and vocational achievements

- 3.32 Pass rates for exams were high in all subjects. However, the number of prisoners achieving qualifications in English and mathematics was low. Very few prisoners had achieved a vocational qualification.

- 3.33 In education classes, the quality of learners' work and the standard of their English language and mathematics skills were satisfactory. However, the quality of their work files varied considerably and some were poorly organised.

Recommendation

- 3.34 The number of prisoners achieving essential qualifications in English and mathematics should be increased.

Library

- 3.35 The library, situated in the education block, held an insufficient book stock for the prisoner population. There were no large-print texts and the easy-read section was poorly referenced. The library had recently been placed under the management of the PE department but staff had no previous experience of managing this type of resource. There was no definitive book stock, book losses were not tracked and a stock-take had not been completed. Resources were poor, with no ICT facilities, quiet areas to support Open University or distance learning. No reading classes were available. The library had no formal links with a local library service, so was unable to respond to book requests for anything other than the limited stock held. Access to the library was limited as it was not open on Friday afternoons, during the evenings or at weekends. Prisoners on the inpatient unit and most vulnerable prisoners had a library box of books delivered to their units and this was refreshed monthly. Access to Prison Service Instructions and legal books was appropriate, with no limit to photocopying requests.

Recommendations

- 3.36 Appropriately trained staff should be employed in the library.
- 3.37 Links with a wider library service should be established, to ensure that a wider range of literature is available.

Housekeeping points

- 3.38 The prison should undertake regular stock checks, catalogue existing stock and introduce monitoring for stock and stock loss.
- 3.39 The prison should ensure that the library stock meets the needs of the prisoner population, particularly easy-read texts, resources for foreign nationals and large-print texts.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

- 3.40** PE facilities were good. The system for booking gym and games sessions was effective and all prisoners were able to access the gym regularly. Gym resources and equipment were good and well managed. The gym timetable offered a suitable range of activities, and prisoners received an appropriate induction before using the gym facilities. The prison offered a limited range of accredited qualifications, and the use of data to ensure that the gym provision fully met prisoners' needs was underdeveloped.
- 3.41** PE activities were well managed and promoted. Staff and gym orderlies were enthusiastic, accommodating and communicated well with prisoners to meet their individual needs. Prisoners told us that they enjoyed the gym sessions and understood the guidelines applied to safe working practices and responsible behaviour while in the gym. The effective booking system ensured that prisoners had good access to gym and games sessions, and the numbers attending were high.
- 3.42** Facilities were good and included an outside all-weather games pitch. All gym staff were appropriately qualified. The range of associated qualifications for prisoners was limited to a recently introduced gym instructor course, and nutrition and healthy living. The waiting list for the gym instructor course was long.
- 3.43** Close working with health services staff ensured that prisoners who declared health conditions were appropriately referred before undertaking any activity in the gym. Timetabling allowed discrete groups of prisoners to use the facilities, including those with specific medical needs, those over 35 and those working varying shift patterns.
- 3.44** The use of data to improve the effectiveness of the gym was underdeveloped, which prevented staff from identifying the proportion of the prison population that used the facilities and whether the PE and healthy living needs of all groups of prisoners were being met fully.

Recommendation

- 3.45** The prison should introduce a broader range of qualifications, and collect and use data to evaluate the impact of the facilities and to assess whether the needs of all groups of prisoners are being met.

Section 4: Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival to the prison. Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Good planning ensures a seamless transition into the community.

- 4.1 Strategic management was improving but the resettlement pathways lacked specific action plans against which to monitor progress. The reducing reoffending strategy was adequately detailed but some major gaps existed and a local needs analysis had not yet been done. The range of resettlement services was underdeveloped. Enthusiastic case managers were frustrated by their lack of training and the offender management unit did not hold a high enough profile across the prison.
- 4.2 Formal strategic management arrangements were developing, with a recently introduced quarterly meeting and a bimonthly meeting for the resettlement pathways. However, the pathways were not supported by specific action plans, making it difficult to see how progress was monitored. The reducing reoffending strategy was of sufficient detail, setting out a vision for the future, but some key aspects had been slow to develop – for example, sentence and discharge planning and the provision of offending behaviour work.
- 4.3 A local needs analysis to shape the provision of resettlement services had not yet been completed but there were detailed plans to undertake this. At the time of the inspection, the provision of resettlement services was underdeveloped (see main recommendation HP58). Links with community-based agencies were developing but few came into the prison to provide services. Case managers found it difficult to know who to turn to for help with specific problems.
- 4.4 In our survey, far too few prisoners said that they were able to achieve any of their sentence plan targets at the establishment (46%, against the 62% comparator) but more than at comparator prisons said that there were plans to move to another prison to do this work (39% versus 25%). There were a high number of progressive transfers to other prisons each month to access offending behaviour work or specific resettlement services.
- 4.5 Case managers were clear and enthusiastic about their role in the offender management unit (OMU) but some were frustrated by their lack of training – for example, in the assessment and management of risk of harm to others, motivational techniques and public protection (see also section on offender management and planning).
- 4.6 There was a lack of a 'whole prison' approach to offender management and resettlement, and the profile of Catch 22 (the provider of offender management services) was not sufficiently high across the wider establishment. Links with external probation trusts were sometimes limited but there was early evidence of action being taken to improve this.

Recommendations

- 4.7 Offender management and resettlement work should be based on a comprehensive needs analysis of the population, and resettlement work should be actively monitored through comprehensive actions plans for each pathway.
- 4.8 Case managers should receive adequate training, including in the assessment and management of the risk of harm to others, to fulfil their role.

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved in drawing up and reviewing plans.

4.9 The backlog of offender assessment system (OASys) assessments had been cleared and assessments were largely up to date, although too many were completed late. All prisoners were allocated to a case manager but excessive caseloads contributed to a largely reactive and underdeveloped service. Many prisoners were frustrated by their perceived lack of support. Risk of harm assessments were inadequate. Formal sentence planning processes were underdeveloped and too few prisoners knew that they had a plan. Sentence plans lacked a focus on outcomes. Few prisoners were awarded home detention curfew and too many assessments were concluded late. Public protection arrangements were sound and multi-agency public protection arrangements were developing, but the violent and sexual offenders register was not being used to its full potential. Far too many prisoners had not been categorised and some others had not been reviewed on their return from open conditions. Provision for indeterminate-sentenced prisoners or those facing an indeterminate sentence was underdeveloped.

4.10 A previous backlog of offender assessment system (OASys) assessments had been cleared and was largely up to date at the time of the inspection. All prisoners were allocated a case manager from Catch 22. Caseloads were excessive, with each case manager managing between 80 and 90 prisoners. There was no guidance on contact levels or the prioritisation of contact. The OMU approach was therefore reactive and there was little room for structured and meaningful contact with prisoners. Many prisoners we spoke to were frustrated by the lack of ongoing contact and support. Even in the highest risk of harm cases, contact was ad hoc and reactive rather than regular and meaningful.

4.11 In the OASys assessments we looked at, we found that most had been completed late. The risk of harm screening was correct in all but the full assessment of risk was inadequate. There was poor analysis of the issues and the risk management plan sometimes lacked detail about the steps being taken – for example, mail and telephone monitoring or transferring prisoners to a more appropriate establishment to undertake offending behaviour work. In some cases, there was confusion about the difference between a prisoner's likelihood of reoffending and their risk of harm to others, which undermined some of the assessments. The quality of assessment of offending-related needs varied too much: some were good but others failed to identify the issues correctly, and in one case did not accurately assess a sexual offender.

- 4.12 Sentence plans had been developed in each case, and they were all appropriate and in line with the offending-related issues. However, the objectives were not outcome focused and timescales were not always specific enough. There were no formal sentence planning processes but case managers discussed targets with prisoners. However, there was no evidence of the prisoner signing the plan, and in our survey fewer prisoners than at comparator establishments said that they had a sentence plan (32% versus 40%).
- 4.13 The lack of computer access hindered information exchange. The recording of issues and contacts was poor and case managers did not routinely use P-Nomis (electronic case notes). There was sometimes an over-reliance on the use of the in-cell custodial management system (see section on residential units) to communicate with prisoners, at the expense of face-to-face contact.
- 4.14 There were fewer releases for eligible prisoners on home detention curfew than at similar prisons, and too many of the assessments were completed late, which meant that some prisoners were released several weeks after their earliest eligibility date. The timeliness of release was not monitored.

Recommendations

- 4.15 **Prioritisation of work should ensure that case managers have meaningful contact with prisoners who are most at risk of harm or likely to reoffend.**
- 4.16 **Staff using offender assessment system (OASys) assessments should accurately record the risk of harm compared with the likelihood of reoffending, and develop plans that comprehensively address the issues.**
- 4.17 **A review of the home detention curfew processes and assessments should ensure that all suitable prisoners are identified and released at their earliest possible date. The timeliness of release should be monitored.**
- 4.18 **OASys assessments should be of a consistently high quality and processes should fully engage prisoners in their sentence plan.**

Housekeeping point

- 4.19 Electronic case notes should be used as the central case recording system.

Public protection

- 4.20 Public protection arrangements had developed well. A strategy group met regularly to review national and local developments. An interdepartmental risk management meeting discussed prisoners before release, to identify issues and make plans. This was supported by a monitoring group, which met regularly to review the mail and telephone restrictions placed on prisoners. The assessment of risk of harm to children and others was thorough, the restrictions applied were appropriate, and prisoners were told about them, and how to appeal, in person.
- 4.21 Contributions to multi-agency public protection arrangements (MAPPA) meetings were in their early stages but developing. The violent and sexual offenders register (ViSOR) was not being used as intended because the nominated clerk had not received the appropriate national

training (see recommendation 4.8). Case managers did not have access to ViSOR and it was not used to support offender management.

Categorisation

- 4.22 At the time of the inspection, the establishment did not have direct access to up-to-date previous convictions because the police national computer terminal was not working. As a result, about 200 prisoners had not been categorised or reviewed, which had led to delays in their progression. For example, we met one life-sentenced prisoner who had not been reviewed since arriving at the establishment in June 2012; he felt that this had directly hindered his ability to progress.
- 4.23 Some of the prisoners who had been returned from open prisons had not been reviewed. At the time of the inspection, 12 of the 23 men listed as category D needed reviews. Transfer arrangements for category D prisoners were generally expedient.
- 4.24 The categorisation paperwork we reviewed was of an inconsistent quality, with half of the reviews lacking detail. Not all had been countersigned quickly enough and one had missed a previous conviction for a sexual offence.

Recommendations

- 4.25 All sentenced prisoners should be categorised and reviewed at the required intervals.
- 4.26 The categorisation process should be reviewed and measures taken to ensure quality of assessment.

Indeterminate sentence prisoners

- 4.27 There were only 11 indeterminate-sentenced prisoners at the establishment at the time of the inspection. They had no support forum or specific family days. They received little or no structured contact with their case manager. Those awaiting an indeterminate sentence did not have access to specific guidance and support from case managers. Case managers had not received specific training about the management of indeterminate-sentenced prisoners or the preparation of parole reports.

Housekeeping point

- 4.28 Case managers should be trained in the management of and relevant processes for indeterminate-sentenced prisoners.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are met prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

4.29 All prisoners were assessed on arrival. Too few resettlement services were available to provide specialist advice and support. There was no discharge planning and too few prisoners felt prepared for release or knew whom to contact for help with some of the resettlement pathways. The through-the-gate provision looked promising, although was small scale. Most of the pathways were underdeveloped and some – for example, finance, benefit and debt – were very weak. Visits arrangements were good. There was no specific needs analysis, strategy or provision to challenge attitudes thinking and behaviour but work was under way to develop a generic resettlement programme.

4.30 Prisoners arriving at the prison who were serving under 12 months were assessed using the OASys basic custody screening tool, and those on remand also received an initial needs assessment, including a housing assessment. This was supported by our survey, in which far more prisoners than at comparator establishments said that they had a needs-based custody plan.

4.31 There were few resettlement services at the prison, and there was little ongoing contact with prisoners and a lack of discharge planning to support release. These gaps were reflected in our survey, with far fewer prisoners than at comparator establishments (9% versus 15%) saying that a member of staff had helped them to prepare for release, and that they knew whom to contact to get help with accommodation, finances and benefits (see main recommendation HP58).

4.32 The through-the-gate support offered by Catch 22 to prisoners on discharge was promising, but very small scale. There were plans to expand this provision and to recruit volunteers in the community to provide additional support.

Accommodation

4.33 There was no specialist housing agency at the prison. In spite of attempts to develop such knowledge within the OMU, and the hard work of case managers to access local authority housing, prisoners received relatively little support with accommodation before release.

4.34 The number of prisoners being released homeless was relatively high, at about 12% over the previous three months. The number being helped to find suitable accommodation before release was not monitored (see main recommendation HP58).

Education, training and employment

4.35 Resettlement arrangements for education, training and employment were underdeveloped. A range of business and self-employment courses were available through the education department.

4.36 Too few prisoners were seen by the careers service, but those who did were given information and referrals to colleges and local careers services, and the prison had links with a range of partners in the voluntary, recruitment and training sectors to support prisoners on release. The prison had no links with employers. Careers staff were not always sufficiently aware of release dates, which meant that opportunities to improve some prisoners' resettlement prospects were missed. There was no tracking of the impact of these services (see main recommendation HP58).

Recommendation

- 4.37 The prison should ensure that careers service staff are aware of which prisoners are due for release, in time to provide appropriate levels of support.

Health care

- 4.38 Pre-release health care arrangements were rudimentary. Prisoners were seen in reception by a nurse immediately before release and given a health promotion leaflet. They were also supposed to receive a supply of medication if they required it, but we were told that they often left rather than wait for their medications (see also section on health services).
- 4.39 Efforts were made to refer prisoners known to the mental health team to community services.
- 4.40 The palliative care policy had yet to be agreed and ratified.

Recommendation

- 4.41 Prisoners should be given information and assistance in accessing community health services on release.

Drugs and alcohol

- 4.42 Substance misuse staff attended interdepartmental risk meetings to discuss sentence plans, and completed release and transfer plans for prisoners with drug and/or alcohol problems. There was good information sharing with community service providers, and strong throughcare links with London boroughs were developing: a through-the-gate worker had been recruited, two drug intervention programme teams held regular clinics at the prison and 'continuation of care' meetings took place regularly. The prison was represented at local integrated offender management meetings and at a strategic level had forged links with London drug and alcohol action teams.

Finance, benefit and debt

- 4.43 The finance, benefit and debt pathway was underdeveloped. There was a money management course in the education department but take-up and effectiveness were poor. There was no specialist advice or support for those in debt and no access to external support and advice. Prisoners could not open bank accounts before discharge. Jobcentre Plus staff were available at the prison to work with sentenced prisoners, to arrange fresh claims and help them to apply for community care grants. However, they were not able to see all prisoners before release. The links between Jobcentre Plus and Catch 22 were good but the services were not sufficiently well promoted around the prison (see main recommendation HP58).

Recommendation

- 4.44 More support with finance and debt problems should be available, including access to bank accounts before release.

Children, families and contact with the outside world

- 4.45 Family support work was developing well. A full-time manager and a team of four qualified family workers were responsible for family support. The team provided supervised play with prisoners' children during social visits and ran dedicated bimonthly 'Dad's Days' for up to 30 prisoners. They also facilitated prisoners' contact with children when there was social services or family court involvement, and provided individual advice.
- 4.46 Social visits were available every day and prisoners could book them directly. Prisoners and visitors we spoke to told us that the system worked well. In our survey, 49% of respondents said that it was easy for visitors to get to the prison, which was better than the 33% comparator.
- 4.47 There was a large, bright visitors centre outside the prison, where visitors could wait. It was well equipped and provided a range of information about family support. Visitors were searched respectfully and religious or ethnic dress was handled sensitively. There was no drugs dog but a swipe system was used to screen for illegal drugs.
- 4.48 Some prisoners complained about occasional delays in getting into the visits hall but we established that they had been kept in holding rooms until their visitors arrived because of an earlier incident of disorder. We saw prisoners being called immediately when visitors arrived. Prisoners were required to wear fluorescent sashes during visits, which was disproportionate considering that a visitor biometric scheme was in place.
- 4.49 The visits hall was large and bright, with a cafeteria serving hot food and a large staffed children's play area. Although chairs were fixed to the ground for security reasons, furniture was comfortable and informal. Staff were friendly and helpful during visits and unobtrusively monitored any prisoners who might present a risk to children.
- 4.50 Information was displayed around the hall for visitors, including how to report any concerns about prisoners. A prisoner violence reduction representative was present during visits to help staff to manage the movement of prisoners and to mingle with visitors so that they could share any concerns with him.
- 4.51 There was a complaints process for visitors but there had been no survey to ascertain their needs.

Recommendations

- 4.52 The range of parenting and family support services should be further developed.
- 4.53 Prisoners should not be required to wear distinguishing sashes in visits.
- 4.54 A survey of visitors and prisoners should be conducted to identify how far their needs are being met.

Good practice

- 4.55 *The use of a prisoner violence reduction representative during visits was helpful to staff, prisoners and visitors.*

Attitudes, thinking and behaviour

- 4.56 There was no specific needs analysis or strategy to provide offending behaviour programmes and no programmes were being delivered. There was a lack of focus on motivational work with prisoners and the lack of contact with their case managers (see section on offender management and planning) meant that little offence-focused work was undertaken.
- 4.57 Plans to develop a generic resettlement programme were in place and work had begun to identify its content. This would be targeted at those on remand and serving short sentences.

Recommendation

- 4.58 A needs-based strategy for the development and delivery of offending behaviour work should be developed and implemented.

Section 5: Recommendations, housekeeping points and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendations

To the director

-
- 5.1 All data relating to violence should be collated and analysed to identify trends, and action should be taken to improve safety. (HP53)
 - 5.2 Governance and management oversight of diversity should be prioritised to ensure that the needs of all prisoners with protected characteristics are identified, assessed and met and that any negative perceptions of particular groups are understood. (HP54)
 - 5.3 A health needs assessment which reflects the specific needs of the population should be completed. (HP55)
 - 5.4 All prisoners should have access to weekday association. (HP56)
 - 5.5 The amount and range of learning and skills activity should be increased and should include good-quality work and vocational training. (HP57)
 - 5.6 Specialist resettlement support should be offered, and the services available should be monitored to establish how many prisoners are helped. (HP58)

Recommendation

To Prison Escort and Custody Services

-
- 5.7 Person escort records should be fully and properly completed and prisoners should be transferred to prison shortly after the conclusion of their court appearance. (1.5)

Recommendations

To the director

Courts, escorts and transfers

-
- 5.8 Prisoners should only be handcuffed to and from escort vehicles subject to a risk assessment. (1.4)

Early days in custody

-
- 5.9 All staff completing cell sharing risk assessments and first night risk assessments should be properly trained and the quality of assessments should be improved. (1.13)
 - 5.10 The content and delivery of induction should be reviewed to ensure that it covers everything that prisoners need to know, and it should be subject to proper staff oversight and quality assurance. (1.14)

Bullying and violence reduction

- 5.11 All unexplained injuries should be investigated. (1.25)
- 5.12 There should be effective interventions to address bullying behaviour and to support victims, and staff should deal effectively with violent behaviour. (1.26)
- 5.13 Prisoners' views on bullying and violence should be regularly and systematically sought to inform strategy. (1.27)

Self-harm and suicide prevention

- 5.14 Assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures should be improved to a consistently high standard. (1.36)
- 5.15 Prisoners should have access to a Listener at all times. (1.37)

Safeguarding (protection of adults at risk)

- 5.16 The director should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.42)

Incentives and earned privileges

- 5.17 The incentives and earned privileges (IEP) policy should give more encouragement to prisoners to improve their behaviour, with greater differentials between the levels of the scheme. (1.54)
- 5.18 The IEP policy should require a shorter period of good behaviour before prisoners gain enhanced status. (1.55)

Discipline

- 5.19 Staff should fully record the reasons why prisoners on open ACCT documents are kept in segregation, with an explanation as to why it is the most appropriate place for them. (1.70)
- 5.20 The regime in the care and separation unit should be improved. Subject to risk assessment, prisoners should be able to collect their meals from the servery, exercise together and have access to suitable regime activities. (1.71)
- 5.21 Governance of adjudications, use of force and segregation should be improved with the implementation of regular quality assurance and analysis of data, to ensure that adjudication and segregation are appropriate and that force is always used appropriately and as a last resort. (1.72)

Substance misuse

- 5.22 There should be consistency in issuing first night substance misuse treatment and in admitting prisoners to the stabilisation unit. (1.81)

- 5.23 The clinical substance misuse service should develop secondary detoxification provision. (1.82)
- 5.24 Controlled medication should be administered in a safe and suitable environment and appropriate supervision arrangements should be made to prevent the diversion of medication. (1.83)
- 5.25 A dual diagnosis service should be developed for prisoners who experience mental health and substance-related problems. (1.84)
- 5.26 Clinical and psychosocial support services should further improve joint work and provide fully integrated care. A mechanism for service user feedback should be developed to inform future service provision. (1.85)

Residential units

- 5.27 All cell call bells should be responded to within five minutes. (2.7)
- 5.28 The custodial management system should be reviewed and its shortfalls addressed, and the time taken for approval of telephone numbers should be reduced. (2.8)

Staff–prisoner relationships

- 5.29 A personal officer or similar scheme should be introduced and records of engagement should be improved. (2.16)

Equality and diversity

- 5.30 The diversity strategy and accompanying action plan should describe the specific and diverse population, and action to be taken to identify and meet need. (2.23)
- 5.31 All diversity investigation reports should be recorded, investigated fully and completed within timescales, and prisoners should be advised of the outcome. (2.24)
- 5.32 Key information should be available in an appropriate range of foreign languages, and more use should be made of interpreting and translation services, both formal and informal. (2.34)
- 5.33 Older prisoners with care needs and those with a disability should have an integrated care plan and a personal emergency and evacuation plan, both of which should be reviewed regularly. (2.35)
- 5.34 Prisoners over the age of retirement should not be routinely locked up all day. (2.36)

Complaints

- 5.35 Analysis of complaints data should be undertaken and any trends or issues identified addressed quickly. (2.46)

Legal rights

- 5.36 Legal services provision should meet the needs of the population, especially those remanded in custody. (2.50)

Health services

- 5.37 There should be effective management and care of prisoners with lifelong conditions, in line with good practice. (2.66)
- 5.38 All prisoners should have access to disease prevention programmes, in line with national guidance. (2.67)
- 5.39 Prisoners requiring outside hospital appointments should be able to attend them. (2.68)
- 5.40 Prisoners should have access to a pharmacist. (2.79)
- 5.41 The prescribing of medications liable to abuse should be carefully controlled. (2.80)
- 5.42 All medications should be stored securely at all times. (2.81)
- 5.43 There should be a range of services for prisoners with primary mental health issues. (2.90)
- 5.44 Prisoners assessed as requiring secure mental health beds in the community should be transferred expeditiously. (2.91)

Catering

- 5.45 Food queues should be supervised effectively. (2.97)
- 5.46 Prisoners should be allowed to dine in association. (2.98)

Time out of cell

- 5.47 All prisoners should have access to one hour of outdoor exercise a day. (3.6)

Learning and skills and work activities

- 5.48 The education provider should complete a thorough analysis of prisoner needs to inform the planning of learning and skills across the prison and develop a clear plan for the implementation of vocational training and work activities. (3.12)
- 5.49 The education provider should ensure that managers have clear and accurate data about the quality and performance of learning and skills activities and use these to monitor and improve provision. (3.13)
- 5.50 The education provider should improve the quality of teaching, training, learning and assessment. (3.28)

- 5.51 Attendance at education should be improved and education prioritised as an activity, to minimise disruptions to classes. (3.29)
- 5.52 The virtual campus should be introduced across the prison. (3.30)
- 5.53 The number of prisoners achieving essential qualifications in English and mathematics should be increased. (3.34)
- 5.54 Appropriately trained staff should be employed in the library. (3.36)
- 5.55 Links with a wider library service should be established, to ensure that a wider range of literature is available. (3.37)

Physical education and healthy living

- 5.56 The prison should introduce a broader range of qualifications, and collect and use data to evaluate the impact of the facilities and to assess whether the needs of all groups of prisoners are being met. (3.45)

Strategic management of resettlement

- 5.57 Offender management and resettlement work should be based on a comprehensive needs analysis of the population, and resettlement work should be actively monitored through comprehensive actions plans for each pathway. (4.7)
- 5.58 Case managers should receive adequate training, including in the assessment and management of the risk of harm to others, to fulfil their role. (4.8)

Offender management and planning

- 5.59 Prioritisation of work should ensure that case managers have meaningful contact with prisoners who are most at risk of harm or likely to reoffend. (4.15)
- 5.60 Staff using offender assessment system (OASys) assessments should accurately record the risk of harm compared with the likelihood of reoffending, and develop plans that comprehensively address the issues. (4.16)
- 5.61 A review of the home detention curfew processes and assessments should ensure that all suitable prisoners are identified and released at their earliest possible date. The timeliness of release should be monitored. (4.17)
- 5.62 OASys assessments should be of a consistently high quality and processes should fully engage prisoners in their sentence plan. (4.18)
- 5.63 All sentenced prisoners should be categorised and reviewed at the required intervals. (4.25)
- 5.64 The categorisation process should be reviewed and measures taken to ensure quality of assessment. (4.26)

Reintegration planning

- 5.65 The prison should ensure that careers service staff are aware of which prisoners are due for release, in time to provide appropriate levels of support. (4.37)
- 5.66 Prisoners should be given information and assistance in accessing community health services on release. (4.41)
- 5.67 More support with finance and debt problems should be available, including access to bank accounts before release. (4.44)
- 5.68 The range of parenting and family support services should be further developed. (4.52)
- 5.69 Prisoners should not be required to wear distinguishing sashes in visits. (4.53)
- 5.70 A survey of visitors and prisoners should be conducted to identify how far their needs are being met. (4.54)
- 5.71 A needs-based strategy for the development and delivery of offending behaviour work should be developed and implemented. (4.58)

Housekeeping points

Courts, escorts and transfers

- 5.72 Cellular accommodation in escort vehicles should be free from graffiti. (1.6)

Early days in custody

- 5.73 Prisoners should spend less time in reception. (1.15)
- 5.74 Health services staff should conduct initial assessments of prisoners in a sufficiently private environment in reception. (1.16)

Bullying and violence reduction

- 5.75 The bullying notification process should be fully introduced and monitored across the prison. (1.28)

Self-harm and suicide prevention

- 5.76 All Listeners should be able to use the Listener suite when required. (1.38)

Incentives and earned privileges

- 5.77 Prisoners on the basic regime should be monitored more closely, with targets set to address their poor behaviour. (1.56)

Discipline

- 5.78 Safer custody matters arising during adjudications should be referred to the safer custody team. (1.59)
- 5.79 All planned incidents of use of force should be video-recorded and recordings reviewed. (1.63)
- 5.80 Anti-social behaviour in the segregation unit should be routinely challenged. (1.73)

Substance misuse

- 5.81 The prison should ensure the timely unlock and movement of prisoners managed under the integrated drug treatment system. (1.86)

Residential units

- 5.82 The offensive display policy should be simplified, communicated to staff and consistently enforced. (2.9)
- 5.83 Cells should be maintained free from graffiti. (2.10)
- 5.84 Clothing and bedding exchange should be available for all prisoners weekly. (2.11)

Staff-prisoner relationships

- 5.85 Outcomes of consultation meetings should be widely publicised. (2.17)

Health services

- 5.86 There should be a range of Thameside-specific ratified policies to support the delivery of care. (2.56)
- 5.87 All resuscitation equipment should be checked regularly and be ready for use. (2.57)
- 5.88 There should be a lead nurse for older prisoners. (2.69)
- 5.89 Prisoners should have free and confidential access to barrier protection. (2.70)
- 5.90 All controlled drugs cabinets should be appropriately secured to walls. (2.82)

Catering

- 5.91 Breakfast portions should be improved and served on the day of consumption. (2.99)
- 5.92 Implements for serving halal food should be kept separately. (2.100)
- 5.93 Prisoners should have access to food comments books and catering staff should respond to them. (2.101)

Learning and skills and work activities

- 5.94 The prison should implement effective monitoring arrangements so that managers have detailed data about which prisoners are employed, unemployed and undertaking education, including those who are sentenced. (3.18)
- 5.95 The prison should ensure that allocation to work, training and education is quick, and based on the identified needs of prisoners. (3.19)
- 5.96 Learners should receive regular feedback from tutors. (3.31)
- 5.97 The prison should undertake regular stock checks, catalogue existing stock and introduce monitoring for stock and stock loss. (3.38)
- 5.98 The prison should ensure that the library stock meets the needs of the prisoner population, particularly easy-read texts, resources for foreign nationals and large-print texts. (3.39)

Offender management and planning

- 5.99 Electronic case notes should be used as the central case recording system. (4.19)
- 5.100 Case managers should be trained in the management of and relevant processes for indeterminate-sentenced prisoners. (4.28)

Example of good practice

Reintegration planning

- 5.101 The use of a prisoner violence reduction representative during visits was helpful to staff, prisoners and visitors. (4.55)

Appendix I: Inspection team

| | |
|--------------------|------------------------|
| Martin Lomas | Deputy Chief Inspector |
| Alison Perry | Team leader |
| Paul Rowlands | Inspector |
| Kellie Reeve | Inspector |
| Andrew Rooke | Inspector |
| Sandra Fieldhouse | Inspector |
| Karen Dillon | Inspector |
| Ewan Kennedy | Researcher |
| Helen Ranns | Researcher |
| Laura Nettleingham | Senior researcher |

Specialist inspectors

| | |
|------------------|----------------------------|
| Sigrid Engelen | Substance misuse inspector |
| Elizabeth Tysoe | Health services inspector |
| Eilean Robson | Pharmacist |
| Phillip Romain | Ofsted inspector |
| Jen Walters | Ofsted inspector |
| Richard Beaumont | Ofsted inspector |
| Tim Brackpool | CQC Inspector |

Appendix II: Prison population profile

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

| Status | 18-20-year-olds | 21 and over | % |
|-----------------------|-----------------|-------------|------------|
| Sentenced | 73 | 346 | 49.3 |
| Recall | 10 | 36 | 5.4 |
| Convicted unsentenced | 4 | 9 | 1.5 |
| Remand | 96 | 259 | 43.5 |
| Civil prisoners | 0 | 0 | 0 |
| Detainees | 0 | 17 | 0.2 |
| Total | 183 | 667 | 100 |

| Sentence | 18-20-year-olds | 21 and over | % |
|---------------------------------|-----------------|-------------|------------|
| Unsentenced | 101 | 281 | 44.9 |
| Less than 6 months | 17 | 55 | 8.5 |
| 6 months to less than 12 months | 10 | 45 | 6.5 |
| 12 months to less than 2 years | 19 | 66 | 10 |
| 2 years to less than 4 years | 14 | 54 | 5 |
| 4 years to less than 10 years | 13 | 80 | 5.1 |
| 10 years and over (not life) | 0 | 43 | 1.6 |
| ISPP | | | |
| Life | | | |
| Total | 183 | 667 | 100 |

| Age | Number of prisoners | % |
|--------------------------|---------------------|------------|
| Please state minimum age | 18 | |
| Under 21 years | 183 | 21.5 |
| 21 years to 29 years | 272 | 32 |
| 30 years to 39 years | 227 | 20.7 |
| 40 years to 49 years | 114 | 13.4 |
| 50 years to 59 years | 44 | 5.2 |
| 60 years to 69 years | 8 | 0.9 |
| 70 plus years | 2 | 0.2 |
| Please state maximum age | 74 | |
| Total | 850 | 100 |

| Nationality | 18-20-year-olds | 21 and over | % |
|-------------------|-----------------|-------------|------------|
| British | 111 | 409 | 61.2 |
| Foreign nationals | 46 | 156 | 23.8 |
| Not stated | 26 | 102 | 15.1 |
| Total | 183 | 667 | 100 |

| Security category | 18-20-year-olds | 21 and over | % |
|---------------------------|-----------------|-------------|-----|
| Uncategorised unsentenced | 2 | 2 | 0.4 |
| Uncategorised sentenced | 1 | 0 | 0.1 |
| Category A | 0 | 0 | 0 |
| Category B | 0 | 22 | 2.5 |
| Category C | 0 | 145 | 17 |
| Category D | 0 | 23 | 2.7 |

| | | | |
|--------------------|------------|------------|------------|
| Other YOI closed | 33 | 7 | 4.7 |
| Other unclassified | 147 | 467 | 72.2 |
| Total | 183 | 667 | 100 |

| Ethnicity | 18-20-year-olds | 21 and over | % |
|-------------------------------|------------------------|--------------------|------------|
| White | | | |
| British | 24 | 165 | 27.08 |
| Irish | 1 | 11 | 1.72 |
| Other white | 18 | 87 | 15.04 |
| | | | |
| Mixed | | | |
| White and black Caribbean | 10 | 14 | 3.44 |
| White and black African | 1 | 1 | 0.29 |
| White and Asian | 1 | 3 | 0.57 |
| Other mixed | 4 | 9 | 1.86 |
| | | | |
| Asian or Asian British | | | |
| Indian | 2 | 13 | 2.15 |
| Pakistani | 5 | 15 | 2.87 |
| Bangladeshi | 4 | 20 | 3.44 |
| Other Asian | 3 | 7 | 1.43 |
| Chinese | 1 | 1 | 0.29 |
| | | | |
| Black or black British | | | |
| Caribbean | 36 | 93 | 18.48 |
| African | 23 | 54 | 11.03 |
| Other black | 17 | 46 | 9.03 |
| | | | |
| Chinese or other ethnic group | | | |
| Chinese | 2 | 5 | 1 |
| Arab | 1 | 1 | 0.29 |
| Other ethnic group | 0 | 0 | 0 |
| | 3 | 6 | |
| Not stated | 29 | 122 | |
| Total | 183 | 667 | 100 |

| Religion | 18-20-year-olds | 21 and over | % |
|-------------------------------|------------------------|--------------------|------------|
| Baptist | 0 | 0 | 0.00 |
| Church of England | 20 | 77 | 11.41 |
| Roman Catholic | 16 | 106 | 14.35 |
| Other Christian denominations | 32 | 95 | 14.94 |
| Muslim | 45 | 148 | 22.71 |
| Sikh | 0 | 2 | 0.24 |
| Hindu | 1 | 5 | 0.71 |
| Buddhist | 0 | 5 | 0.59 |
| Jewish | 0 | 5 | 0.59 |
| Other | 0 | 3 | 0.35 |
| No religion | 26 | 55 | 9.53 |
| Not stated | 43 | 166 | 24.59 |
| Total | 183 | 667 | 100 |

| Other demographics | 18-20-year-olds | 21 and over | % |
|-------------------------|-----------------|-------------|------------|
| Gypsy/Romany/ traveller | 0 | 2 | 0.2 |
| Total | 0 | 2 | 0.2 |

| Other demographics | 18-20-year-olds | 21 and over | % |
|-----------------------------|-----------------|-------------|---|
| Veteran (ex-armed services) | | | |
| Total | | | |

Sentenced prisoners only

| Length of stay | 18-20-year-olds | | 21 and over | |
|----------------------|-----------------|------------|-------------|-------------|
| | Number | % | Number | % |
| Less than 1 month | 30 | 3.5 | 92 | 10.8 |
| 1 month to 3 months | 31 | 3.6 | 129 | 15.2 |
| 3 months to 6 months | 21 | 2.5 | 74 | 8.7 |
| 6 months to 1 year | 0 | 0 | 91 | 10.7 |
| 1 year to 2 years | 0 | 0 | 0 | 0 |
| 2 years to 4 years | 0 | 0 | 0 | 0 |
| 4 years or more | 0 | 0 | 0 | 0 |
| Total | 82 | 9.6 | 386 | 45.4 |

Sentenced prisoners only

| | 18-20-year-olds | 21 and over | % |
|---|-----------------|-------------|----------|
| Foreign nationals detained post sentence expiry | 0 | 17 | 2 |
| Public protection cases | | | |
| Total | | 17 | 2 |

Unsentenced prisoners only

| Length of stay | 18-20-year-olds | | 21 and over | |
|----------------------|-----------------|-------------|-------------|-------------|
| | Number | % | Number | % |
| Less than 1 month | 37 | 9.7 | 116 | 30.4 |
| 1 month to 3 months | 35 | 9.2 | 107 | 28 |
| 3 months to 6 months | 29 | 7.6 | 40 | 10.5 |
| 6 months to 1 year | 0 | 0 | 18 | 4.7 |
| 1 year to 2 years | 0 | 0 | 0 | 0 |
| 2 years to 4 years | 0 | 0 | 0 | 0 |
| 4 years or more | 0 | 0 | 0 | 0 |
| Total | 101 | 11.9 | 386 | 33.1 |

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 7 January 2013, the prisoner population at HMP Thameside was 823. The sample size was 208. Overall, this represented 25% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. This basically means that every second person is selected from a P-Nomis list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Fifteen respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, five respondents were interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 157 respondents completed and returned their questionnaires. This represented 19% of the main prison population. The response rate was 75%. In addition to the 15 respondents who refused to complete a questionnaire, 19 questionnaires were not returned and 17 were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment were weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2013 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 35 local prisons since April 2007.
- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2013 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2013 survey between those who are aged 21 and under and those over 21.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and those of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary, so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary – for example, 'Not sentenced' options across questions – may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2 % from those shown in the comparison data, as the comparator data have been weighted for comparison purposes.

Survey summary

Section 1: About you

| | | | |
|-------------|--|----------|---|
| Q1.2 | How old are you? | | |
| | <i>Under 21</i> | 28 | (18%) |
| | <i>21 - 29</i> | 50 | (32%) |
| | <i>30 - 39</i> | 41 | (26%) |
| | <i>40 - 49</i> | 24 | (15%) |
| | <i>50 - 59</i> | 10 | (6%) |
| | <i>60 - 69</i> | 1 | (1%) |
| | <i>70 and over</i> | 2 | (1%) |
| Q1.3 | Are you sentenced? | | |
| | <i>Yes</i> | 69 | (45%) |
| | <i>Yes - on recall</i> | 17 | (11%) |
| | <i>No - awaiting trial</i> | 49 | (32%) |
| | <i>No - awaiting sentence</i> | 19 | (12%) |
| | <i>No - awaiting deportation</i> | 1 | (1%) |
| Q1.4 | How long is your sentence? | | |
| | Not sentenced | 69 | (45%) |
| | <i>Less than 6 months</i> | 17 | (11%) |
| | <i>6 months to less than 1 year</i> | 13 | (8%) |
| | <i>1 year to less than 2 years</i> | 11 | (7%) |
| | <i>2 years to less than 4 years</i> | 19 | (12%) |
| | <i>4 years to less than 10 years</i> | 11 | (7%) |
| | <i>10 years or more</i> | 6 | (4%) |
| | <i>IPP (indeterminate sentence for public protection)</i> | 4 | (3%) |
| | <i>Life</i> | 5 | (3%) |
| Q1.5 | Are you a foreign national? (i.e. do not have UK citizenship) | | |
| | <i>Yes</i> | 31 | (20%) |
| | <i>No</i> | 122 | (80%) |
| Q1.6 | Do you understand spoken English? | | |
| | <i>Yes</i> | 149 | (96%) |
| | <i>No</i> | 7 | (4%) |
| Q1.7 | Do you understand written English? | | |
| | <i>Yes</i> | 146 | (94%) |
| | <i>No</i> | 9 | (6%) |
| Q1.8 | What is your ethnic origin? | | |
| | <i>White - British (English/ Welsh/Scottish/ Northern Irish)....</i> | 37 (25%) | <i>Asian or Asian British - Chinese..</i> 0 (0%) |
| | <i>White - Irish</i> | 7 (5%) | <i>Asian or Asian British - other</i> 1 (1%) |
| | <i>White - other</i> | 24 (16%) | <i>Mixed race - white and black Caribbean</i> |
| | <i>Black or black British - Caribbean</i> | 34 (23%) | <i>Mixed race - white and black African</i> |
| | <i>Black or black British - African</i> | 17 (11%) | <i>Mixed race - white and Asian</i> 1 (1%) |

| | | | |
|---|--------|---------------------------------|--------|
| <i>Black or black British - other</i> | 1 (1%) | <i>Mixed race - other</i> | 6 (4%) |
| <i>Asian or Asian British - Indian</i> | 2 (1%) | <i>Arab</i> | 0 (0%) |
| <i>Asian or Asian British - Pakistani</i> | 3 (2%) | <i>Other ethnic group</i> | 1 (1%) |
| <i>Asian or Asian British - Bangladeshi</i> | 8 (5%) | | |

Q1.9 Do you consider yourself to be Gypsy/Romany/Traveller?

| | |
|-----------|-----------|
| Yes | 8 (5%) |
| No | 138 (95%) |

Q1.10 What is your religion?

| | | | |
|---|----------|---------------------|----------|
| <i>None</i> | 16 (11%) | <i>Hindu</i> | 1 (1%) |
| <i>Church of England</i> | 33 (22%) | <i>Jewish</i> | 1 (1%) |
| <i>Catholic</i> | 45 (30%) | <i>Muslim</i> | 45 (30%) |
| <i>Protestant</i> | 1 (1%) | <i>Sikh</i> | 1 (1%) |
| <i>Other Christian denomination</i> | 5 (3%) | <i>Other</i> | 4 (3%) |
| <i>Buddhist</i> | 0 (0%) | | |

Q1.11 How would you describe your sexual orientation?

| | |
|------------------------------------|-----------|
| <i>Heterosexual/straight</i> | 151 (97%) |
| <i>Homosexual/gay</i> | 1 (1%) |
| <i>Bisexual</i> | 3 (2%) |

Q1.12 Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?

| | |
|-----------|-----------|
| Yes | 42 (27%) |
| No | 112 (73%) |

Q1.13 Are you a veteran (ex-armed services)?

| | |
|-----------|-----------|
| Yes | 2 (1%) |
| No | 153 (99%) |

Q1.14 Is this your first time in prison?

| | |
|-----------|-----------|
| Yes | 53 (34%) |
| No | 102 (66%) |

Q1.15 Do you have children under the age of 18?

| | |
|-----------|----------|
| Yes | 80 (52%) |
| No | 74 (48%) |

Section 2: Courts, transfers and escorts

Q2.1 On your most recent journey here, how long did you spend in the van?

| | |
|--------------------------------|-----------|
| <i>Less than 2 hours</i> | 120 (76%) |
| <i>2 hours or longer</i> | 22 (14%) |
| <i>Don't remember</i> | 15 (10%) |

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

| | |
|---|-----------|
| <i>My journey was less than two hours</i> | 120 (77%) |
| Yes | 12 (8%) |
| No | 21 (14%) |
| <i>Don't remember</i> | 2 (1%) |

| | | |
|-------------|--|-----------|
| Q2.3 | On your most recent journey here, were you offered a toilet break? | |
| | <i>My journey was less than two hours</i> | 120 (76%) |
| | Yes..... | 2 (1%) |
| | No..... | 33 (21%) |
| | Don't remember..... | 2 (1%) |
| Q2.4 | On your most recent journey here, was the van clean? | |
| | Yes..... | 95 (61%) |
| | No..... | 49 (32%) |
| | Don't remember..... | 11 (7%) |
| Q2.5 | On your most recent journey here, did you feel safe? | |
| | Yes..... | 111 (73%) |
| | No..... | 40 (26%) |
| | Don't remember..... | 2 (1%) |
| Q2.6 | On your most recent journey here, how were you treated by the escort staff? | |
| | <i>Very well</i> | 31 (20%) |
| | <i>Well</i> | 79 (51%) |
| | <i>Neither</i> | 34 (22%) |
| | <i>Badly</i> | 6 (4%) |
| | <i>Very badly</i> | 5 (3%) |
| | Don't remember..... | 0 (0%) |
| Q2.7 | Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.) | |
| | Yes, someone told me..... | 100 (64%) |
| | Yes, I received written information..... | 4 (3%) |
| | No, I was not told anything..... | 46 (29%) |
| | Don't remember..... | 7 (4%) |
| Q2.8 | When you first arrived here did your property arrive at the same time as you? | |
| | Yes..... | 121 (78%) |
| | No..... | 29 (19%) |
| | Don't remember..... | 5 (3%) |

Section 3: Reception, first night and induction

| | | |
|-------------|--|-----------|
| Q3.1 | How long were you in reception? | |
| | <i>Less than 2 hours</i> | 54 (35%) |
| | <i>2 hours or longer</i> | 89 (58%) |
| | Don't remember..... | 10 (7%) |
| Q3.2 | When you were searched, was this carried out in a respectful way? | |
| | Yes..... | 127 (83%) |
| | No..... | 22 (14%) |
| | Don't remember..... | 4 (3%) |
| Q3.3 | Overall, how were you treated in reception? | |
| | <i>Very well</i> | 35 (23%) |
| | <i>Well</i> | 78 (51%) |
| | <i>Neither</i> | 25 (16%) |
| | <i>Badly</i> | 9 (6%) |

Very badly 5 (3%)
 Don't remember 2 (1%)

Q3.4 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

| | | | |
|------------------------------------|----------|--|----------|
| Loss of property | 24 (16%) | Physical health | 34 (22%) |
| Housing problems..... | 46 (30%) | Mental health..... | 32 (21%) |
| Contacting employers | 10 (7%) | Needing protection from other prisoners..... | 7 (5%) |
| Contacting family | 40 (26%) | Getting phone numbers | 40 (26%) |
| Childcare | 4 (3%) | Other | 5 (3%) |
| Money worries..... | 37 (24%) | Did not have any problems | 39 (26%) |
| Feeling depressed or suicidal..... | 29 (19%) | | |

Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?

Yes 40 (27%)
 No..... 69 (47%)
Did not have any problems..... 39 (26%)

Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)

| | |
|---------------------------------------|-----------|
| Tobacco..... | 141 (90%) |
| A shower | 73 (47%) |
| A free telephone call..... | 117 (75%) |
| Something to eat..... | 126 (81%) |
| PIN phone credit..... | 107 (69%) |
| Toiletries/basic items..... | 115 (74%) |
| Did not receive anything | 1 (1%) |

Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)

| | |
|--|-----------|
| Chaplain | 48 (32%) |
| Someone from health services | 117 (77%) |
| A Listener/Samaritans..... | 49 (32%) |
| Prison shop/canteen..... | 61 (40%) |
| Did not have access to any of these | 21 (14%) |

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)

| | |
|--|----------|
| What was going to happen to you..... | 55 (38%) |
| What support was available for people feeling depressed or suicidal..... | 56 (38%) |
| How to make routine requests (applications) | 71 (49%) |
| Your entitlement to visits..... | 65 (45%) |
| Health services | 76 (52%) |
| Chaplaincy | 57 (39%) |
| Not offered any information | 41 (28%) |

Q3.9 Did you feel safe on your first night here?

Yes 120 (80%)
 No..... 28 (19%)
 Don't remember 2 (1%)

Q3.10 How soon after you arrived here did you go on an induction course?

Have not been on an induction course..... 13 (9%)

Within the first week 92 (61%)
 More than a week 40 (26%)
 Don't remember 6 (4%)

Q3.11 Did the induction course cover everything you needed to know about the prison?
Have not been on an induction course..... 13 (9%)
 Yes 79 (56%)
 No 38 (27%)
 Don't remember 10 (7%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?
Did not receive an assessment..... 26 (17%)
 Within the first week 41 (28%)
 More than a week 70 (47%)
 Don't remember 12 (8%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is it to:

| | Very easy | Easy | Neither | Difficult | Very difficult | N/A |
|--|-----------|----------|----------|-----------|----------------|----------|
| Communicate with your solicitor or legal representative? | 28 (19%) | 35 (24%) | 17 (11%) | 22 (15%) | 25 (17%) | 21 (14%) |
| Attend legal visits? | 22 (17%) | 51 (39%) | 13 (10%) | 15 (11%) | 9 (7%) | 21 (16%) |
| Get bail information? | 1 (1%) | 15 (12%) | 21 (16%) | 15 (12%) | 24 (18%) | 54 (42%) |

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?
Not had any letters 35 (24%)
 Yes 38 (26%)
 No 74 (50%)

Q4.3 Can you get legal books in the library?
 Yes 23 (16%)
 No 26 (18%)
 Don't know 97 (66%)

Q4.4 Please answer the following questions about the wing/unit you are currently living on:

| | Yes | No | Don't know |
|--|------------|----------|------------|
| Do you normally have enough clean, suitable clothes for the week? | 86 (58%) | 62 (42%) | 1 (1%) |
| Are you normally able to have a shower every day? | 150 (100%) | 0 (0%) | 0 (0%) |
| Do you normally receive clean sheets every week? | 78 (54%) | 60 (41%) | 7 (5%) |
| Do you normally get cell cleaning materials every week? | 77 (52%) | 66 (45%) | 4 (3%) |
| Is your cell call bell normally answered within five minutes? | 38 (26%) | 99 (67%) | 11 (7%) |
| Is it normally quiet enough for you to be able to relax or sleep in your cell at night time? | 83 (57%) | 58 (40%) | 4 (3%) |
| If you need to, can you normally get your stored property? | 31 (21%) | 62 (42%) | 56 (38%) |

| | | | | |
|--------------|---|-----|-------|--|
| Q4.5 | What is the food like here? | | | |
| | Very good..... | 13 | (9%) | |
| | Good..... | 57 | (39%) | |
| | Neither..... | 51 | (34%) | |
| | Bad..... | 21 | (14%) | |
| | Very bad..... | 6 | (4%) | |
| Q4.6 | Does the shop/canteen sell a wide enough range of goods to meet your needs? | | | |
| | <i>Have not bought anything yet/don't know</i> | 7 | (5%) | |
| | Yes..... | 74 | (50%) | |
| | No..... | 66 | (45%) | |
| Q4.7 | Can you speak to a Listener at any time if you want to? | | | |
| | Yes..... | 58 | (39%) | |
| | No..... | 21 | (14%) | |
| | Don't know..... | 70 | (47%) | |
| Q4.8 | Are your religious beliefs respected? | | | |
| | Yes..... | 108 | (72%) | |
| | No..... | 14 | (9%) | |
| | Don't know/N/A..... | 27 | (18%) | |
| Q4.9 | Are you able to speak to a chaplain of your faith in private if you want to? | | | |
| | Yes..... | 80 | (54%) | |
| | No..... | 11 | (7%) | |
| | Don't know/N/A..... | 56 | (38%) | |
| Q4.10 | How easy or difficult is it for you to attend religious services? | | | |
| | <i>I don't want to attend</i> | 17 | (11%) | |
| | Very easy..... | 57 | (39%) | |
| | Easy..... | 38 | (26%) | |
| | Neither..... | 9 | (6%) | |
| | Difficult..... | 11 | (7%) | |
| | Very difficult..... | 1 | (1%) | |
| | Don't know..... | 15 | (10%) | |

Section 5: Applications and complaints

| | | | | |
|-------------|---|-------------------------|------------|-----------|
| Q5.1 | Is it easy to make an application? | | | |
| | Yes..... | 104 | (72%) | |
| | No..... | 27 | (19%) | |
| | Don't know..... | 14 | (10%) | |
| Q5.2 | Please answer the following questions about applications: | | | |
| | <i>(If you have not made an application please tick the 'not made one' option.)</i> | | | |
| | | Not made one | Yes | No |
| | Are applications dealt with fairly? | 17 (13%) | 75 (56%) | 41 (31%) |
| | Are applications dealt with quickly (within seven days)? | 17 (14%) | 50 (41%) | 55 (45%) |
| Q5.3 | Is it easy to make a complaint? | | | |
| | Yes..... | 52 | (37%) | |
| | No..... | 32 | (23%) | |
| | Don't know..... | 58 | (41%) | |

| | | | | |
|-------------|---|-------------------------|------------|-----------|
| Q5.4 | Please answer the following questions about complaints: (If you have not made a complaint please tick the 'not made one' option.) | Not made one | Yes | No |
| | Are complaints dealt with fairly? | 88 (62%) | 17 (12%) | 38 (27%) |
| | Are complaints dealt with quickly (within seven days)? | 88 (63%) | 8 (6%) | 43 (31%) |
| Q5.5 | Have you ever been prevented from making a complaint when you wanted to? | | | |
| | Yes | | 23 (16%) | |
| | No | | 117 (84%) | |
| Q5.6 | How easy or difficult is it for you to see the Independent Monitoring Board (IMB)? | | | |
| | <i>Don't know who they are</i> | 73 (52%) | | |
| | Very easy | 8 (6%) | | |
| | Easy | 10 (7%) | | |
| | Neither | 22 (16%) | | |
| | Difficult | 17 (12%) | | |
| | Very difficult | 11 (8%) | | |

Section 6: Incentive and earned privileges scheme

| | | | | |
|-------------|---|-----------|--|--|
| Q6.1 | Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.) | | | |
| | <i>Don't know what the IEP scheme is</i> | 24 (17%) | | |
| | Yes | 49 (34%) | | |
| | No | 46 (32%) | | |
| | <i>Don't know</i> | 26 (18%) | | |
| Q6.2 | Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.) | | | |
| | <i>Don't know what the IEP scheme is</i> | 24 (17%) | | |
| | Yes | 53 (38%) | | |
| | No | 44 (31%) | | |
| | <i>Don't know</i> | 19 (14%) | | |
| Q6.3 | In the last six months have any members of staff physically restrained you (C&R)? | | | |
| | Yes | 7 (5%) | | |
| | No | 136 (95%) | | |
| Q6.4 | If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff? | | | |
| | <i>I have not been to segregation in the last 6 months</i> | 117 (83%) | | |
| | Very well | 4 (3%) | | |
| | Well | 6 (4%) | | |
| | Neither | 9 (6%) | | |
| | Badly | 0 (0%) | | |
| | Very badly | 5 (4%) | | |

Section 7: Relationships with staff

| | | | |
|-------------|--|-----------|--|
| Q7.1 | Do most staff treat you with respect? | | |
| | Yes | 118 (80%) | |
| | No | 30 (20%) | |

| | | |
|-------------|--|-----------|
| Q7.2 | Is there a member of staff you can turn to for help if you have a problem? | |
| | Yes..... | 95 (65%) |
| | No..... | 51 (35%) |
| Q7.3 | Has a member of staff checked on you personally in the last week to see how you are getting on? | |
| | Yes..... | 60 (41%) |
| | No..... | 86 (59%) |
| Q7.4 | How often do staff normally speak to you during association? | |
| | Do not go on association | 11 (8%) |
| | Never | 29 (20%) |
| | Rarely | 34 (24%) |
| | Some of the time..... | 32 (23%) |
| | Most of the time..... | 20 (14%) |
| | All of the time..... | 16 (11%) |
| Q7.5 | When did you first meet your personal (named) officer? | |
| | I have not met him/her | 115 (77%) |
| | In the first week..... | 14 (9%) |
| | More than a week | 8 (5%) |
| | Don't remember | 12 (8%) |
| Q7.6 | How helpful is your personal (named) officer? | |
| | Do not have a personal officer/I have not met him/her | 115 (79%) |
| | Very helpful..... | 9 (6%) |
| | Helpful..... | 11 (8%) |
| | Neither..... | 6 (4%) |
| | Not very helpful..... | 2 (1%) |
| | Not at all helpful | 2 (1%) |

Section 8: Safety

| | | |
|-------------|--|-----------|
| Q8.1 | Have you ever felt unsafe here? | |
| | Yes..... | 47 (31%) |
| | No..... | 103 (69%) |
| Q8.2 | Do you feel unsafe now? | |
| | Yes..... | 25 (17%) |
| | No..... | 124 (83%) |
| Q8.3 | In which areas have you felt unsafe? (Please tick all that apply to you.) | |
| | Never felt unsafe | 103 (72%) |
| | Everywhere..... | 10 (7%) |
| | Segregation unit..... | 3 (2%) |
| | Association areas | 13 (9%) |
| | Reception area..... | 5 (3%) |
| | At the gym..... | 7 (5%) |
| | In an exercise yard..... | 6 (4%) |
| | At work..... | 2 (1%) |
| | During movement | 21 (15%) |
| | At education..... | 5 (3%) |
| | At mealtimes..... | 10 (7%) |
| | At health services | 9 (6%) |
| | Visits area | 15 (10%) |
| | In wing showers | 3 (2%) |
| | In gym showers..... | 3 (2%) |
| | In corridors/stairwells | 14 (10%) |
| | On your landing/wing | 12 (8%) |
| | In your cell..... | 10 (7%) |
| | At religious services | 8 (6%) |

| | | |
|-------------|---|-----------|
| Q8.4 | Have you been victimised by other prisoners here? | |
| | Yes | 27 (18%) |
| | No..... | 123 (82%) |
| Q8.5 | If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.) | |
| | <i>Insulting remarks (about you or your family or friends).....</i> | 9 (6%) |
| | <i>Physical abuse (being hit, kicked or assaulted).....</i> | 6 (4%) |
| | <i>Sexual abuse.....</i> | 0 (0%) |
| | <i>Feeling threatened or intimidated.....</i> | 11 (7%) |
| | <i>Having your canteen/property taken.....</i> | 4 (3%) |
| | <i>Medication.....</i> | 5 (3%) |
| | <i>Debt.....</i> | 0 (0%) |
| | <i>Drugs</i> | 2 (1%) |
| | <i>Your race or ethnic origin</i> | 4 (3%) |
| | <i>Your religion/religious beliefs.....</i> | 2 (1%) |
| | <i>Your nationality</i> | 2 (1%) |
| | <i>You are from a different part of the country than others.....</i> | 2 (1%) |
| | <i>You are from a traveller community</i> | 0 (0%) |
| | <i>Your sexual orientation</i> | 0 (0%) |
| | <i>Your age.....</i> | 5 (3%) |
| | <i>You have a disability</i> | 4 (3%) |
| | <i>You were new here.....</i> | 9 (6%) |
| | <i>Your offence/crime</i> | 2 (1%) |
| | <i>Gang related issues</i> | 8 (5%) |
| Q8.6 | Have you been victimised by staff here? | |
| | Yes | 39 (27%) |
| | No..... | 104 (73%) |
| Q8.7 | If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.) | |
| | <i>Insulting remarks (about you or your family or friends).....</i> | 11 (8%) |
| | <i>Physical abuse (being hit, kicked or assaulted).....</i> | 4 (3%) |
| | <i>Sexual abuse.....</i> | 0 (0%) |
| | <i>Feeling threatened or intimidated.....</i> | 8 (6%) |
| | <i>Medication.....</i> | 6 (4%) |
| | <i>Debt.....</i> | 0 (0%) |
| | <i>Drugs</i> | 4 (3%) |
| | <i>Your race or ethnic origin</i> | 6 (4%) |
| | <i>Your religion/religious beliefs.....</i> | 1 (1%) |
| | <i>Your nationality</i> | 3 (2%) |
| | <i>You are from a different part of the country than others.....</i> | 1 (1%) |
| | <i>You are from a traveller community</i> | 0 (0%) |
| | <i>Your sexual orientation</i> | 1 (1%) |
| | <i>Your age.....</i> | 7 (5%) |
| | <i>You have a disability</i> | 4 (3%) |
| | <i>You were new here.....</i> | 6 (4%) |
| | <i>Your offence/crime</i> | 4 (3%) |
| | <i>Gang related issues</i> | 3 (2%) |
| Q8.8 | If you have been victimised by prisoners or staff, did you report it? | |
| | Not been victimised | 95 (70%) |
| | Yes | 13 (10%) |
| | No..... | 28 (21%) |

Section 9: Health services

| | | | | | | |
|-------------|---|-------------------|------------------|-------------|----------------|-----------------------|
| Q9.1 | How easy or difficult is it to see the following people? | | | | | |
| | | <i>Don't know</i> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> |
| | | | | | | <i>Very difficult</i> |
| | The doctor | 17 (12%) | 6 (4%) | 39 (27%) | 23 (16%) | 38 (26%) |
| | The nurse | 18 (13%) | 12 (9%) | 48 (35%) | 19 (14%) | 23 (17%) |
| | The dentist | 35 (25%) | 2 (1%) | 15 (11%) | 17 (12%) | 26 (19%) |
| | | | | | | 43 (31%) |
| Q9.2 | What do you think of the quality of the health service from the following people? | | | | | |
| | | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> |
| | | | | | | <i>Very bad</i> |
| | The doctor | 26 (18%) | 7 (5%) | 43 (29%) | 28 (19%) | 21 (14%) |
| | The nurse | 20 (14%) | 16 (12%) | 43 (31%) | 25 (18%) | 14 (10%) |
| | The dentist | 60 (45%) | 7 (5%) | 20 (15%) | 21 (16%) | 4 (3%) |
| | | | | | | 22 (16%) |
| Q9.3 | What do you think of the overall quality of the health services here? | | | | | |
| | <i>Not been</i> | | | | | 15 (10%) |
| | <i>Very good</i> | | | | | 8 (5%) |
| | <i>Good</i> | | | | | 45 (30%) |
| | <i>Neither</i> | | | | | 29 (19%) |
| | <i>Bad</i> | | | | | 29 (19%) |
| | <i>Very bad</i> | | | | | 23 (15%) |
| Q9.4 | Are you currently taking medication? | | | | | |
| | Yes..... | | | | | 85 (58%) |
| | No..... | | | | | 62 (42%) |
| Q9.5 | If you are taking medication, are you allowed to keep some/all of it in your own cell? | | | | | |
| | <i>Not taking medication</i> | | | | | 62 (44%) |
| | <i>Yes, all my meds</i> | | | | | 20 (14%) |
| | <i>Yes, some of my meds</i> | | | | | 20 (14%) |
| | <i>No</i> | | | | | 40 (28%) |
| Q9.6 | Do you have any emotional or mental health problems? | | | | | |
| | Yes..... | | | | | 58 (39%) |
| | No..... | | | | | 91 (61%) |
| Q9.7 | Are you being helped/supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)? | | | | | |
| | <i>Do not have any emotional or mental health problems</i> | | | | | 91 (62%) |
| | Yes..... | | | | | 23 (16%) |
| | No..... | | | | | 32 (22%) |

Section 10: Drugs and alcohol

| | | |
|--------------|--|-----------|
| Q10.1 | Did you have a problem with drugs when you came into this prison? | |
| | Yes..... | 47 (32%) |
| | No..... | 100 (68%) |
| Q10.2 | Did you have a problem with alcohol when you came into this prison? | |
| | Yes..... | 39 (26%) |
| | No..... | 109 (74%) |

Q10.3 Is it easy or difficult to get illegal drugs in this prison?

| | |
|----------------------|----------|
| Very easy | 17 (12%) |
| Easy | 10 (7%) |
| Neither | 5 (3%) |
| Difficult | 7 (5%) |
| Very difficult | 19 (13%) |
| Don't know | 88 (60%) |

Q10.4 Is it easy or difficult to get alcohol in this prison?

| | |
|----------------------|-----------|
| Very easy | 6 (4%) |
| Easy | 4 (3%) |
| Neither | 3 (2%) |
| Difficult | 10 (7%) |
| Very difficult | 20 (14%) |
| Don't know | 102 (70%) |

Q10.5 Have you developed a problem with illegal drugs since you have been in this prison?

| | |
|-----------|-----------|
| Yes | 5 (3%) |
| No | 142 (97%) |

Q10.6 Have you developed a problem with diverted medication since you have been in this prison?

| | |
|-----------|-----------|
| Yes | 7 (5%) |
| No | 138 (95%) |

Q10.7 Have you received any support or help (e.g. substance misuse teams) for your drug problem, while in this prison?

| | |
|---|----------|
| <i>Did not/do not have a drug problem</i> | 98 (69%) |
| Yes | 30 (21%) |
| No | 15 (10%) |

Q10.8 Have you received any support or help (e.g. substance misuse teams) for your alcohol problem, while in this prison?

| | |
|---|-----------|
| <i>Did not/do not have an alcohol problem</i> | 109 (77%) |
| Yes | 20 (14%) |
| No | 13 (9%) |

Q10.9 Was the support or help you received, while in this prison, helpful?

| | |
|--|----------|
| <i>Did not have a problem/did not receive help</i> | 93 (67%) |
| Yes | 28 (20%) |
| No | 18 (13%) |

Section 11: Activities

Q11.1 How easy or difficult is it to get into the following activities, in this prison?

| | <i>Don't know</i> | Very Easy | Easy | Neither | Difficult | Very difficult |
|------------------------------------|-------------------|-----------|----------|----------|-----------|----------------|
| Prison job | 22 (15%) | 7 (5%) | 19 (13%) | 9 (6%) | 40 (27%) | 49 (34%) |
| Vocational or skills training | 36 (27%) | 11 (8%) | 22 (17%) | 19 (14%) | 27 (20%) | 18 (14%) |
| Education (including basic skills) | 21 (16%) | 16 (12%) | 48 (36%) | 20 (15%) | 17 (13%) | 13 (10%) |

| | | | | | | |
|--------------------------------|-------------|--------|---------|-------------|-------------|-------------|
| Offending behaviour programmes | 62 (45%) | 6 (4%) | 10 (7%) | 16 (12%) | 22 (16%) | 21 (15%) |
|--------------------------------|-------------|--------|---------|-------------|-------------|-------------|

Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

| | |
|---|----------|
| Not involved in any of these | 53 (37%) |
| Prison job | 36 (25%) |
| Vocational or skills training..... | 12 (8%) |
| Education (including basic skills)..... | 63 (44%) |
| Offending behaviour programmes..... | 4 (3%) |

Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?

| | Not been involved | Yes | No | Don't know |
|------------------------------------|--------------------------|----------|----------|------------|
| Prison job | 51 (47%) | 29 (27%) | 16 (15%) | 12 (11%) |
| Vocational or skills training | 53 (55%) | 27 (28%) | 9 (9%) | 8 (8%) |
| Education (including basic skills) | 34 (29%) | 58 (49%) | 13 (11%) | 14 (12%) |
| Offending behaviour programmes | 52 (58%) | 17 (19%) | 9 (10%) | 12 (13%) |

Q11.4 How often do you usually go to the library?

| | |
|-------------------------------|----------|
| Don't want to go | 10 (7%) |
| Never..... | 68 (50%) |
| Less than once a week..... | 33 (24%) |
| About once a week..... | 19 (14%) |
| More than once a week..... | 5 (4%) |

Q11.5 Does the library have a wide enough range of materials to meet your needs?

| | |
|---------------------------|----------|
| Don't use it | 64 (48%) |
| Yes..... | 31 (23%) |
| No..... | 37 (28%) |

Q11.6 How many times do you usually go to the gym each week?

| | |
|-------------------------------|----------|
| Don't want to go | 17 (13%) |
| 0..... | 21 (16%) |
| 1 to 2..... | 25 (19%) |
| 3 to 5..... | 62 (46%) |
| More than 5..... | 9 (7%) |

Q11.7 How many times do you usually go outside for exercise each week?

| | |
|-------------------------------|----------|
| Don't want to go | 18 (13%) |
| 0..... | 26 (18%) |
| 1 to 2..... | 32 (23%) |
| 3 to 5..... | 39 (28%) |
| More than 5..... | 26 (18%) |

Q11.8 How many times do you usually have association each week?

| | |
|-------------------------------|-----------|
| Don't want to go | 5 (4%) |
| 0..... | 22 (15%) |
| 1 to 2..... | 104 (73%) |
| 3 to 5..... | 8 (6%) |
| More than 5..... | 3 (2%) |

Q11.9 How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)

| | |
|--------------------------------|----------|
| Less than 2 hours | 54 (39%) |
|--------------------------------|----------|

| | |
|------------------------------|----------|
| 2 to less than 4 hours..... | 29 (21%) |
| 4 to less than 6 hours..... | 16 (12%) |
| 6 to less than 8 hours..... | 12 (9%) |
| 8 to less than 10 hours..... | 10 (7%) |
| 10 hours or more..... | 6 (4%) |
| Don't know | 10 (7%) |

Section 12: Contact with family and friends

| | | |
|--------------|---|-----------|
| Q12.1 | Have staff supported you and helped you to maintain contact with your family/friends while in this prison? | |
| | Yes | 50 (38%) |
| | No..... | 82 (62%) |
| Q12.2 | Have you had any problems with sending or receiving mail (letters or parcels)? | |
| | Yes | 57 (40%) |
| | No..... | 84 (60%) |
| Q12.3 | Have you had any problems getting access to the telephones? | |
| | Yes | 24 (17%) |
| | No..... | 121 (83%) |
| Q12.4 | How easy or difficult is it for your family and friends to get here? | |
| | <i>I don't get visits</i> | 23 (16%) |
| | Very easy | 24 (17%) |
| | Easy..... | 47 (33%) |
| | Neither..... | 20 (14%) |
| | Difficult..... | 7 (5%) |
| | Very difficult..... | 14 (10%) |
| | Don't know | 9 (6%) |

Section 13: Preparation for release

| | | |
|--------------|---|-----------|
| Q13.1 | Do you have a named offender manager (home probation officer) in the probation service? | |
| | Not sentenced | 69 (47%) |
| | Yes | 44 (30%) |
| | No..... | 34 (23%) |
| Q13.2 | What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.) | |
| | Not sentenced/N/A | 103 (70%) |
| | No contact..... | 20 (14%) |
| | Letter..... | 4 (3%) |
| | Phone | 12 (8%) |
| | Visit | 11 (7%) |
| Q13.3 | Do you have a named offender supervisor in this prison? | |
| | Yes | 46 (35%) |
| | No..... | 85 (65%) |
| Q13.4 | Do you have a sentence plan? | |
| | Not sentenced | 69 (47%) |
| | Yes..... | 25 (17%) |

No..... 54 (36%)

Q13.5 How involved were you in the development of your sentence plan?
Do not have a sentence plan/not sentenced..... 123 (84%)
 Very involved..... 5 (3%)
 Involved..... 9 (6%)
 Neither..... 3 (2%)
 Not very involved..... 2 (1%)
 Not at all involved..... 5 (3%)

Q13.6 Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)
Do not have a sentence plan/not sentenced..... 123 (84%)
 Nobody..... 9 (6%)
 Offender supervisor..... 8 (5%)
 Offender manager..... 4 (3%)
 Named/ personal officer..... 1 (1%)
 Staff from other departments..... 4 (3%)

Q13.7 Can you achieve any of your sentence plan targets in this prison?
Do not have a sentence plan/not sentenced..... 123 (84%)
 Yes..... 11 (7%)
 No..... 10 (7%)
 Don't know..... 3 (2%)

Q13.8 Are there plans for you to achieve any of your sentence plan targets in another prison?
Do not have a sentence plan/ not sentenced..... 123 (84%)
 Yes..... 9 (6%)
 No..... 11 (8%)
 Don't know..... 3 (2%)

Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?
Do not have a sentence plan/not sentenced..... 123 (84%)
 Yes..... 7 (5%)
 No..... 9 (6%)
 Don't know..... 8 (5%)

Q13.10 Do you have a needs based custody plan?
 Yes..... 21 (15%)
 No..... 51 (36%)
 Don't know..... 69 (49%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?
 Yes..... 12 (9%)
 No..... 119 (91%)

Q13.12 Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)

| | <i>Do not need help</i> | Yes | No |
|---------------|-------------------------|----------|----------|
| Employment | 19 (16%) | 33 (28%) | 68 (57%) |
| Accommodation | 19 (16%) | 36 (30%) | 66 (55%) |
| Benefits | 20 (17%) | 32 (27%) | 67 (56%) |
| Finances | 20 (18%) | 20 (18%) | 70 (64%) |
| Education | 21 (19%) | 31 (28%) | 59 (53%) |

Drugs and alcohol 30 (26%) 38 (33%) 46 (40%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

Not sentenced 69 (50%)
Yes 32 (23%)
No 38 (27%)

Main comparator



Prisoner survey responses HMP Thameside 2013

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

| | | HMP Thameside | Local prisons comparator |
|--|---|---------------|--------------------------|
| | Any percentage highlighted in green is significantly better | | |
| | Any percentage highlighted in blue is significantly worse | | |
| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | |
| | Percentages which are not highlighted show there is no significant difference | | |
| Number of completed questionnaires returned | | 157 | 5780 |
| SECTION 1: General information | | | |
| 1.2 | Are you under 21 years of age? | 18% | 6% |
| 1.3 | Are you sentenced? | 56% | 68% |
| 1.3 | Are you on recall? | 11% | 10% |
| 1.4 | Is your sentence less than 12 months? | 19% | 20% |
| 1.4 | Are you here under an indeterminate sentence for public protection (IPP prisoner)? | 3% | 3% |
| 1.5 | Are you a foreign national? | 20% | 12% |
| 1.6 | Do you understand spoken English? | 96% | 99% |
| 1.7 | Do you understand written English? | 94% | 98% |
| 1.8 | Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)? | 55% | 24% |
| 1.9 | Do you consider yourself to be Gypsy/Romany/Traveller? | 6% | 5% |
| 1.1 | Are you Muslim? | 30% | 11% |
| 1.11 | Are you homosexual/gay or bisexual? | 3% | 3% |
| 1.12 | Do you consider yourself to have a disability? | 27% | 21% |
| 1.13 | Are you a veteran (ex-armed services)? | 1% | 6% |
| 1.14 | Is this your first time in prison? | 34% | 29% |
| 1.15 | Do you have any children under the age of 18? | 52% | 53% |
| SECTION 2: Transfers and escorts | | | |
| On your most recent journey here: | | | |
| 2.1 | Did you spend more than 2 hours in the van? | 14% | 19% |
| For those who spent two or more hours in the escort van: | | | |
| 2.2 | Were you offered anything to eat or drink? | 34% | 40% |
| 2.3 | Were you offered a toilet break? | 5% | 9% |
| 2.4 | Was the van clean? | 61% | 64% |
| 2.5 | Did you feel safe? | 73% | 77% |
| 2.6 | Were you treated well/very well by the escort staff? | 71% | 67% |
| 2.7 | Before you arrived here were you told that you were coming here? | 64% | 68% |
| 2.7 | Before you arrived here did you receive any written information about coming here? | 3% | 6% |
| 2.8 | When you first arrived here did your property arrive at the same time as you? | 78% | 82% |

Main comparator

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| SECTION 3: Reception, first night and induction | | | |
| 3.1 | Were you in reception for less than 2 hours? | 35% | 48% |
| 3.2 | When you were searched in reception, was this carried out in a respectful way? | 83% | 75% |
| 3.3 | Were you treated well/very well in reception? | 73% | 60% |
| | When you first arrived: | | |
| 3.4 | Did you have any problems? | 74% | 74% |
| 3.4 | Did you have any problems with loss of property? | 16% | 14% |
| 3.4 | Did you have any housing problems? | 30% | 24% |
| 3.4 | Did you have any problems contacting employers? | 7% | 6% |
| 3.4 | Did you have any problems contacting family? | 26% | 32% |
| 3.4 | Did you have any problems ensuring dependants were being looked after? | 3% | 6% |
| 3.4 | Did you have any money worries? | 24% | 22% |
| 3.4 | Did you have any problems with feeling depressed or suicidal? | 19% | 21% |
| 3.4 | Did you have any physical health problems? | 22% | 17% |
| 3.4 | Did you have any mental health problems? | 21% | 18% |
| 3.4 | Did you have any problems with needing protection from other prisoners? | 5% | 8% |
| 3.4 | Did you have problems accessing phone numbers? | 26% | 30% |
| | For those with problems: | | |
| 3.5 | Did you receive any help/support from staff in dealing with these problems? | 37% | 39% |
| | When you first arrived here, were you offered any of the following: | | |
| 3.6 | Tobacco? | 90% | 86% |
| 3.6 | A shower? | 47% | 33% |
| 3.6 | A free telephone call? | 75% | 57% |
| 3.6 | Something to eat? | 81% | 78% |
| 3.6 | PIN phone credit? | 69% | 53% |
| 3.6 | Toiletries/basic items? | 74% | 56% |

Main comparator

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| SECTION 3: Reception, first night and induction continued | | |
| When you first arrived here did you have access to the following people: | | |
| 3.7 The chaplain or a religious leader? | 32% | 51% |
| 3.7 Someone from health services? | 78% | 73% |
| 3.7 A Listener/Samaritans? | 33% | 40% |
| 3.7 Prison shop/canteen? | 40% | 15% |
| When you first arrived here were you offered information about any of the following: | | |
| 3.8 What was going to happen to you? | 38% | 48% |
| 3.8 Support was available for people feeling depressed or suicidal? | 38% | 48% |
| 3.8 How to make routine requests? | 49% | 40% |
| 3.8 Your entitlement to visits? | 45% | 45% |
| 3.8 Health services? | 52% | 52% |
| 3.8 The chaplaincy? | 39% | 48% |
| 3.9 Did you feel safe on your first night here? | 80% | 74% |
| 3.10 Have you been on an induction course? | 91% | 77% |
| For those who have been on an induction course: | | |
| 3.11 Did the course cover everything you needed to know about the prison? | 62% | 58% |
| 3.12 Did you receive an education (skills for life) assessment? | 83% | 72% |
| SECTION 4: Legal rights and respectful custody | | |
| In terms of your legal rights, is it easy/very easy to: | | |
| 4.1 Communicate with your solicitor or legal representative? | 43% | 41% |
| 4.1 Attend legal visits? | 56% | 58% |
| 4.1 Get bail information? | 12% | 23% |
| 4.2 Have staff ever opened letters from your solicitor or legal representative when you were not with them? | 26% | 40% |
| 4.3 Can you get legal books in the library? | 16% | 40% |
| For the wing/unit you are currently on: | | |
| 4.4 Are you normally offered enough clean, suitable clothes for the week? | 58% | 53% |
| 4.4 Are you normally able to have a shower every day? | 100% | 79% |
| 4.4 Do you normally receive clean sheets every week? | 54% | 81% |
| 4.4 Do you normally get cell cleaning materials every week? | 52% | 62% |
| 4.4 Is your cell call bell normally answered within five minutes? | 26% | 37% |
| 4.4 Is it normally quiet enough for you to be able to relax or sleep in your cell at night time? | 57% | 64% |
| 4.4 Can you normally get your stored property if you need to? | 21% | 27% |
| 4.5 Is the food in this prison good/very good? | 47% | 24% |
| 4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs? | 50% | 46% |
| 4.7 Are you able to speak to a Listener at any time, if you want to? | 39% | 59% |
| 4.8 Are your religious beliefs are respected? | 73% | 53% |
| 4.9 Are you able to speak to a religious leader of your faith in private if you want to? | 54% | 55% |
| 4.10 Is it easy/very easy to attend religious services? | 64% | 46% |

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| SECTION 5: Applications and complaints | | | |
| 5.1 | Is it easy to make an application? | 72% | 82% |
| | For those who have made an application: | | |
| 5.2 | Do you feel applications are dealt with fairly? | 65% | 58% |
| 5.2 | Do you feel applications are dealt with quickly (within seven days)? | 48% | 48% |
| 5.3 | Is it easy to make a complaint? | 37% | 57% |
| | For those who have made a complaint: | | |
| 5.4 | Do you feel complaints are dealt with fairly? | 31% | 33% |
| 5.4 | Do you feel complaints are dealt with quickly (within seven days)? | 16% | 36% |
| 5.5 | Have you ever been prevented from making a complaint when you wanted to? | 17% | 16% |
| 5.6 | Is it easy/very easy to see the Independent Monitoring Board? | 13% | 22% |
| SECTION 6: Incentives and earned privileges scheme | | | |
| 6.1 | Do you feel you have been treated fairly in your experience of the IEP scheme? | 34% | 48% |
| 6.2 | Do the different levels of the IEP scheme encourage you to change your behaviour? | 38% | 44% |
| 6.3 | In the last six months have any members of staff physically restrained you (C&R)? | 5% | 7% |
| 6.4 | In the last six months, if you have spent a night in the segregation/care and separation unit, were you treated very well/well by staff? | 42% | 38% |
| SECTION 7: Relationships with staff | | | |
| 7.1 | Do most staff, in this prison, treat you with respect? | 80% | 73% |
| 7.2 | Is there a member of staff, in this prison, that you can turn to for help if you have a problem? | 65% | 73% |
| 7.3 | Has a member of staff checked on you personally in the last week to see how you were getting on? | 41% | 32% |
| 7.4 | Do staff normally speak to you most of the time/all of the time during association? | 25% | 18% |
| 7.5 | Do you have a personal officer? | 23% | 45% |
| | For those with a personal officer: | | |
| 7.6 | Do you think your personal officer is helpful/very helpful? | 67% | 64% |

Main comparator

Key to tables

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| SECTION 8: Safety | | | |
| 8.1 | Have you ever felt unsafe here? | 31% | 40% |
| 8.2 | Do you feel unsafe now? | 17% | 17% |
| 8.4 | Have you been victimised by other prisoners here? | 18% | 22% |
| | Since you have been here, have other prisoners: | | |
| 8.5 | Made insulting remarks about you, your family or friends? | 6% | 10% |
| 8.5 | Hit, kicked or assaulted you? | 4% | 7% |
| 8.5 | Sexually abused you? | 0% | 1% |
| 8.5 | Threatened or intimidated you? | 7% | 14% |
| 8.5 | Taken your canteen/property? | 3% | 5% |
| 8.5 | Victimised you because of medication? | 3% | 5% |
| 8.5 | Victimised you because of debt? | 0% | 3% |
| 8.5 | Victimised you because of drugs? | 1% | 4% |
| 8.5 | Victimised you because of your race or ethnic origin? | 3% | 3% |
| 8.5 | Victimised you because of your religion/religious beliefs? | 1% | 2% |
| 8.5 | Victimised you because of your nationality? | 1% | 2% |
| 8.5 | Victimised you because you were from a different part of the country? | 1% | 4% |
| 8.5 | Victimised you because you are from a Traveller community? | 0% | 1% |
| 8.5 | Victimised you because of your sexual orientation? | 0% | 1% |
| 8.5 | Victimised you because of your age? | 3% | 2% |
| 8.5 | Victimised you because you have a disability? | 3% | 3% |
| 8.5 | Victimised you because you were new here? | 6% | 5% |
| 8.5 | Victimised you because of your offence/crime? | 1% | 5% |
| 8.5 | Victimised you because of gang related issues? | 5% | 4% |

Main comparator

Key to tables

| | | | |
|------------------------------------|--|---------------|--------------------------|
| | Any percentage highlighted in green is significantly better | HMP Thameside | Local prisons comparator |
| | Any percentage highlighted in blue is significantly worse | | |
| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | |
| | Percentages which are not highlighted show there is no significant difference | | |
| SECTION 8: Safety continued | | | |
| 8.6 | Have you been victimised by staff here? | 27% | 26% |
| | Since you have been here, have staff: | | |
| 8.7 | Made insulting remarks about you, your family or friends? | 8% | 11% |
| 8.7 | Hit, kicked or assaulted you? | 3% | 5% |
| 8.7 | Sexually abused you? | 0% | 1% |
| 8.7 | Threatened or intimidated you? | 6% | 13% |
| 8.7 | Victimised you because of medication? | 4% | 5% |
| 8.7 | Victimised you because of debt? | 0% | 2% |
| 8.7 | Victimised you because of drugs? | 3% | 4% |
| 8.7 | Victimised you because of your race or ethnic origin? | 4% | 5% |
| 8.7 | Victimised you because of your religion/religious beliefs? | 1% | 3% |
| 8.7 | Victimised you because of your nationality? | 2% | 3% |
| 8.7 | Victimised you because you were from a different part of the country? | 1% | 3% |
| 8.7 | Victimised you because you are from a Traveller community? | 0% | 2% |
| 8.7 | Victimised you because of your sexual orientation? | 1% | 1% |
| 8.7 | Victimised you because of your age? | 5% | 2% |
| 8.7 | Victimised you because you have a disability? | 3% | 2% |
| 8.7 | Victimised you because you were new here? | 4% | 6% |
| 8.7 | Victimised you because of your offence/crime? | 3% | 5% |
| 8.7 | Victimised you because of gang related issues? | 2% | 2% |
| | For those who have been victimised by staff or other prisoners: | | |
| 8.8 | Did you report any victimisation that you have experienced? | 32% | 33% |

Main comparator

Key to tables

| | | | |
|--------------------------------------|---|---------------|--------------------------|
| | Any percentage highlighted in green is significantly better | HMP Thameside | Local prisons comparator |
| | Any percentage highlighted in blue is significantly worse | | |
| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | |
| | Percentages which are not highlighted show there is no significant difference | | |
| SECTION 9: Health services | | | |
| 9.1 | Is it easy/very easy to see the doctor? | 31% | 26% |
| 9.1 | Is it easy/very easy to see the nurse? | 44% | 52% |
| 9.1 | Is it easy/very easy to see the dentist? | 12% | 10% |
| | For those who have been to the following services, do you think the quality of the health service from the following is good/very good: | | |
| 9.2 | The doctor? | 42% | 44% |
| 9.2 | The nurse? | 50% | 57% |
| 9.2 | The dentist? | 36% | 31% |
| 9.3 | The overall quality of health services? | 40% | 39% |
| 9.4 | Are you currently taking medication? | 58% | 51% |
| | For those currently taking medication: | | |
| 9.5 | Are you allowed to keep possession of some or all of your medication in your own cell? | 50% | 66% |
| 9.6 | Do you have any emotional well being or mental health problems? | 39% | 34% |
| | For those who have problems: | | |
| 9.7 | Are you being helped or supported by anyone in this prison? | 42% | 39% |
| SECTION 10: Drugs and alcohol | | | |
| 10.1 | Did you have a problem with drugs when you came into this prison? | 32% | 36% |
| 10.2 | Did you have a problem with alcohol when you came into this prison? | 26% | 27% |
| 10.3 | Is it easy/very easy to get illegal drugs in this prison? | 18% | 29% |
| 10.4 | Is it easy/very easy to get alcohol in this prison? | 7% | 14% |
| 10.5 | Have you developed a problem with drugs since you have been in this prison? | 3% | 8% |
| 10.6 | Have you developed a problem with diverted medication since you have been in this prison? | 5% | 8% |
| | For those with drug or alcohol problems: | | |
| 10.7 | Have you received any support or help with your drug problem while in this prison? | 67% | 65% |
| 10.8 | Have you received any support or help with your alcohol problem while in this prison? | 61% | 58% |
| | For those who have received help or support with their drug or alcohol problem: | | |
| 10.9 | Was the support helpful? | 61% | 79% |

Main comparator

Key to tables

| | | | |
|---------------------------------------|---|---------------|--------------------------|
| | Any percentage highlighted in green is significantly better | HMP Thameside | Local prisons comparator |
| | Any percentage highlighted in blue is significantly worse | | |
| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | |
| | Percentages which are not highlighted show there is no significant difference | | |
| SECTION 11: Activities | | | |
| | Is it very easy/ easy to get into the following activities: | | |
| 11.1 | A prison job? | 18% | 34% |
| 11.1 | Vocational or skills training? | 25% | 29% |
| 11.1 | Education (including basic skills)? | 47% | 43% |
| 11.1 | Offending behaviour programmes? | 12% | 21% |
| | Are you currently involved in any of the following activities: | | |
| 11.2 | A prison job? | 25% | 44% |
| 11.2 | Vocational or skills training? | 8% | 9% |
| 11.2 | Education (including basic skills)? | 44% | 27% |
| 11.2 | Offending behaviour programmes? | 3% | 8% |
| 11.3 | Have you had a job while in this prison? | 53% | 69% |
| | For those who have had a prison job while in this prison: | | |
| 11.3 | Do you feel the job will help you on release? | 51% | 42% |
| 11.3 | Have you been involved in vocational or skills training while in this prison? | 45% | 54% |
| | For those who have had vocational or skills training while in this prison: | | |
| 11.3 | Do you feel the vocational or skills training will help you on release? | 61% | 49% |
| 11.3 | Have you been involved in education while in this prison? | 71% | 66% |
| | For those who have been involved in education while in this prison: | | |
| 11.3 | Do you feel the education will help you on release? | 68% | 57% |
| 11.3 | Have you been involved in offending behaviour programmes while in this prison? | 42% | 52% |
| | For those who have been involved in offending behaviour programmes while in this prison: | | |
| 11.3 | Do you feel the offending behaviour programme(s) will help you on release? | 45% | 48% |
| 11.4 | Do you go to the library at least once a week? | 18% | 36% |
| 11.5 | Does the library have a wide enough range of materials to meet your needs? | 23% | 36% |
| 11.6 | Do you go to the gym three or more times a week? | 53% | 30% |
| 11.7 | Do you go outside for exercise three or more times a week? | 46% | 37% |
| 11.8 | Do you go on association more than five times each week? | 2% | 47% |
| 11.9 | Do you spend ten or more hours out of your cell on a weekday? | 4% | 10% |
| SECTION 12: Friends and family | | | |
| 12.1 | Have staff supported you and helped you to maintain contact with family/friends while in this prison? | 38% | 35% |
| 12.2 | Have you had any problems with sending or receiving mail? | 41% | 46% |
| 12.3 | Have you had any problems getting access to the telephones? | 17% | 33% |
| 12.4 | Is it easy/ very easy for your friends and family to get here? | 49% | 33% |

Main comparator

Key to tables

| | | | |
|--|---|---------------|--------------------------|
| | Any percentage highlighted in green is significantly better | HMP Thameside | Local prisons comparator |
| | Any percentage highlighted in blue is significantly worse | | |
| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | |
| | Percentages which are not highlighted show there is no significant difference | | |
| SECTION 13: Preparation for release | | | |
| | For those who are sentenced: | | |
| 13.1 | Do you have a named offender manager (home probation officer) in the probation service? | 57% | 61% |
| | For those who are sentenced what type of contact have you had with your offender manager: | | |
| 13.2 | No contact? | 46% | 41% |
| 13.2 | Contact by letter? | 9% | 29% |
| 13.2 | Contact by phone? | 27% | 17% |
| 13.2 | Contact by visit? | 25% | 35% |
| 13.3 | Do you have a named offender supervisor in this prison? | 35% | 30% |
| | For those who are sentenced: | | |
| 13.4 | Do you have a sentence plan? | 32% | 40% |
| | For those with a sentence plan: | | |
| 13.5 | Were you involved/very involved in the development of your plan? | 58% | 57% |
| | Who is working with you to achieve your sentence plan targets: | | |
| 13.6 | Nobody? | 39% | 43% |
| 13.6 | Offender supervisor? | 35% | 31% |
| 13.6 | Offender manager? | 17% | 31% |
| 13.6 | Named/ personal officer? | 4% | 16% |
| 13.6 | Staff from other departments? | 17% | 22% |
| | For those with a sentence plan: | | |
| 13.7 | Can you achieve any of your sentence plan targets in this prison? | 46% | 62% |
| 13.8 | Are there plans for you to achieve any of your targets in another prison? | 39% | 25% |
| 13.9 | Are there plans for you to achieve any of your targets in the community? | 29% | 31% |
| 13.10 | Do you have a needs based custody plan? | 15% | 6% |
| 13.11 | Do you feel that any member of staff has helped you to prepare for release? | 9% | 15% |
| | For those that need help do you know of anyone in this prison who can help you on release with the following: | | |
| 13.12 | Employment? | 33% | 31% |
| 13.12 | Accommodation? | 35% | 44% |
| 13.12 | Benefits? | 32% | 47% |
| 13.12 | Finances? | 22% | 27% |
| 13.12 | Education? | 34% | 33% |
| 13.12 | Drugs and alcohol? | 45% | 48% |
| | For those who are sentenced: | | |
| 13.13 | Have you done anything, or has anything happened to you here to make you less likely to offend in future? | 46% | 46% |

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Thameside 2013

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

| | | Black and minority ethnic prisoners | White prisoners | Foreign national prisoners | British prisoners | Muslim prisoners | Non-Muslim prisoners |
|--|---|-------------------------------------|-----------------|----------------------------|-------------------|------------------|----------------------|
| | Any percentage highlighted in green is significantly better | | | | | | |
| | Any percentage highlighted in blue is significantly worse | | | | | | |
| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | | | | | |
| | Percentages which are not highlighted show there is no significant difference | | | | | | |
| Number of completed questionnaires returned | | 83 | 68 | 31 | 122 | 45 | 107 |
| 1.3 | Are you sentenced? | 50% | 60% | 42% | 59% | 46% | 59% |
| 1.5 | Are you a foreign national? | 12% | 31% | | | 16% | 23% |
| 1.6 | Do you understand spoken English? | 98% | 93% | 84% | 98% | 96% | 95% |
| 1.7 | Do you understand written English? | 98% | 90% | 77% | 99% | 96% | 93% |
| 1.8 | Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)? | | | 32% | 61% | 91% | 39% |
| 1.9 | Do you consider yourself to be Gypsy/Romany/Traveller? | 0% | 11% | 3% | 6% | 0% | 7% |
| 1.1 | Are you Muslim? | 51% | 6% | 23% | 32% | | |
| 1.12 | Do you consider yourself to have a disability? | 23% | 33% | 28% | 27% | 23% | 29% |
| 1.13 | Are you a veteran (ex-armed services)? | 0% | 3% | 3% | 1% | 0% | 2% |
| 1.14 | Is this your first time in prison? | 33% | 34% | 52% | 30% | 25% | 38% |
| 2.6 | Were you treated well/very well by the escort staff? | 76% | 66% | 58% | 74% | 69% | 72% |
| 2.7 | Before you arrived here were you told that you were coming here? | 68% | 59% | 45% | 69% | 64% | 64% |
| 3.2 | When you were searched in reception, was this carried out in a respectful way? | 85% | 82% | 70% | 87% | 82% | 85% |
| 3.3 | Were you treated well/very well in reception? | 72% | 73% | 67% | 74% | 68% | 76% |
| 3.4 | Did you have any problems when you first arrived? | 76% | 71% | 72% | 74% | 75% | 74% |
| 3.7 | Did you have access to someone from health care when you first arrived here? | 78% | 75% | 84% | 75% | 70% | 80% |
| 3.9 | Did you feel safe on your first night here? | 76% | 86% | 71% | 84% | 82% | 79% |
| 3.10 | Have you been on an induction course? | 95% | 76% | 87% | 92% | 93% | 91% |
| 4.1 | Is it easy/very easy to communicate with your solicitor or legal representative? | 41% | 41% | 34% | 43% | 38% | 45% |

Diversity analysis

Key to tables

| | | Black and minority ethnic prisoners | White prisoners | Foreign national prisoners | British prisoners | Muslim prisoners | Non-Muslim prisoners |
|-----|--|-------------------------------------|-----------------|----------------------------|-------------------|------------------|----------------------|
| | Any percentage highlighted in green is significantly better | | | | | | |
| | Any percentage highlighted in blue is significantly worse | | | | | | |
| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | | | | | |
| | Percentages which are not highlighted show there is no significant difference | | | | | | |
| 4.4 | Are you normally offered enough clean, suitable clothes for the week? | 61% | 53% | 59% | 56% | 52% | 60% |
| 4.4 | Are you normally able to have a shower every day? | 100% | 100% | 100% | 100% | 100% | 100% |
| 4.4 | Is your cell call bell normally answered within five minutes? | 26% | 26% | 50% | 20% | 30% | 24% |
| 4.5 | Is the food in this prison good/very good? | 42% | 55% | 50% | 47% | 38% | 52% |
| 4.6 | Does the shop /canteen sell a wide enough range of goods to meet your needs? | 50% | 49% | 60% | 48% | 54% | 49% |
| 4.7 | Are you able to speak to a Listener at any time, if you want to? | 36% | 42% | 30% | 42% | 43% | 39% |
| 4.8 | Do you feel your religious beliefs are respected? | 78% | 68% | 80% | 70% | 83% | 69% |
| 4.9 | Are you able to speak to a religious leader of your faith in private if you want to? | 52% | 56% | 55% | 54% | 54% | 55% |
| 5.1 | Is it easy to make an application? | 74% | 67% | 69% | 72% | 76% | 69% |
| 5.3 | Is it easy to make a complaint? | 38% | 32% | 24% | 39% | 38% | 36% |
| 6.1 | Do you feel you have been treated fairly in your experience of the IEP scheme? | 32% | 37% | 18% | 38% | 36% | 34% |
| 6.2 | Do the different levels of the IEP scheme encourage you to change your behaviour? | 40% | 32% | 37% | 37% | 41% | 38% |
| 6.3 | In the last six months have any members of staff physically restrained you (C&R)? | 6% | 3% | 3% | 5% | 7% | 3% |
| 7.1 | Do most staff, in this prison, treat you with respect? | 79% | 81% | 67% | 83% | 79% | 80% |
| 7.2 | Is there a member of staff you can turn to for help if you have a problem in this prison? | 70% | 58% | 38% | 73% | 71% | 63% |
| 7.3 | Do staff normally speak to you at least most of the time during association time? (Most/all of the time) | 22% | 28% | 11% | 29% | 10% | 32% |
| 7.4 | Do you have a personal officer? | 24% | 22% | 13% | 25% | 19% | 26% |
| 8.1 | Have you ever felt unsafe here? | 36% | 24% | 33% | 29% | 26% | 34% |
| 8.2 | Do you feel unsafe now? | 18% | 14% | 27% | 13% | 15% | 17% |
| 8.3 | Have you been victimised by other prisoners? | 24% | 11% | 23% | 16% | 24% | 16% |
| 8.5 | Have you ever felt threatened or intimidated by other prisoners here? | 12% | 1% | 10% | 7% | 10% | 7% |
| 8.5 | Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners) | 2% | 3% | 3% | 3% | 2% | 3% |
| 8.5 | Have you been victimised because of your religion/religious beliefs? (By prisoners) | 1% | 1% | 0% | 2% | 2% | 1% |
| 8.5 | Have you been victimised because of your nationality? (By prisoners) | 1% | 1% | 3% | 1% | 0% | 2% |
| 8.5 | Have you been victimised because you have a disability? (By prisoners) | 4% | 1% | 3% | 3% | 5% | 2% |

Diversity analysis

Key to tables

| | | Black and minority ethnic prisoners | | White prisoners | | Foreign national prisoners | | British prisoners | | Muslim prisoners | | Non-Muslim prisoners | |
|---|--|--|-----|---|-----|----------------------------|-----|-------------------|-----|------------------|-----|----------------------|-----|
| Any percentage highlighted in green is significantly better | Any percentage highlighted in blue is significantly worse | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | Percentages which are not highlighted show there is no significant difference | | | | | | | | | |
| 8.6 | Have you been victimised by a member of staff? | 30% | 22% | 17% | 29% | 31% | 25% | 31% | 25% | 31% | 25% | 31% | 25% |
| 8.7 | Have you ever felt threatened or intimidated by staff here? | 8% | 2% | 6% | 5% | 8% | 4% | 8% | 4% | 8% | 4% | 8% | 4% |
| 8.7 | Have you been victimised because of your race or ethnic origin since you have been here? (By staff) | 5% | 3% | 0% | 5% | 10% | 2% | 10% | 2% | 10% | 2% | 10% | 2% |
| 8.7 | Have you been victimised because of your religion/religious beliefs? (By staff) | 0% | 2% | 0% | 1% | 3% | 0% | 3% | 0% | 3% | 0% | 3% | 0% |
| 8.7 | Have you been victimised because of your nationality? (By staff) | 1% | 3% | 3% | 2% | 0% | 3% | 0% | 3% | 0% | 3% | 0% | 3% |
| 8.7 | Have you been victimised because you have a disability? (By staff) | 1% | 5% | 3% | 3% | 3% | 3% | 3% | 3% | 3% | 3% | 3% | 3% |
| 9.1 | Is it easy/very easy to see the doctor? | 35% | 25% | 21% | 33% | 31% | 30% | 31% | 30% | 31% | 30% | 31% | 30% |
| 9.1 | Is it easy/ very easy to see the nurse? | 45% | 41% | 42% | 43% | 41% | 44% | 41% | 44% | 41% | 44% | 41% | 44% |
| 9.4 | Are you currently taking medication? | 51% | 69% | 57% | 58% | 47% | 62% | 47% | 62% | 47% | 62% | 47% | 62% |
| 9.6 | Do you feel you have any emotional wellbeing/mental health issues? | 34% | 47% | 41% | 39% | 39% | 39% | 39% | 39% | 39% | 39% | 39% | 39% |
| 10.3 | Is it easy/very easy to get illegal drugs in this prison? | 14% | 25% | 10% | 21% | 10% | 23% | 10% | 23% | 10% | 23% | 10% | 23% |
| 11.2 | Are you currently working in the prison? | 23% | 28% | 6% | 31% | 19% | 28% | 19% | 28% | 19% | 28% | 19% | 28% |
| 11.2 | Are you currently undertaking vocational or skills training? | 9% | 6% | 6% | 9% | 3% | 11% | 3% | 11% | 3% | 11% | 3% | 11% |
| 11.2 | Are you currently in education (including basic skills)? | 52% | 34% | 33% | 46% | 50% | 42% | 50% | 42% | 50% | 42% | 50% | 42% |
| 11.2 | Are you currently taking part in an offending behaviour programme? | 4% | 2% | 0% | 4% | 5% | 2% | 5% | 2% | 5% | 2% | 5% | 2% |
| 11.4 | Do you go to the library at least once a week? | 21% | 14% | 17% | 18% | 23% | 17% | 23% | 17% | 23% | 17% | 23% | 17% |
| 11.6 | do you go to the gym three or more times a week? | 57% | 46% | 41% | 55% | 57% | 51% | 57% | 51% | 57% | 51% | 57% | 51% |
| 11.7 | Do you go outside for exercise three or more times a week? | 45% | 47% | 47% | 45% | 33% | 52% | 33% | 52% | 33% | 52% | 33% | 52% |
| 11.8 | On average, do you go on association more than five times each week? | 0% | 5% | 0% | 3% | 3% | 2% | 3% | 2% | 3% | 2% | 3% | 2% |
| 11.9 | Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.) | 3% | 5% | 0% | 5% | 0% | 6% | 0% | 6% | 0% | 6% | 0% | 6% |
| 12.2 | Have you had any problems sending or receiving mail? | 47% | 30% | 32% | 42% | 46% | 39% | 46% | 39% | 46% | 39% | 46% | 39% |
| 12.3 | Have you had any problems getting access to the telephones? | 12% | 24% | 23% | 15% | 20% | 16% | 20% | 16% | 20% | 16% | 20% | 16% |

Diversity Analysis



Key question responses (disability, under 21) HMP Thameside 2013

Prisoner survey responses (missing data has been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

| | | Consider themselves to have a disability | Do not consider themselves to have a disability | | Prisoners under the age of 21 | Prisoners aged 21 and over |
|--|---|--|---|--|-------------------------------|----------------------------|
| | Any percentage highlighted in green is significantly better | | | | | |
| | Any percentage highlighted in blue is significantly worse | | | | | |
| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | | | | |
| | Percentages which are not highlighted show there is no significant difference | | | | | |
| Number of completed questionnaires returned | | 42 | 112 | | 28 | 128 |
| 1.3 | Are you sentenced? | 62% | 53% | | 46% | 58% |
| 1.5 | Are you a foreign national? | 20% | 19% | | 7% | 23% |
| 1.6 | Do you understand spoken English? | 96% | 96% | | 100% | 95% |
| 1.7 | Do you understand written English? | 88% | 97% | | 100% | 93% |
| 1.8 | Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)? | 47% | 58% | | 89% | 47% |
| 1.9 | Do you consider yourself to be Gypsy/Romany/Traveller? | 8% | 5% | | 0% | 7% |
| 1.1 | Are you Muslim? | 24% | 31% | | 33% | 29% |
| 1.12 | Do you consider yourself to have a disability? | | | | 18% | 29% |
| 1.13 | Are you a veteran (ex-armed services)? | 2% | 1% | | 0% | 2% |
| 1.14 | Is this your first time in prison? | 27% | 36% | | 50% | 31% |
| 2.6 | Were you treated well/very well by the escort staff? | 63% | 75% | | 75% | 71% |
| 2.7 | Before you arrived here were you told that you were coming here? | 60% | 66% | | 68% | 63% |
| 3.2 | When you were searched in reception, was this carried out in a respectful way? | 75% | 86% | | 82% | 84% |
| 3.3 | Were you treated well/very well in reception? | 70% | 75% | | 63% | 76% |
| 3.4 | Did you have any problems when you first arrived? | 90% | 69% | | 70% | 75% |
| 3.7 | Did you have access to someone from health care when you first arrived here? | 80% | 77% | | 78% | 77% |
| 3.9 | Did you feel safe on your first night here? | 69% | 83% | | 78% | 81% |
| 3.10 | Have you been on an induction course? | 85% | 94% | | 93% | 91% |
| 4.1 | Is it easy/very easy to communicate with your solicitor or legal representative? | 42% | 42% | | 35% | 44% |

Diversity Analysis

Key to tables

| | Any percentage highlighted in green is significantly better | Consider themselves to have a disability | Do not consider themselves to have a disability | Prisoners under the age of 21 | Prisoners aged 21 and over |
|-----|--|--|---|-------------------------------|----------------------------|
| | Any percentage highlighted in blue is significantly worse | | | | |
| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | | | |
| | Percentages which are not highlighted show there is no significant difference | | | | |
| 4.4 | Are you normally offered enough clean, suitable clothes for the week? | 56% | 59% | 56% | 59% |
| 4.4 | Are you normally able to have a shower every day? | 100% | 100% | 100% | 100% |
| 4.4 | Is your cell call bell normally answered within five minutes? | 32% | 24% | 18% | 28% |
| 4.5 | Is the food in this prison good/very good? | 58% | 45% | 48% | 48% |
| 4.6 | Does the shop /canteen sell a wide enough range of goods to meet your needs? | 61% | 48% | 48% | 51% |
| 4.7 | Are you able to speak to a Listener at any time if you want to? | 33% | 42% | 33% | 41% |
| 4.8 | Do you feel your religious beliefs are respected? | 69% | 74% | 74% | 73% |
| 4.9 | Are you able to speak to a religious leader of your faith in private if you want to? | 61% | 54% | 52% | 55% |
| 5.1 | Is it easy to make an application? | 69% | 73% | 65% | 73% |
| 5.3 | Is it easy to make a complaint? | 40% | 36% | 38% | 36% |
| 6.1 | Do you feel you have been treated fairly in your experience of the IEP scheme? | 29% | 37% | 18% | 38% |
| 6.2 | Do the different levels of the IEP scheme encourage you to change your behaviour? | 28% | 42% | 44% | 37% |
| 6.3 | In the last six months have any members of staff physically restrained you (C&R)? | 8% | 4% | 7% | 4% |
| 7.1 | Do most staff, in this prison, treat you with respect? | 88% | 78% | 85% | 79% |
| 7.2 | Is there a member of staff you can turn to for help if you have a problem in this prison? | 56% | 69% | 77% | 63% |
| 7.3 | Do staff normally speak to you at least most of the time during association time? (Most/all of the time) | 26% | 26% | 20% | 27% |
| 7.4 | Do you have a personal officer? | 23% | 24% | 30% | 22% |
| 8.1 | Have you ever felt unsafe here? | 49% | 25% | 27% | 32% |
| 8.2 | Do you feel unsafe now? | 28% | 12% | 15% | 16% |
| 8.3 | Have you been victimised by other prisoners? | 24% | 16% | 19% | 18% |
| 8.5 | Have you ever felt threatened or intimidated by other prisoners here? | 12% | 6% | 15% | 6% |
| 8.5 | Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners) | 2% | 3% | 0% | 3% |
| 8.5 | Have you been victimised because of your religion/religious beliefs? (By prisoners) | 2% | 1% | 0% | 2% |
| 8.5 | Have you been victimised because of your nationality? (By prisoners) | 2% | 1% | 4% | 1% |
| 8.5 | Have you been victimised because of your age? (By prisoners) | 7% | 2% | 12% | 2% |
| 8.5 | Have you been victimised because you have a disability? (By prisoners) | 10% | 0% | 4% | 3% |

Diversity Analysis

Key to tables

| | Any percentage highlighted in green is significantly better | Consider themselves to have a disability | Do not consider themselves to have a disability | Prisoners under the age of 21 | Prisoners aged 21 and over |
|------|--|--|---|-------------------------------|----------------------------|
| | Any percentage highlighted in blue is significantly worse | | | | |
| | Any percentage highlighted in orange shows a significant difference in prisoners' background details | | | | |
| | Percentages which are not highlighted show there is no significant difference | | | | |
| 8.6 | Have you been victimised by a member of staff? | 34% | 25% | 28% | 26% |
| 8.7 | Have you ever felt threatened or intimidated by staff here? | 5% | 5% | 0% | 6% |
| 8.7 | Have you been victimised because of your race or ethnic origin since you have been here? (By staff) | 3% | 5% | 4% | 4% |
| 8.7 | Have you been victimised because of your religion/religious beliefs? (By staff) | 3% | 0% | 0% | 1% |
| 8.7 | Have you been victimised because of your nationality? (By staff) | 0% | 3% | 0% | 3% |
| 8.7 | Have you been victimised because of your age? (By staff) | 5% | 5% | 8% | 4% |
| 8.7 | Have you been victimised because you have a disability? (By staff) | 8% | 1% | 0% | 3% |
| 9.1 | Is it easy/very easy to see the doctor? | 33% | 31% | 27% | 32% |
| 9.1 | Is it easy/ very easy to see the nurse? | 46% | 43% | 35% | 46% |
| 9.4 | Are you currently taking medication? | 82% | 49% | 31% | 63% |
| 9.6 | Do you feel you have any emotional wellbeing/mental health issues? | 68% | 28% | 27% | 42% |
| 10.3 | Is it easy/very easy to get illegal drugs in this prison? | 20% | 19% | 4% | 22% |
| 11.2 | Are you currently working in the prison? | 27% | 25% | 8% | 29% |
| 11.2 | Are you currently undertaking vocational or skills training? | 5% | 10% | 8% | 8% |
| 11.2 | Are you currently in education (including basic skills)? | 41% | 46% | 54% | 42% |
| 11.2 | Are you currently taking part in an offending behaviour programme? | 2% | 3% | 0% | 3% |
| 11.4 | Do you go to the library at least once a week? | 11% | 21% | 27% | 16% |
| 11.6 | Do you go to the gym three or more times a week? | 34% | 60% | 27% | 58% |
| 11.7 | Do you go outside for exercise three or more times a week? | 36% | 51% | 74% | 41% |
| 11.8 | On average, do you go on association more than five times each week? | 3% | 2% | 0% | 3% |
| 11.9 | Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.) | 3% | 5% | 4% | 4% |
| 12.2 | Have you had any problems sending or receiving mail? | 36% | 41% | 45% | 39% |
| 12.3 | Have you had any problems getting access to the telephones? | 10% | 18% | 8% | 18% |