

Report on an unannounced full follow-up
inspection of

HMP Wormwood Scrubs

20 - 24 June 2011

by HM Chief Inspector of Prisons

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Introduction

Wormwood Scrubs is probably the most famous prison in the country, its image produced in countless dramas and documentaries. A large TV crew was in the prison on a day I visited, filming an episode of a popular crime drama, and incidentally, earning the prison a useful fee to put towards its activities.

Of course, the reality behind the image is much less glamorous than many TV programmes suggest. This report picks out the challenges its population of some 1,200 men presents.

At the time of our inspection, almost half the men were unconvicted and held on remand. A third of those sentenced had less than six months to serve. On average, the prison reception processed 1,200 men (equivalent to the total size of the population) moving in and out of the prison each week.

Two out of five prisoners were foreign nationals and under a quarter of these had English as their first language.

The mental health in-reach team looked after more than 50 prisoners with the most severe and enduring mental illnesses, and 14 prisoners had been transferred to specialist mental health services in the six months before the inspection. However, many more prisoners with less acute or treatable mental health problems needed support.

Almost 300 prisoners were receiving interventions from the drug and alcohol team.

There were 232 prisoners waiting for literacy classes and 72 for numeracy.

Sixteen per cent of prisoners entered the prison without accommodation. Twenty per cent of prisoners had debts they were very worried about. Just under half thought they would have trouble finding a job when they were released.

These are not untypical challenges for a big local prison in London or elsewhere, but the progress recorded in this follow-up inspection needs to be seen in the context of those challenges.

It was, therefore, pleasing to see that the prison was safer than at the time of our last inspection. There were some supportive first night and induction arrangements and although violence and anti-bullying procedures needed development to ensure more vulnerable men were not victimised, more prisoners reported feeling safe than at the time of the last inspection. There had been a number of deaths since the last inspection and the prison had a good focus on learning the lessons that arose from these. It was welcome that a Listener scheme had been reintroduced.

The segregation unit was well run but with a sparse regime not only for those who were there as a sanction but also for those who were segregated for their own protection. There was good work both to reduce the supply of drugs through effectively targeted security measures and to reduce demand by good treatment and support. About one in ten prisoners tested positive for drugs in random tests, which was still too high but significantly reduced from before.

Relationships between staff and prisoners were reasonably good but lacked depth with no scheme for named officers to have responsibility for overseeing the progress and welfare of individual prisoners. The prison was generally clean but a few cells were in very bad condition: shared, covered in graffiti, with poorly screened toilets, broken windows patched up with cardboard or plastic and sheets used as curtains. Most prisoners could not wear their own clothes and there was

sometimes an inadequate distribution of prison issue clothing with shortages of socks and underwear. Health care was generally good but mental health services were overstretched.

There was some energetic work on diversity but black and minority ethnic prisoners had worse perceptions of the prison as a whole and there was some evidence that they were adversely over-represented in some disciplinary processes without an adequate explanation. The prison worked hard to manage its large foreign national population effectively and while there were some issues that needed attention, foreign national prisoners reported relatively positively on their treatment. Almost one in ten of the prisoners identified to us that they were of a Traveller or Gypsy heritage – a very significant over-representation of people from that background compared with the population as a whole. There was no attempt to identify and meet the needs of this population in the prison and the wider issues behind this over-representation need to be better understood and addressed in the community.

As with most other local prisons, prisoners simply spent too much time locked in their cells with nothing productive to do. We found two out of five prisoners locked in their cells in the working part of the day and opportunities to socialise with other prisoners or carry out domestic tasks were very limited. There were some promising plans to improve the learning and skills provision but these were still at a very early stage. There were insufficient activity places but those that were available were not well used. Attendance at vocational training was unacceptable at 55%. Some of the courses run were not geared to the short time many prisoners spent in the prison. The prison could not meet many prisoners' basic need for help with reading and writing. Overall, there was too little opportunity for prisoners to acquire the habits, skills and experience that might improve their prospects of getting and holding down a job on release.

Other aspects of resettlement were much more positive. The prison took a realistic view of what could be achieved and what would be better done for some prisoners when they moved on to a training prison. A custody action planning system for short-term prisoners had just been introduced and the prison had invested in a senior operational manager to support this by developing links with community resources in the main London boroughs to which prisoners were released. This process needed more development and probably more resources, but it was a welcome and innovative approach that should be of interest to the wider prison system. Good work was done to support prisoners with the practical needs they would have on release including an excellent job club. In rather surprising contrast, arrangements to help prisoners maintain contact with their families and children were not good. However, during the inspection a new visitor centre was opened and it is hoped that this will mark an improvement.

Wormwood Scrubs has risen to some formidable challenges. It is an improving prison that has now got many of the basics right and has some innovative plans to address those areas that still need improvement. It is a safer and more decent place than in the past but it now needs to ensure that its plans for learning and skills and resettlement achieve a similar improvement.

Nick Hardwick CBE
HM Chief Inspector of Prisons

September 2011

Fact page

Task of the establishment

Wormwood Scrubs is a category B local male prison, serving the Crown and magistrates' courts of North West London.

Prison status

Public

Area organisation

London

Number held (15 June 2011)

1208

Certified normal accommodation

1174

Operational capacity

1279

Last inspection

November 2008

Brief history

The prison was built between 1875 and 1891. In 1994, a new hospital wing was completed and in 1996, two of the four wings were refurbished to modern standards and a fifth wing was completed.

Short description of residential units

All wings accommodate remand and convicted prisoners. A-D wings are large Victorian buildings, while E wing is a modern building. Some wings have specialist functions:

- B wing is the main induction wing where prisoners are located in double cells from the first night centre. The wing includes the segregation unit and the 55-place Conibeere drug stabilisation unit on the 2nd and 3rd landings.
- C wing landings three and four are used for the integrated drug treatment system programme.
- D wing holds mostly prisoners assessed as too high a risk to share a cell or who require a single cell for medical reasons.
- E wing holds mainly prisoners in regular work.
- Jan Wilcox unit is a small super-enhanced unit providing dormitory accommodation with a low staffing level.
- The health care centre has 17 inpatient spaces.

Escort contractor

SERCO

Health service commissioner and providers

Health Services are commissioned by Hammersmith and Fulham primary care trust. Primary care services are provided by Central London Community Health NHS Trust and mental health services Central North West London NHS Foundation Trust

Learning and skills providers

Kensington & Chelsea College

Prospects Services – Careers information and advice

Healthy prison summary

Introduction

HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:

Safety	prisoners, even 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 helped to reduce the likelihood of reoffending.

HP2 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.

HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison

assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

- HP4 At the last inspection in 2008, we found that Wormwood Scrubs was not performing sufficiently well against the healthy prison test of safety. We made 42 recommendations, of which 18 had been achieved, seven had been partially achieved, 16 were not achieved and one was no longer relevant. We have made 13 further recommendations, including one main recommendation.
- HP5 In 2008, we found that Wormwood Scrubs was performing reasonably well against the healthy prison test of respect. We made 75 recommendations, of which 30 had been achieved, 14 had been partially achieved, 30 were not achieved and one was no longer relevant. We have made 24 further recommendations, including two main recommendations.
- HP6 In 2008, we found that Wormwood Scrubs was not performing sufficiently well against the healthy prison test of purposeful activity. We made 17 recommendations, of which two had been achieved, two had been partially achieved, 12 were not achieved and one was no longer relevant. We have made six further recommendations, including one main recommendation.
- HP7 In 2008, we found that Wormwood Scrubs was performing reasonably well against the healthy prison test of resettlement. We made 36 recommendations, of which 23 had been achieved, six had been partially achieved, four were not achieved and three were no longer relevant. We have made 13 further recommendations, including one main recommendation.

Safety

- HP8 Escort arrangements were more efficient than previously. Reception was austere but clean. First night and induction procedures were now generally appropriate, with good arrangements to ensure drug and alcohol dependent prisoners received quick treatment. Violence reduction and anti-bullying procedures remained under-developed. Support for those at risk of suicide and self-harm was reasonably good. The segregation unit was well managed but the regime was very basic for prisoners held for their own protection. Use of force and adjudications needed greater management scrutiny to identify learning points. The positive mandatory drug testing rate had fallen significantly since our last inspection. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP9 Movements to court were well organised but prisoners attending trials could not shower regularly. Most prisoners did not have long journeys but many still spent too long waiting in court cells after their case had finished.
- HP10 Reception was now clean. Holding rooms remained devoid of any information and ways of passing the time. Reception interviews were not carried out in private and initial published information was only in English even though a high proportion of prisoners were foreign nationals. In our survey, more prisoners than previously said they were searched respectfully and treated well in reception, although the latter was still lower than the comparator¹.

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

- HP11 First night procedures had improved. Prisoners on the first night centre received relevant information, available in a number of languages, and had the opportunity to shower and make a free telephone call. New arrivals received effective support from prisoner Insiders and staff but not all immediate needs interviews were undertaken in private or with the same degree of thoroughness. Most men were held in dormitories on the first night centre with no distinction between unconvicted and convicted prisoners. Induction was well organised and delivered on the first night centre but prisoners usually spent only one night there and there was little other structured support for men during their first days in custody.
- HP12 Most prisoners did not find the prison a threatening environment and fewer than previously said they felt unsafe at the time our survey was completed. However, there was still no effective violence reduction strategy. Collation of management information about indicators of violence was better but it was not clear how well this was used to develop the strategy. Prisoner representatives were not involved in violence reduction meetings. Too much reliance was placed on the violence reduction coordinator rather than residential staff to investigate incidents and monitoring of the few prisoners identified as suspected bullies was poor.
- HP13 There had been a number of deaths in the prison since the last inspection and good attention was paid to implementing recommendations from investigations, which had led to some improved local procedures. The level of self-harm was low and there were useful investigations into serious near-fatal incidents. There were thorough initial assessments of men regarded as at risk of suicide and self-harm and more multidisciplinary reviews than previously but case management was not always consistent and identified concerns were not always followed up and checked at reviews. Entries in ongoing case records showed some good and supportive interactions. The Listener scheme had recently been reintroduced but needed greater promotion and support to become fully established again.
- HP14 Security was well managed and security arrangements were largely proportionate. The security department managed a good flow of intelligence from all areas and ensured that all required actions from security information reports were completed promptly. The positive mandatory drug testing rate was significantly reduced from the time of the last inspection reflecting some active security work.
- HP15 The segregation unit was well ordered with a sparse regime that was satisfactory for most of the prisoners who remained there for just short periods but even men there for their own protection were not routinely given radios or televisions. All men were still unnecessarily routinely strip searched on relocating to the unit without an individual risk assessment to justify it. Segregated prisoners were positive about staff treatment and we observed a particularly difficult incident in the segregation unit handled well and professionally.
- HP16 The majority of disciplinary charges were for appropriate matters. Records of hearings indicated that not all charges were sufficiently well investigated and there was no quality assurance. There were also some inconsistencies in levels of punishments, the reasons

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'. 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 Towel et al (eds), *Dictionary of Forensic Psychology*.)

for which were not explained on the records even when they varied significantly from the guidance provided.

- HP17 Use of force was not overly high. Records suggested that most use appeared justified but some written accounts raised questions about the appropriateness of its use. There was no routine managerial scrutiny of records but any concerns raised by either staff or prisoners were fully investigated and appropriate action taken. Special accommodation was little used and usually only for short periods but prisoners were inappropriately placed in protective clothing when it was not necessary to prevent injury to themselves or others.
- HP18 Very good progress had been made in ensuring that opiate dependent prisoners had prompt access to clinical support and were admitted to the Conibeere unit, for those dependent on drugs and alcohol, on the day of arrival. A new first night prescribing protocol allowed quick treatment. Once men were stabilised, there was better movement to C wing, where over 100 men received methadone treatment. Staffing of the clinical substance misuse service had improved and there were some good new initiatives in alcohol and dual diagnosis services. Clinical and counselling, assessment, referral, advice and throughcare (CARAT) teams worked in a more integrated way but 28-day reviews were not yet conducted jointly.

Respect

- HP19 Relationships were reasonably good. More prisoners than previously said most staff treated them with respect but there was no scheme to ensure prisoners received support from specific officers. The prison was generally clean but many men had to share cells with inadequately screened toilets. There was little satisfaction with food. Race relations were generally good and the perceptions of foreign national prisoners were much better than previously. There had been little progress in wider diversity areas, including support for men with disabilities. Health services were satisfactory but mental health services were too stretched. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP20 Relationships between staff and prisoners were generally positive and we observed some good interactions. The number of prisoners in our survey who said most staff treated them with respect had much improved, although black and minority ethnic and Muslim men were not as positive as others. There was no named officer scheme to ensure that there was someone who checked individual prisoners' needs. Entries in P-Nomis case notes were mainly about behaviour and very sparse unless the prisoner presented a major behavioural problem.
- HP21 Most areas of the prison were reasonably clean but there were considerable problems with graffiti in some areas. Too many cells had broken windows, some had poor or no screens around toilets, including in shared cells. Most prisoners could get a daily shower and obtain toiletries and cleaning materials but it was difficult to get sufficient clean prison clothes. Completed applications were not usually logged and many fewer than previously in our survey said they were dealt with fairly or answered promptly.
- HP22 The incentives and earned privileges (IEP) scheme was generally fair with good quality assurance arrangements but prisoners had to wait three months to apply for enhanced status, which was too long for most. Few prisoners were on the basic regime, which is not

overly punitive, and records sampled indicated that decisions to downgrade prisoners were appropriate.

- HP23 In our survey, very few prisoners said the food was good and many complained to us about portion sizes and quality. Meals continued to be served very early, with the 'evening' meal about 4.30pm, and many men ate their breakfast packs the night before. Prisoners found the cost of shop items expensive and satisfaction with the range of goods stocked had dropped significantly since 2008.
- HP24 The diversity strategy was up to date. A small diversity team was active and visible but stretched to cover all aspects. Volunteer prisoner diversity representatives worked effectively and were well supported. There has been some progress in most areas of diversity but support for prisoners with disabilities and work relating to sexuality, faith and older prisoners continued to be underdeveloped. The lack of systematic identification and help for prisoners with disabilities was a particular concern. Religious diversity was well promoted but Muslim prisoners had some poor perceptions of their treatment that needed some examination. There was very little systematic monitoring of any aspects of diversity other than race.
- HP25 Our survey showed that black and minority ethnic prisoners had poorer perceptions than others in a number of areas, including their treatment by staff and safety, and the prison's ethnic monitoring indicated some over-representation in cellular confinement and segregation. However, most black and minority ethnic men we spoke to in groups or individually said they had not experienced racism in the prison. There was no specific support for Gypsy, Romany and Traveller prisoners, who in our survey self-identified as a high 9% of the population. Racist and other discrimination incident reports were investigated and dealt with satisfactorily. A diversity awareness programme for prisoners with racist attitudes had not been delivered for some time.
- HP26 Over 40% of prisoners were foreign nationals. They reported more positively in our survey than British prisoners on most aspects of their experience at Wormwood Scrubs and were substantially more positive than in 2008. There was no nominated foreign nationals officer to coordinate work and services and some key policies still did not take account of the specific circumstances of foreign nationals. There were regular meetings with an effective network of foreign national representatives who provided good help to other prisoners. There were good support groups for Somali and Spanish-speaking men. Telephone interpreting services were little used, including in areas such as health care that required confidentiality. Staff relied heavily on other prisoners to interpret and some language groups felt isolated. UK Border Agency staff held immigration case surgeries on each wing every week but too many men were held under immigration powers after their sentence had expired. There was little independent advice on immigration issues.
- HP27 The chaplaincy team provided strong support to prisoners of all main faiths, with regular wing faith forums as well as worship and pastoral care, and ran a good range of study groups and courses. Chaplains were well involved in helping promote diversity and supported minority groups and men at risk of self-harm. Resources for most religious groups were good but ablutions facilities for Muslim services held in the gym were unsatisfactory. A community chaplaincy scheme to help support men after release and reduce re-offending had made a good start.
- HP28 Complaints from prisoners were not monitored by subject area to help identify trends over time or areas of concern. The standard of replies in those we looked at was mixed: not all directly answered the issues raised and, although most were polite, few offered apologies

where mistakes had been made. Quality assurance arrangements were inadequate. Legal and bail information services were well advertised and accessible and about half of recently prepared bail information reports had been successful. The legal services officer was resourceful in providing help and prisoners also had free telephone access to a number of advice services.

HP29 Effective leadership had helped begin to deliver some improvements in health care services. Primary physical care services were reasonably good, with recent less reliance on agency staff. Consultation with prisoners about the delivery of health services was beginning. All nurses held lead roles such as for older men or those with diabetes. Most prisoners were able to see a doctor reasonably quickly but there were problems with the health care appointments systems, which led to a high rate of non-attendance. Not all clinical areas were cleaned daily. The inpatient unit was essentially for mental health patients and an unsuitable environment for those recovering from physical illnesses. Medicines management had improved but dispensing arrangements needed attention. Good quality dental treatment was provided but too many prisoners waited too long for treatment. Mental health services had improved but the services were stretched and needed further development to meet the high level of need.

Purposeful activity

HP30 There were still too few activity places and too many men spent most of their time locked in cells. Not all prisoners got daily exercise and association periods were very restricted. The quality of education and training was satisfactory but more focused strategic management and coordinated development was needed to improve the provision. Not all activity places were used effectively. Access to the library was better but further improvements were still needed. PE provision was reasonably good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

HP31 Time out of cell for most prisoners was little changed. At a check during the day, we found 41% of prisoners locked up and only 27% off the wing at activities. Association periods were very limited and not all prisoners had the opportunity to spend an hour in the open air each day, including those without activity who spent most of their time locked up.

HP32 There had been little progress in learning and skills. The prison has identified much of what needed to be done, including a plan for structuring delivery around a well-defined 'prisoner learning journey' but most initiatives were at a very early stage. Quality improvement arrangements were insufficiently well developed to help improve the provision and a lot of the data were unreliable with insufficient analysis.

HP33 There was a need to improve induction and assessment, planning for learning, progress monitoring and target setting. The allocations process to activities was flawed and long waiting lists for education and training were poorly managed with no clear prioritisation.

HP34 Attendance at education had improved with an average of 82% of places filled. Punctuality was now satisfactory. The number of vocational places had expanded but was still insufficient. Despite the lack of places, what was available was not well used and attendance at vocational training was poor, averaging 55%. The quality of teaching was generally satisfactory, as were achievements for those who completed their courses, but the retention rate on education courses was low at only 62%.

- HP35 In theory, there were approximately 440 jobs available each day with 75% take up. Data were unreliable and could not identify the breakdown of full and part time workers. As previously, many of the jobs were menial but helped some men develop a work ethic. Few led to accredited qualifications, for example only four out of 28 kitchen workers were enrolled on qualifications above the basic food hygiene course. There was no formal recognition or recording of skills acquired at work.
- HP36 Although better than in 2008, fewer than the comparator in our survey said they went to the library at least once a week. Opening hours had reduced and sessions were not sufficiently well structured to ensure all who wanted to had the opportunity to attend. The range of stock and facilities were satisfactory, although the loss rate was high. Legal materials and Prison Service Orders were available.
- HP37 Participation in gym activities remained good and prisoners were positive about the gym and their access to it. There was a good range of recreational and remedial PE, which now included an over-50s group. The facilities were satisfactory but ventilation remained poor in the sports hall and weights area. There was still no outside sports area but funding had just been agreed for an outside sports pitch.

Resettlement

- HP38 Strategic oversight of resettlement provision was better coordinated than previously. Offender management arrangements were good and custody planning for short-term prisoners had just been introduced. Public protection arrangements were sound. Appropriate referrals were made to reintegration services, although these were stretched to meet demand. A Job Club carried out some very useful resettlement work. Appropriately, most offending behaviour needs were expected to be met in training prisons but there were good interventions for those with drug and alcohol problems, with links to community services. Visits arrangements were generally satisfactory but some aspects of family work needed further development. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP39 An up-to-date reducing reoffending strategy included information from a needs analysis and covered each resettlement pathway, with development targets for each. The strategy was overseen through a regular meeting chaired by the deputy governor, with each pathway lead represented. Offender management and resettlement services were effectively coordinated, with well developed referral processes.
- HP40 Resettlement needs assessments were completed for all new receptions, including remanded prisoners, and referrals made to relevant services but there was no ongoing case management to check outcomes. A recently introduced custody action planning process for prisoners sentenced to less than 12 months was a promising development but resources to deliver it were limited. There were about 200 prisoners in formal scope for offender management and 154 with an OASys assessment prepared by the prison. Assessments in cases we sampled were of good quality and appropriate targets had been set. Offender supervisors for indeterminate sentence prisoners had received suitable training and parole reports were up to date. Once sentenced, prisoners were quickly categorised and most moved to training prisons without much delay. Home detention curfew arrangements were efficient and many of those eligible were released.

- HP41 Public protection arrangements were thorough and proportionate. Prisoners about whom there were public protection concerns were quickly identified and there were good links between the public protection team, the security department and offender supervisors.
- HP42 As we would expect in a local prison, most prisoners moved to training prisons to complete offending behaviour work. There was an appropriate recognition that interventions at Wormwood Scrubs needed to be geared to those serving shorter sentences or on remand and there was a good focus on drugs and alcohol provision. The thinking skills programme was about to be replaced by a short motivational programme.
- HP43 Accommodation and advice services were provided through St Mungo's Trust and Citizen's Advice, who saw all new prisoners and others through referrals and application. Services included maintaining tenancies, securing housing benefit and referrals to potentially suitable accommodation. There was high demand and around 60% of prisoners used the service but 14% were released without any accommodation. Two Citizens Advice workers also had high caseloads and helped with a wide range of issues including benefits, financial support, family law, immigration and consumer issues. Prisoners got some help with finance issues through the Unlock and Money Matters programmes but there was an identified need for more financial awareness programmes. An effective Job Club provided some very useful support, including classes that helped with realistic goal setting, setting up a bank account, CV building, managing disclosure and health and safety training. A wide range of specialist support agencies were involved and data indicated that around 20% of prisoners who had attended the Job Club gained employment on discharge and up to 20% a month entered training or education.
- HP44 A supportive visitors' centre was run and visits generally started on time. Visitors said they found it difficult to get through to the booking line. Prisoners could have an unbooked reception visit but some visitors turned up to find there were no spaces available. The visits room had regimented fixed seating and bare walls. Children aged 10 and over were counted as adults for the purpose of visits, which in some cases unfairly limited contact with children. A supervised play area operated for most visits sessions and weekly children's and family visits were run but there was no dedicated help for prisoners to re-establish or maintain relationships with children and families. Access to telephones was restricted because of the limited time unlocked and many prisoners experienced delays in getting telephone numbers put on their accounts.
- HP45 The drug and alcohol strategies were well coordinated and based on a needs analysis and action plan undertaken jointly with the local drug and alcohol action team. The CARAT service had improved and all prisoners were seen quickly, including those with primary alcohol problems. CARAT workers were accessible and offered the full range of integrated drug treatment system modules. A new alcohol intervention programme had 60 places a year and the building skills for recovery programme was being piloted for 240 prisoners in the year. Alcoholics Anonymous and Narcotics Anonymous groups were run but demand was high and places were limited. There were strong throughcare links and workers from eight London boroughs visited frequently and monthly drug intervention programme meetings took place.

Main concerns and recommendations

- HP46 Concern: There was no effective violence reduction strategy and anti-bullying procedures were not followed.

Recommendation: An effective violence reduction strategy should be introduced in consultation with prisoners to help ensure that prisoners are safe from bullying and victimisation.

HP47 Concern: There was no personal officer or other named officer scheme to ensure that nominated officers had responsibility for identifying the needs of specific prisoners and helping to meet them. P-Nomis case note entries did not provide a useful record of a prisoner's time at Wormwood Scrubs.

Recommendation: A named officer should be aware of the individual needs of prisoners for whom they are responsible. They should provide input and advice on matters relating to their prisoners, encourage family contact and keep a regular record of contact in P-Nomis case notes identifying any significant events.

HP48 Concern: Mental health services were very stretched and it was apparent that there was unmet need for primary mental health services.

Recommendation: There should be a full review of mental health services.

HP49 Concern: There were too few activity places to occupy prisoners, resulting in too many men spending most of their time locked in cells.

Recommendation: Sufficient activity places should be provided to enable all prisoners to participate in some purposeful activity during the working day.

HP50 Concern: There was no custody planning system for men on remand that checked their resettlement needs had been met. A custody action plan for men sentenced to 12 months and less had just been introduced but with little resources to support it and not all had been completed for men who were eligible.

Recommendation: Custody planning should ensure that all men, including those on remand and serving short sentences, have their resettlement needs and risks assessed and followed up as part of a case management system.

Progress on main recommendations since the previous report

(The paragraph numbers at the end of each main recommendation refer to its location in the previous inspection report)

Main recommendations

- MR1 All prisoners should have access to effective support on their first night and during their early days in custody. (HP44)**
Partially achieved. Initial reception screening interviews were not carried out in private. All new arrivals went to the first night centre where they received essential information and support from staff and Insider prisoner peer supporters. Urgent needs interviews were not always done in private or thoroughly. Prisoners moved to B wing the day after arrival but night staff on B wing during our evening visit did not know how many had arrived that afternoon (see first days in custody).
- MR2 The primary care trust, Central and North West London Mental Health Trust and the prison should undertake an urgent review of admission procedures to the Conibeere unit, and the provision of clinical support, to ensure that there are no delays in the treatment of alcohol and drug dependent prisoners. (HP45)**
Achieved. A clinical review had taken place immediately after the last inspection and progress had been reviewed subsequently. An integrated drug treatment system (IDTS) project manager had been appointed and reported to the prison and primary care trust (PCT) commissioner. Considerable progress had been made in ensuring prompt clinical support. The majority of prisoners dependent on drugs or alcohol were now admitted to the Conibeere drug stabilisation unit (CBU) on the day of arrival and a new first night prescribing protocol allowed treatment to start without delay. An exceptions protocol had been developed for those prisoners initially accommodated on the first night centre but they could now also get immediate treatment. Spaces on the CBU had increased to 55 and better throughput to the second stage unit (C wing) meant there was sufficient capacity.
- MR3 All indicators of violence specified in the violence reduction policy should be monitored, and the violence reduction committee should fully consider identified patterns and trends in order to monitor and evaluate the effectiveness of the policy. (HP46)**
Not achieved. Some management information about indicators of violence, including trend data on the number of prisoners involved in incidents, their location and ethnicity, was included in the violence reduction coordinator's monthly report to the violence reduction meeting. Other indicators, including levels of use of force and adjudications related to violence, were not monitored at the violence reduction meeting. Information on injuries to prisoners was incomplete as staff did not always send copies of completed F213 (record of injury to prisoner) forms to the violence reduction coordinator. Much of the information in the monthly report was descriptive and based on security information reports received. Minutes of the violence reduction meetings did not indicate any discussion on how this information was used to evaluate the effectiveness of the policy and develop the strategy to make the prison safer. Prisoner representatives did not attend the meetings.
We repeat the recommendation.
- MR4 The prison should increase the number of Listeners and Insiders, and improve governance structures to train and support peer supporters. (HP47)**
Achieved. Six Listeners had been trained and worked on a rota and five more were being trained by the Samaritans. Listeners were not yet established as members of safer custody meetings. The

safer prisons senior officer acted as the Listener coordinator and liaised with the Samaritans. A team of four Insiders supported new arrivals and were based on the first night centre. Their work was overseen by the senior officer managing the first night centre and a job description had been developed for this role (see section on first night).

- MR5 **Cleanliness should be improved, particularly in the cells and the prison grounds. (HP48)**
Achieved. Most areas of the prison were reasonably clean and decorated. More cleaners had been employed and they now worked over seven days. A large amount of rubbish thrown from cell windows was cleared up by cleaning parties but plans to fit grills to windows had stalled. Problems with cockroaches and vermin in some areas was raised by prisoners at wing forums and pest control contractors visited regularly.
- MR6 **An effective personal officer scheme should be introduced. (HP49)**
Not achieved. There was no prison-wide scheme to ensure that a named officer was responsible for individual prisoners (see main recommendation at paragraph HP47).
- MR7 **All prison policies and procedures should provide for the specific needs of foreign nationals. (HP50)**
Not achieved. A number of key policies, such as the reception policy, did not provide specifically for the requirements of the large group of foreign national prisoners.
We repeat the recommendation.
- MR8 **The number of activity places should be increased and fully utilised. (HP51)**
Not achieved. There were still not enough activity places and too many prisoners were locked in their cells during the day (see main recommendation at paragraph HP49).
We repeat the recommendation.
- MR9 **There should be more vocational training. (HP52)**
Not achieved. The number of vocational training places had increased only slightly and was still insufficient. A review of the workshops had been completed and the recycling provision had expanded but the textile workshop had closed. A few extra places had been created in the job club.
We repeat the recommendation.
- MR10 **Prisoners should have access to at least 10 hours' time out of cell each day. (HP53)**
Not achieved. There had been little change to the amount of time out of cell. The maximum possible time out of cell, enjoyed by very few fully employed prisoners, was 7.5 hours while that for a part time-prisoner who had a domestics facility time and evening association was 5.5 hours, although it could be as low as 3.5 hours. Unemployed prisoners could be out of their cells for 3.5 hours but this could be as little as two hours on some weekdays. At a check during the day, we found 41% of prisoners locked in their cell. All prisoners were given either two or 2.5 hours out of their cell for association on Saturday and Sunday but the rotation policy meant some clashes with visits and chapel services.
- MR11 **Offender management and resettlement services should be coordinated. (HP54)**
Achieved. The resettlement and the offender management unit (OMU) managers worked together through the reducing reoffending committee and the pathway leads meeting. Offender supervisors were responsible for assessing all prisoners through local initial screening and reducing reoffending tool (LISARRT) interviews and information was shared through a commonly accessible database. Offender supervisors preparing offender assessment system (OASys) assessments in the OMU used this information as part of the exercise. Pathway leads said offender supervisors from the OMU were a regular source of referrals.

Progress on recommendations since the last report

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement the individual needs of prisoners are recognised and given proper attention.

- 1.1 **Written information for prisoners on what they can expect from reception processes should be available in foreign languages. (1.11)**
Not achieved. The information sheet given to new arrivals was still only in English.
We repeat the recommendation.
- 1.2 **The escort service should ensure that prisoners arrive at the prison as early as possible after a court appearance. (1.12)**
Not achieved. Some men were still held in court holding rooms long after their court appearance. One prisoner's escort record showed that he had completed his court appearance at 12.35pm but had not started his journey to the prison until 5.22pm.
We repeat the recommendation.

Additional information

- 1.3 Few prisoners had long journeys to the prison and the vans we saw were clean and properly equipped. Fewer prisoners than the comparator said they had been well treated by escort staff. Most prisoners were not given any information at court about what to expect on arrival at Wormwood Scrubs.
- 1.4 All relevant information travelled with prisoners and they arrived in court on time. Personal property and cash only accompanied unsentenced prisoners to courts outside the local area. Prisoners involved in trials did not have the opportunity to shower before they left for court or on their return. They could wear their own clothes to court or hospital appointments but the prison did not provide any appropriate clothing for those without something suitable. The video link had been used 262 times in a recent eight-week period, during which 2,776 prisoners had physically attended court.
- 1.5 Prisoners were generally given 24-hours notice of planned transfers.

Housekeeping points

- 1.6 Use of the video link for court hearings should be promoted.
- 1.7 Prisoners attending trials should have suitable clothing and be able to shower daily.

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

Reception

- 1.8 **The reception building should be refurbished and reorganised to provide an environment that is safe, welcoming and fully meets the needs of prisoners. (1.36)**
Partially achieved. Reception was clean but holding rooms were stark with no information on display or anything else to occupy prisoners and the televisions were unused. The rooms were not overseen by staff even though they often held a large number of men and prisoners smoked with impunity. There was no CCTV coverage. The changing and shower areas were being refurbished and remodelled.
- Further recommendation**
- 1.9 Holding rooms should be effectively supervised to ensure safety.
- 1.10 **New arrivals should not be held in holding rooms for excessive periods. (1.37)**
Not achieved. The reception process was usually completed within 2.5 hours but records for May 2011 indicated that many men, particularly those who arrived between 3pm and 4pm, had remained in holding rooms for three to four hours with little to occupy them.
We repeat the recommendation.
- 1.11 **New arrivals should be interviewed in private. (1.38)**
Not achieved. Initial screening interviews, including the cell-sharing risk assessment, took place either at a table in the general reception area or in an office, neither of which were private.
We repeat the recommendation.
- 1.12 **There should be a separate, discrete holding room, with its own toilet facilities, for new arrivals who are vulnerable or who have requested protection. (1.39)**
Not achieved. There was no separate holding room.
We repeat the recommendation.
- 1.13 **New arrivals should be processed through reception in an effective and orderly manner. (1.40)**
Achieved. The reception process was well ordered and efficient.
- 1.14 **New arrivals should be allowed to put on their full prison clothing in privacy, and be able to retain their own underwear or given a new set of underwear. (1.41)**
Partially achieved. New arrivals changed into prison clothing in private and could keep their underwear. New underwear was available but prisoners were given laundered, previously worn underwear once this stock was used up. Unconvicted men could keep their own clothes only if they arrived with three sets, which few did.

Further recommendation

- 1.15 Unconvicted prisoners should be allowed to keep their own clothes.

Housekeeping point

- 1.16 Sufficient stock of new underwear should be maintained.

- 1.17 **The information touch-screens should be updated with local information. (1.42)**
No longer applicable. Information touch screens were no longer used.

Additional information

- 1.18 Reception was very busy, with around 4,800 moves in and out every month. Paperwork and property was exchanged efficiently between escort and reception staff. Reception staff were polite and professional but did not really engage with prisoners. Several prisoner orderlies were employed in reception but did not provide peer support to new arrivals. In our survey, 50% of prisoners, fewer than the comparator but more than in 2008, said they had been well treated in reception and more than in 2008 said they had been searched respectfully. None of the foreign national prisoners we spoke to said an interpreter had been provided when they arrived and we saw one interview that included a cell-sharing risk assessment take place with a foreign national man who did not understand all the questions (see section on foreign nationals).

First night

- 1.19 **A second telephone should be installed on the first night centre. (1.43)**
Achieved. There were now two telephones on the first night centre.
- 1.20 **New arrivals located on normal location should receive the full range of first night services, including a shower, free telephone call, reception pack and written information. (1.44)**
Achieved. All new arrivals went to the first night centre where they received appropriate services.

Additional information

- 1.21 The first night centre contained double and single cells and three six-bed dormitories as well as a safer cell and a Listener suite. Convicted and unconvicted prisoners shared accommodation. All areas were clean and rooms were monitored by closed-circuit television cameras. Cells had toilets and prisoners had access to showers. Each dormitory had a separate shower and toilet recess, which were clean but flooring, fixtures and fittings were damaged. Information about the prison in a range of languages was displayed in cells and dormitories.
- 1.22 Prisoners we spoke to and in our survey gave mixed accounts of their first nights. Sixty-nine per cent in our survey, similar to the comparator, said they had felt safe on their first night but black and minority ethnic men were less positive. All prisoners were seen on arrival in a comfortable induction room by one of four Insiders and given verbal and written information about what would happen on the first night centre and the following day. All were able to ask questions and were given a copy of the information booklet available in 21 languages. Some Insiders gave more information than others, including about the role of, and access to, Listeners. In our survey, more than the comparator and more than in 2008 said they had been given information about what was going to happen to them.

- 1.23 A first night urgent needs assessment interview for each prisoner was completed with varying degrees of thoroughness by officers. Some interviews took place in private and covered appropriate questions but others were less detailed and took place at a table in the foyer where others could overhear. Prisoners were not asked how they were feeling. All men were offered a free telephone call and a smoker's or non-smoker's reception pack and were free to use the showers and use recreational facilities until lock-up. Insiders and most officers engaged well with new arrivals.
- 1.24 Prisoners needing detoxification went to the Conibeere unit once the first night process was completed and they had been assessed by health care staff.

Further recommendation

- 1.25 The individual needs of all prisoners should be properly identified during a private meeting with an officer on the first night centre.

Housekeeping points

- 1.26 Initial information provided by Insiders should be consistent.
- 1.27 Toilet and shower recesses in dormitories should be refurbished.

Induction

- 1.28 **The induction policy should be updated. (1.45)**
Achieved. There was no longer a specific policy but the induction process was included in an up-to-date first night policy.
- 1.29 **There should be a clear policy about attendance at induction for prisoners previously in Wormwood Scrubs. (1.46)**
Achieved. The first night policy stated that all new arrivals should attend induction unless they had already attended the programme within the previous month.
- 1.30 **The induction programme should be comprehensive enough to ensure that new arrivals meet relevant staff, know the opportunities for work, education, vocational training and offending behaviour courses, and are aware of how to get information and deal with problems. (1.47)**
Achieved. A comprehensive induction programme was delivered the morning after arrival. Officers engaged well with prisoners and encouraged them to ask questions. The programme included presentations and individual interviews with staff from a range of departments. Prisoners then moved to B wing, where they received a CIAS presentation, education assessment and gym induction over the following days. During our evening visit, night staff on B wing did not know how many or which prisoners had moved from the first night centre that day to ensure they received appropriate attention and support if necessary.

Further recommendation

- 1.31 Newly arrived prisoners on B wing should receive appropriate ongoing support.

Additional information

- 1.32 Prisoners had mixed views about induction. Some said it was over in an hour while others believed it covered what they needed to know while accepting that they would learn lots from other prisoners. In our survey, 67% of prisoners, fewer than the comparator, said they had received induction, although first night staff kept up-to-date electronic records that indicated most had participated. Fewer than the comparator said induction covered all they needed to know.
- 1.33 All new arrivals were interviewed by staff from the offender management unit to complete the local initial screening and reducing reoffending tool (LISARRT), which gathered information under resettlement pathways. Referrals were sent to prison agencies as necessary and prisoners were told where referrals would be made on their behalf. Interviews did not always take place in private, with many carried out behind screens in the first night centre association area, which, as with some first night assessments, offered little privacy.

Section 2: Environment and relationships

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.

Accommodation and facilities

- 2.1 **Cells designed to accommodate one prisoner should not be occupied by two. (2.16)**
Not achieved. Population pressures meant many single cells were occupied by two prisoners. **We repeat the recommendation.**
- 2.2 **Cleaning materials should be available to prisoners at least once a week. (2.17)**
Achieved. Sufficient cleaning materials were supplied to residential units. Most prisoners had good access to toiletries and cleaning materials, although prisoners and staff on some wings complained that poor stock control and distribution meant supplies sometimes ran short.
- 2.3 **Cells should be properly furnished. (2.18)**
Not achieved. A bid for a four-year cell furniture replacement programme had been submitted in 2008 but only the first instalment had been received. Some furniture had been obtained following the closure of HMP Ashwell and some was repaired in the recycling shop. Recent inventories indicated that many prisoners did not have their own chair or locker and many cells had no notice boards.
We repeat the recommendation.
- 2.4 **Offices and other unused rooms should be clean and free from rubbish. (2.19)**
Achieved. Wing governors checked all rooms. There were occasional comments about broken furniture being stored in them but those we checked were in reasonable condition.
- 2.5 **Prisoners should receive their mail on the day it arrives in the prison. (2.20)**
Not achieved. Minutes of wing forums over recent months included consistent complaints by prisoners about delays in receiving mail even though unit managers were now required to confirm mail had been issued as part of their daily checks.
We repeat the recommendation.
- 2.6 **All telephones should be equipped with privacy hoods. (2.21)**
Not achieved. Telephones had been installed in booths on two landings on A wings but many telephones in other areas did not have privacy hoods. Some of these were located in places where it would not be possible to install a hood.

Further recommendation

- 2.7 All prisoners should have access to telephones that provide sufficient insulation from background noise.
- 2.8 **All prisoners should be allowed to wear their own clothes. (2.22)**
Not achieved. Only unconvicted and enhanced prisoners were allowed to wear their own clothes,

although in practice unconvicted men were given little opportunity to wear their own (see section on reception).

We repeat the recommendation.

- 2.9 **There should be enough clean prison-issue clothing for all prisoners who require it. (2.23)**
Not achieved. The local policy on clothing stated only that 'prison staff must make sure they give prisoners clean clothes often' and there was no clear guidance on what clothing was issued or could be exchanged weekly. The problem had occasionally been raised at wing forums. On B wing, it was claimed that prisoners hoarded clothing and there was not enough to go round, while others argued that clothing was often thrown from windows, suggesting there was no shortage. Prisoners on D wing complained that there were never enough socks and pants when exchanging kit. Some prisoners complained to us about a lack of kit. The forum agreed that a list of what kit prisoners were allowed in possession would be published but there was no evidence in subsequent minutes that this had been done. This was less of a problem on wings with less transient populations.
We repeat the recommendation.

Additional information

- 2.10 There had been no significant changes in the layout or use of accommodation (see fact page). There was no distinction between unconvicted and convicted prisoners either on wings or in allocation to cells. No cells had been adapted for prisoners with disabilities (see section on diversity). Many cells on the north ends of wings were in a poor condition. Those on A wing were particularly bad. Many had broken windows, often temporarily patched by prisoners using cardboard or plastic, several had extensive graffiti and most had no or poor screening around the toilet. Bed sheets were often used as makeshift screens and curtains.
- 2.11 Some staff said prisoners broke windows to allow drugs in on wings bordering the perimeter walls, while others put it down to poor ventilation so prisoners broke windows to let in some air. Security netting was due to be installed to catch items thrown over the walls and there was a planned programme to replace inefficient boilers and broken windows.
- 2.12 Telephones could not be used at meal times but were switched on during activity periods and between 6pm and 7.30pm. Additional telephones had been installed on E wing, new telephones were planned for A and B wings and facilities for prisoners' visitors to send emails had recently been introduced. However, prisoners and residential staff consistently complained about delays in telephone numbers being authorised for prisoners' telephone accounts. Two operational support grades were responsible for this task but one was often redeployed. There were 78 outstanding applications on one day of the inspection, most relating to men subject to Prison Service Order 4400 (protection from harassment) requirements. It was not clear how long ago they had been waiting.
- 2.13 Most prisoners could have a daily shower, although the few prisoners who worked full time could find this difficult on the days they did not get association. Shower areas were not divided into cubicles so prisoners could not shower in private. Those in dormitories had more privacy. Shower areas were clean, although a few had poor drainage and ceilings in some were peeling.
- 2.14 We did not notice any long delays in answering cell bells, which could now be heard wherever staff were working on the wing and the observation panels we checked were clear.
- 2.15 Monthly wing prisoner forums allowed an opportunity to raise issues about the wing regime and facilities. Meetings were mostly well minuted but it was not always clear that issues raised were followed up at subsequent meetings. Comprehensive monthly inspections of residential units took place and a matrix outlined actions taken to address problems. Notice boards were well organised.

Further recommendations

- 2.16 All prisoners should have adequately heated and ventilated cells.
- 2.17 Cells holding two prisoners should have appropriately screened toilets.

Housekeeping point

- 2.18 Prisoners should have numbers added to their telephone accounts promptly.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.19 **The quality of staff entries in prisoner wing history file should be improved and effectively monitored. (2.31)**
Not achieved. Since the last inspection, the electronic case note system on P-Nomis had been introduced. An analysis of entries showed that most were just observational or about behaviour, with the more frequent comments about poor behaviour. There were no comments about resettlement matters and none that demonstrated any awareness of family issues. There had been management checks in about half the cases we looked at but these rarely referred to the quality of officers' entries in the records.
We repeat the recommendation.
- 2.20 **Prison officers should be more active in encouraging prisoner involvement with, and access to, the regime. (2.32)**
Not achieved. There was little evidence that officers actively encouraged participation in activities. Although attendance at education classes was reasonably good, attendance at vocational training courses was poor. Teachers and instructors said it was difficult to get information from the wings about why prisoners did not turn up. The problem was exacerbated by poor allocation arrangements and a lack of active management and prioritisation of waiting lists for activities (see section on learning and skills).

Additional information

- 2.21 Relationships between staff and prisoners were generally positive and we observed some good interactions between officers and prisoners on the wings. The number of prisoners in our survey who said most staff treated them with respect had much improved to 71% from 60% in 2008. This was now similar to the overall comparator and better than in other London local prisons. Responses from black and minority ethnic and Muslim men were not as positive as others. Most officers referred to and addressed prisoners by their surname alone rather than using their preferred name or title.
- 2.22 In prisoner groups, most men agreed that relationships with officers were reasonably good, although they appeared to have relatively low expectations of what they would expect from them. A number said officers on residential wings were not helpful but many said that some individual

officers were very helpful. One or two said a small number of officers were intimidating but the overall survey response indicated that fewer than previously felt they had been victimised by staff. Good regular consultation meetings with wing representatives helped foster positive relationships. Minutes indicated that prisoners were asked directly for their views about relationships with staff, although fairly standard responses recorded in the minutes did not indicate much probing of this area or that open questions were asked to encourage discussion.

- 2.23 In our survey, 71% also said they had an individual member of staff they could turn to for support. This was similar to the comparator but there was still no personal officer or other scheme so that prisoners knew there was a named officer who had individual responsibility for them and whom they should contact as an initial point of reference for any concerns. Officers were expected to write entries in P-Nomis records for prisoners in particular groups of cells but the records we examined were almost entirely observational or functional.

Section 3: Duty of care

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). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 **All complaints relating to bullying and feelings of safety should be directed to the violence reduction coordinator. (3.15)**
Achieved. The few formal complaints about bullying received by the complaints clerk were directed to the violence reduction coordinator.
- 3.2 **Anti-bullying investigations should be thorough and fully documented. Completed investigations should be subject to quality assurance by the violence reduction coordinator and safety managers. (3.16)**
Not achieved. Procedures to investigate and monitor the outcomes of violent incidents were poor. The violence reduction coordinator sent details of incidents, usually from security information reports, to residential managers, who were asked to indicate how the incident had been dealt with and what, if any, support plan had been put in place. Many such requests received no response. The violence reduction coordinator therefore investigated many cases himself and alerted residential managers but there was little evidence that necessary action was taken.
We repeat the recommendation.
- 3.3 **Wing managers should ensure that bullying monitoring forms contain quality entries, which evidence interaction with the prisoner and challenge and address the causes of bullying behaviour. (3.17)**
Not achieved. Bullying monitoring forms were no longer used and officers were now expected to record notes on P-Nomis when it had been agreed that monitoring was appropriate following an incident. The sample we looked at contained no monitoring entries and some made no reference to the violent incident or no more than a simple description of it.
We repeat the recommendation.
- 3.4 **The intervention for bullies and support for victims should be re-introduced. (3.18)**
Not achieved. The social development programme run by gym staff had not been re-introduced.
We repeat the recommendation.
- 3.5 **Managers should ensure that all cell-sharing risk assessments are properly and thoroughly completed and that decisions to identify a prisoner as high risk are proportionate and substantiated. (3.19)**
Not achieved. New procedures for completing cell-sharing risk assessments introduced nationally in April 2011 had replaced the three-level assessment of high, medium and low with just high or standard risk. The prison's draft cell-sharing risk assessment policy clearly outlined high risk factors and the evidence on which assessments should be based. We looked at a sample of cases where assessments had indicated high risk but the space to record the reason had been left blank.
We repeat the recommendation.

Additional information

- 3.6 There was no effective violence reduction strategy. Managers recognised the weaknesses in current procedures and said their focus in recent years had primarily been on reducing the risk of self-inflicted deaths. The violence reduction coordinator had a difficult task in trying to engage residential staff in the strategy, which was a major concern with the potential that threatening behaviour would not always be identified and dealt with. While the general environment was relaxed and fewer prisoners than in 2008 said they actually felt unsafe, 45%, similar to previously, said they had felt unsafe in the prison at some time. The last prison safety survey undertaken in April 2010 had comprised just seven questions and was of limited value. Statistics indicated that the number of violent incidents had reduced since 2009.
- 3.7 The head of safer prisons was a senior manager with a wide management remit including the drug strategy and health care. He was supported by a safer custody manager and the department included a senior officer (safer custody/suicide prevention), an experienced violence reduction coordinator and administrative support. A monthly violence reduction meeting was usually chaired by a senior manager but representatives from relevant departments such as security, health care and diversity and race equality did not always attend. The violence reduction coordinator checked observation books weekly for information on violent incidents and recorded the locations on a useful violence reduction database that generated monthly reports for the meeting. The potential for conflicts between prisoners in a small number of locations, including the central 'spine link' corridor and some crowded holding rooms, had been identified.
- 3.8 Prisoners on induction were encouraged to report any bullying and two of the five main residential units routinely discussed safer custody at monthly prisoner forums when representatives were asked about their feelings of safety and for suggestions to improve safety. Posters on wing notice boards highlighted the prison's violence reduction message. A safer custody hotline number was published for visitors and reasonably well used by family and professional visitors.
- 3.9 The three-stage approach described in the violence reduction strategy was not being used and a new policy was in draft. One key feature was the introduction of monitoring booklets rather than relying on officers to enter details on P-Nomis.
- 3.10 The prison operated an integrated regime. Anyone requesting protection due to the nature of their offence or debt was interviewed by the duty governor and those whose safety could not be guaranteed were segregated until a transfer to another prison could be arranged, which was usually done quickly. A small number of prisoners who were vulnerable due to their mental health or personality were supported on residential units through a case management protocol involving a range of disciplines. Day care was available on the Seacole unit in health care and was a good resource for prisoners who found it difficult to attend main regime activities.

Housekeeping point

- 3.11 The monthly violence reduction meetings should be better attended.

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

3.12 Listener/crisis suites should be fit for purpose. (3.31)

Not achieved. The two Listener suites, one on the first night centre and one on D wing, had been created by joining two cells with an open doorway. Both had been used for purposes unrelated to the Listener scheme. Residential rather than safer custody staff were responsible for their upkeep. The D wing suite was poorly designed, with open toilets in both cells. Decoration and furnishing in both were poor. The suites contained beds but had not been used overnight since the scheme had been reintroduced.

3.13 Assessment, care in custody and teamwork (ACCT) reviews should be multidisciplinary. (3.32)

Achieved. Multidisciplinary reviews had taken place in at least two-thirds of the cases we looked at and included good attendance by health care.

3.14 Staff interactions with prisoners on ACCT documents should include meaningful conversations as well as observations, and these should be recorded in detail. (3.33)

Partially achieved. Entries in ongoing case records indicated some good interactions with men at risk. Many of the more detailed comments were made by non-uniform staff such as chaplains but it was not clear who had made each entry. ACCT documents did not always accompany prisoners to activities so there were often no comments by teachers, instructors or other staff leading activities.

Further recommendation

- 3.15 Assessment, care in custody and teamwork documents should accompany prisoners to activities and staff leading the activity should make entries in the ongoing record.

Additional information

- 3.16 There had been eight self-inflicted deaths and four from natural causes since our last inspection. There was a good focus on action plans following investigations and in some cases efforts had been made to learn from internal investigations before the Prisons and Probation Ombudsman's office had completed its investigations. Most action plans were up to date and improved procedures had developed from them. There were less developed procedures to incorporate any findings following inquests.
- 3.17 The safer prisons senior officer produced a monthly report on the operation of ACCT procedures and incidents of self-harm. Recorded levels were relatively low, with an average of 12 prisoners self-harming each month. Details were analysed for any significant patterns at the safer prisons meeting. Some thorough investigations into serious near-fatal incidents were used to identify learning points.

- 3.18 A multidisciplinary suicide prevention team met monthly, although meetings had not taken place in March and April due to staff absence. The meeting was usually chaired by the head of safer prisons and attendance levels fluctuated. Minutes of the meetings did not indicate much discussion of the position of foreign nationals, a significant proportion of the population. The ACCT database did not identify how many ACCT documents had been opened on foreign national prisoners and it was not clear how many foreign national prisoners were involved in self-harm. We were not convinced that appropriate use of interpreting services was made to communicate with prisoners at risk who could not speak or understand English well (see section on foreign nationals).
- 3.19 Many prisoners at risk of self-harm were held in the health care unit where services were stretched. During our night visit, the area was staffed by one nurse who was responsible for monitoring 10 prisoners on open ACCTs in addition to dispensing medication. A second member of staff was observing a prisoner on constant watch. Shortage of staff had been raised as a concern by the Prisons and Probation Ombudsman following the death of a prisoner held there in a gated cell in 2009.
- 3.20 The ACCT database indicated that on average 16 ACCTs were opened each month. Twenty-seven were opened on one day of this inspection. There were 22 trained ACCT assessors from a range of disciplines. ACCT procedures were satisfactory, with good initial assessments, but triggers identified were often vague or not subsequently considered in care plans. No named or key officers were identified and there was not always a consistent case manager so identified concerns were not always followed up at subsequent reviews.
- 3.21 In recent months, safer custody staff had started weekly checks of ACCTs with a focus on helping prisoners at risk get involved in regular activity. With the prisoner's agreement, family could be contacted following a self-harm incident as potential additional support but there were no examples of this happening. The safer custody administrator checked release dates for prisoners on ACCTs daily to ensure appropriate liaison with colleagues in the community.
- 3.22 A care management protocol identified prisoners who presented particular challenges or risks and a multidisciplinary team worked closely with this small number of prisoners. Some day care provision was available through the Seacole unit in health care and mental health in-reach nurses and the chaplaincy provided some good support to prisoners.
- 3.23 A range of ACCT quality checks included checks by members of the senior management team. Unit managers completed daily checks and closed ACCTs were quality checked by the safer custody senior officer, with outcomes fed back to managers. Post-closure ACCT reviews were completed.
- 3.24 Use of gated cells and protective clothing was closely monitored and managers were required to justify these measures. A log indicated that protective clothing had been used eight times for six prisoners in the previous 12 months. On average, gated cells had been used five times a month, most for less than 24 hours. In these cases enhanced case reviews were chaired by a senior operational manager.
- 3.25 A Listener scheme had been reintroduced in April 2011 after about two years without one. Three of the Listeners could speak languages other than English but it was not clear how accessible the scheme was to those who did not speak or understand English well. Most prisoners appeared to have reasonable access, including at night. The Listeners did not believe officers fully understood the scheme as they had sometimes restricted their time with callers. There was no Listener in reception or on the first night centre.

- 3.26 All new staff received ACCT foundation training and regular training was provided. Safer custody learning sheets were produced regularly and used to update staff on ACCT procedures and provide short learning points.

Further recommendations

- 3.27 Suicide prevention meetings should include Listeners and take place regularly and all key departments should be represented.
- 3.28 There should be more identification of and focus on the needs of foreign national prisoners at risk of self-harm and the resources to support them.

Housekeeping points

- 3.29 Where appropriate, prisoners' families should be informed when prisoners have self-harmed and encouraged to become involved in their support.
- 3.30 The Listener scheme should be promoted through staff training events.

Applications and complaints

Expected outcomes:

Effective application and complaint procedures are in place, 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.

- 3.31 **Prisoners should have confidential access to application forms and always receive an acknowledgement of submitted applications. (3.83)**
Not achieved. Applications were kept in wing offices so were not always accessible and sometimes stocks ran out on some landings. Some application forms had tear-off slips to give to prisoners to confirm receipt of their application but these were often not used.
We repeat the recommendation.
- 3.32 **The application system should be applied consistently, and prisoners should receive a response within three working days. (3.84)**
Not achieved. Landing officers used an applications log book to record when applications were submitted and where they were redirected but not whether all had been answered or how long prisoners had waited for a reply. In our survey, fewer prisoners than in 2008 said applications were answered promptly.
We repeat the recommendation.
- 3.33 **Prisoners with little or no English should have access to information about applications and complaints in their own language. (3.85)**
Not achieved. There was no written information about applications and complaints in the most commonly used languages. Complaint forms in different languages could be downloaded but managers said these were rarely requested.
We repeat the recommendation.
- 3.34 **Prisoners should receive responses to their complaints that are legible, respectful and adequately address the issue raised. (3.86)**

Partially achieved. Not all the replies we looked at answered the issues raised. Most were polite and legible but few offered apologies when mistakes had been made.

3.35 Prison managers should analyse complaints each month by ethnicity, nationality, prisoner type and other criteria, and if necessary take action when any patterns or trends emerge. (3.87)

Not achieved. Data on the ethnicity and nationality of complainants were recorded but complaints were not monitored by subject area or where they originated to help identify trends over time, areas of concern and progress made in reducing the number of complaints.

We repeat the recommendation.

Additional information

3.36 There were on average 225 complaints a month. Complaint boxes around the wings contained appropriate forms, including envelopes for confidential access. These were emptied at night, recorded and passed to the relevant managers at the morning meeting. Complaints about staff were allocated to an appropriate person for response, with serious ones dealt with by the deputy governor.

3.37 Complaints were mostly answered on time but quality assurance arrangements were inadequate. Ten complaints a month, less than 5%, were monitored by the business management unit, which looked at the outcome but not whether the issues raised had been fully addressed or the general quality of reply. In our survey, only 19%, fewer than the comparator of 30% and than the 42% in 2008, said complaints were dealt with fairly. There was no record of when complaints had been withdrawn.

Further recommendation

3.38 Effective quality assurance of complaints should be introduced.

Legal rights

Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

3.39 Cover should be provided for the legal services officer. (3.93)

Achieved. The legal services officer worked closely with the bail information officer and specific officers detailed from the first night centre to provide bail information. An executive officer post was also due to be filled shortly. There was sufficient cover and no prisoners were waiting to see the legal services officer.

3.40 Legal services staff should have up-to-date training. (3.94)

Not achieved. The legal services officer had applied for formal training but had not yet completed this. However, she had relevant experience.

3.41 Legal and bail services should be advertised in foreign languages. (3.95)

Partially achieved. A Detention Advice Service leaflet describing the services was available in 12 languages. A limited amount of information about rights to bail had also been translated but this was not well promoted.

- 3.42 **All legal representatives should be able to have a legal visit with their clients in privacy. (3.96)**
Not achieved. No additional booths for private interviews had been provided. When full, solicitors were offered tables in an open area that provided some privacy but not equivalent to a private booth. The next bookable space for a legal visit on one day of the inspection was not for 10 days.
We repeat the recommendation.

Additional information

- 3.43 Legal services and bail information were well advertised and accessible on B wing and during induction. About half of recently prepared bail information reports had been successful.
- 3.44 A resourceful legal services officer worked Monday to Saturday. She facilitated legal telephone calls for prisoners and supported the few who were representing themselves. She could download legal information on prisoners' behalf. Prisoners had free telephone access to some legal advice services. The legal services officer had list of solicitors specialising in immigration as well as other specific areas of law.

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.

- 3.45 **There should be more chaplaincy groups outside the weekly services. (5.36)**
Achieved. Regular groups now included a Somali group, a fatherhood craft group where prisoners made items for their children, Hindu, Sikh and Islamic classes, AQA (Assessment and Qualifications Alliance) modules centred on Christianity, Alpha courses and a weekly bible study group on one wing.
- 3.46 **There should be adequate facilities for Muslim worship, including ablutions. (5.37)**
Not achieved. There were no proper ablutions facilities in the gym, which was used by about 100 prisoners for Friday prayers.
We repeat the recommendation.

Additional information

- 3.47 The chaplaincy was well represented at meetings related to prisoners' safety and wellbeing. Three chaplaincy staff were ACCT assessors and were included in the rota. Chaplains held a faith forum three times a year on each wing and faith festivals were celebrated, with an emphasis on family ties. A community chaplaincy was becoming established, with a recently appointed full-time community chaplain linking outside befrienders to local prisoners approaching release and liaising with the existing community engagement worker. This work was linked to the custody action planning process for short-term prisoners. There were 21 mentors, of whom 15 currently had men allocated, half approaching release and half post-release.
- 3.48 There were good links with outside faith communities, including Hindu groups that reflected a higher proportion of Hindu prisoners than we normally find. Chaplains were present on the first night centre every evening and saw each new prisoner on induction the following morning.

- 3.49 The worship spaces were large and generally satisfactory but the building housing both the Roman Catholic chapel and the multi-faith area was in need of some refurbishment.

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

- 3.50 **The primary care trust should make every effort to recruit sufficient clinical staff, including specialist GPs, to join the substance misuse team. (3.114)**
Achieved. A band 8 lead and two band 7 nurses from the Central and North West London (CNWL) Mental Health Trust provided the clinical integrated drug treatment system (IDTS) service in partnership with the primary care trust (PCT) under a joint governance framework. Eleven substance misuse nurses and two health care assistants were now in post and three vacancies had been filled with nurses awaiting clearance. A full-time specialist GP was based on the Conibeere drug stabilisation unit (CBU) during the week offering daytime cover and 0.5 duty cover was available, although this was stretched by the many late arrivals.
- 3.51 **There should be administrative support for the Conibeere unit. (3.114)**
Achieved. Daily administrative support was available to the clinical substance misuse service, allowing nurses to focus on patient care. Health care assistants had also been recruited and could undertake tasks such as sending faxes or inputting data.
- 3.52 **There should be joint work between the clinical substance misuse, CARAT and mental health teams to improve care coordination. (3.115)**
Achieved. Joint work had improved. Clinical IDTS and counselling, assessment, referral, advice and throughcare (CARAT) teams shared care plans, jointly conducted five-day reviews, co-facilitated groups and met regularly but 28-day reviews were nurse-led and would have benefited from being conducted jointly. A designated CARAT worker linked in with the dual diagnosis nurse for weekly case reviews.
- 3.53 **The mental health in-reach team's skill mix should include dual diagnosis expertise. (3.119)**
Achieved. A dual diagnosis nurse had been appointed to pilot a designated service. Screening had revealed that 42% of prisoners admitted to the CBU experienced dual diagnosis problems. The nurse carried an active caseload of 18 clients and offered weekly dual diagnosis clinics. He was based with the substance misuse service but linked in closely with the mental health in-reach team.
- 3.54 **Psychosocial support for prisoners undergoing stabilisation or detoxification should be improved. (3.117)**
Achieved. The regime on the CBU remained limited but prisoners were given one-to-one sessions by the CARAT team and this was supplemented by in-cell packs. Those prescribed methadone moved after five days to the second stage unit on C wing where they could access the full range of IDTS group work modules. These ran daily and were co-facilitated by substance misuse nurses. Prisoners prescribed buprenorphine had to remain on the CBU and did not have access to group work modules.

Further recommendation

3.55 Prisoners undertaking buprenorphine regimes should be able to engage with psychosocial groups.

3.56 **The mandatory drug testing (MDT) programme should be sufficiently staffed to undertake the required level of target testing. (3.118)**

Achieved. The MDT programme was now staffed by three full-time equivalents and coordinated by the reception senior officer. Requests for target tests were met promptly, with a 58% positive rate in the previous six months.

3.57 **MDT facilities should be refurbished to provide an adequate testing and waiting environment. (3.119)**

Partially achieved. The MDT suite had only one holding room and no sterile searching area but had been painted and was clean.

Additional information

3.58 The random MDT positive rate over the previous six months averaged 9.9% compared to over 20% in 2008 and against a target of 11.5%. The main drug of use was cannabis.

3.59 In the previous 12 months, 976 opiate users had been admitted to the CBU for stabilisation and 517 prisoners for alcohol detoxification. Thirty-eight men were on the CBU during the inspection, with 109 on C wing and three on A wing. Methadone was the first line of treatment for opiate dependency, although prisoners already prescribed buprenorphine could continue their regimes. On C wing, methadone was administered in the treatment room without any barriers and not all prisoners produced identification cards. Methadone pumps had not yet been installed and records were not yet computerised (see section on health services). CARAT services had become much more accessible but groups were offered only on C wing where teams were based.

Further recommendation

3.60 The CARAT team should increase service accessibility to prisoners not located on C wing.

Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

Diversity

- 4.1 **All staff should attend diversity training and be given guidance to enable them to understand and respond appropriately to all diversity issues. (3.41)**
Partially achieved. Almost half of operational staff and all non-operational staff had received the Prison Service 'challenge it, change it' training but no formal training was provided on the 2010 Equality Act.
We repeat the recommendation.
- 4.2 **The diversity policy should meet the needs of anti-discrimination legislation and outline how the needs of all minority groups will be met. (3.42)**
Achieved. A new policy covered all the requirements of the Equality Act 2010 and included all the protected characteristics defined in that Act.
- 4.3 **There should be monitoring to ensure that prisoners from all minority groups are not being victimised or excluded from any activity. (3.43)**
Not achieved. Monitoring was carried out systematically through the SMART2 system only for race equality monitoring. Managers were not aware of the short-term monitoring tool issued by the NOMS Equalities Group, which would have been suitable to carry out further monitoring, selecting topics on the basis of evidence of risk.
We repeat the recommendation.
- 4.4 **Personal evacuation plans should be developed for prisoners requiring them, and there should be accurate lists of those prisoners requiring assistance in the event of an emergency. (3.44)**
Partially achieved. Evacuation plans were in place on some wings but there was no central list and some staff, including several night staff, were not aware of any evacuation plans.

Further recommendation

- 4.5 Each prisoner who requires assistance in an emergency should have an evacuation plan and these should be known to all staff on duty on their wing.

Additional information

- 4.6 The small diversity team worked hard and effectively but was spread thinly covering all aspects of equality and diversity, especially as there was no dedicated disability liaison officer or foreign national coordinator. A diversity and equality prisoners' forum was held monthly with a committed group of volunteers who made an effective contribution to promoting equality. Visiting speakers had come to the prison to cover a range of diversity areas.

- 4.7 Impact assessments had recently been carried out on recategorisation, the chaplaincy, incentives and earned privileges, disability, older prisoners and home detention curfew. These had involved effective prisoner consultation and meaningful action plans had been drawn up. So far, two of the 23 actions listed in the resulting integrated action plan had been completed, six were listed as 'scheduled' and 15 were ongoing.

Race equality

- 4.8 **There should be greater use of displays and artwork throughout the prison to promote positive images of the diversity of the population and the local community. (3.58)**
Not achieved. There were few displays promoting positive diversity images. Managers had won £4,000 funding for a photography project with a diversity focus but this had not begun.
We repeat the recommendation.
- 4.9 **External and independent representatives should be identified to contribute to the work of the race equality action team and validate completed racist incident investigations. (3.59)**
Not achieved. A representative of the Southside Prison Project had attended the diversity and race equality action team (DREAT) and checked investigations but the contract had recently ended. The deputy governor countersigned investigation reports and had frequently commissioned further investigation or action. The regional senior manager regularly checked a sample of investigations.
We repeat the recommendation.
- 4.10 **Racist incident complaints should be followed to a conclusion even if the complainant has moved from the prison. (3.60)**
Achieved. The race equality officer had improved communication with other establishments and all investigations were now followed to a conclusion.
- 4.11 **Decisions and actions resulting from additional investigations into potential discrimination should be clearly recorded and communicated. (3.61)**
Achieved. Further investigations had taken place into specific topics in the course of equality impact assessments, which had been planned and completed in response to evidence of possible discrimination. The findings had been effectively communicated.

Additional information

- 4.12 In our survey, black and minority ethnic prisoners were less positive than others about their experience at Wormwood Scrubs. This was also the case with Muslim prisoners (see section on religion). More black and minority ethnic men said they had felt unsafe at Wormwood Scrubs and fewer said they were treated with respect by most staff. Ethnic monitoring had shown that black prisoners were over-represented in cellular confinement, which was due to be investigated as the number of black prisoners found guilty on adjudication was not disproportionately high. Black and minority ethnic prisoners were also over-represented in the total number segregated for good order or discipline but there was no disproportion between ethnic groups in use of force. Apart from in the most recent month, black and minority ethnic prisoners were also less likely than others to have submitted a complaint. Managers could not explain these imbalances, which, particularly in relation to segregation, needed investigation.
- 4.13 The prison population included a significant number of Gypsies and Travellers. There was no local monitoring of the total but 9% of respondents to our survey identified themselves as such. Apart from an art contest and a group organised by a Roman Catholic chaplain before his recent departure, there had been no specific provision for Gypsies and Travellers.

- 4.14 Racist incident report forms had recently been replaced by discrimination incident report forms. There had been 41 to date in 2011 and 98 in 2010. Incidents were generally well investigated, with appropriate outcomes. Several staff were trained to deliver a useful diversity awareness programme for those displaying racist attitudes but this had been in abeyance for some time.

Further recommendations

- 4.15 Managers should investigate and act on evidence of differential treatment of minority groups and their perceptions.
- 4.16 Specific provision should be made to identify and support members of Gypsy, Romany and Traveller communities.

Housekeeping point

- 4.17 The diversity awareness package should be delivered to prisoners with race-related offences or those who exhibit racist behaviour in prison.

Religion

Additional information

- 4.18 In our survey, Muslim prisoners reported more negatively across a range of issues. More Muslim than other prisoners said they had been subject to use of force and more said they had been segregated overnight. Fewer said there was a member of staff they could turn to for help and fewer said most staff treated them with respect. Only 19%, compared to 37% of non-Muslims, said they were currently working. These proportions needed examination (see further recommendation at paragraph 4.15). Despite these difference of perceptions, many aspects of religious diversity were well managed, including arrangements for Ramadan, for which Muslim chefs from three different cultural backgrounds had been brought in from the external community to improve the variety of Ramadan meals.

Foreign nationals

- 4.19 **There should be sufficient multidisciplinary representation at the foreign nationals committee to ensure the strategy can be fully implemented. (3.71)**
Achieved. Foreign national issues were now discussed at the DREAT, which had good multidisciplinary attendance. There was also a weekly forum for foreign national prisoners.
- 4.20 **There should be a needs analysis of foreign national prisoners and routine monitoring to ensure their needs are properly identified and met, and that they do not suffer discrimination. (3.72)**
Not achieved. No needs analysis of foreign nationals or monitoring by nationality had taken place. Impact assessments had assessed the needs of foreign national prisoners only in limited subject areas.
We repeat the recommendation.
- 4.21 **Staff should make translated documents readily available to foreign national prisoners and use an accredited translation or interpretation service whenever matters of accuracy and/or confidentiality are a factor. (3.73)**

Partially achieved. Induction material and the information pack distributed by Insiders were available in 22 languages other than English. No other information or documentation was readily available in other languages and a number of foreign national prisoners said they generally did not know what was going on. Use of a professional telephone interpreting service had been re-launched, with double handsets provided in 12 key locations. The number of uses was well monitored every month but remained low given the high proportion of foreign national prisoners held at Wormwood Scrubs. Half of all uses had been in reception, sometimes simply to ensure correct identification of the prisoner. The health care department had not used the service at all in the previous eight months. During the inspection, an interpreter was brought in to support an ACCT review. No other ACCT documents indicated that an interpreter had been used.

We repeat the recommendation.

4.22 **Arrangements for delivering services to and for foreign national prisoners should be embedded and sufficiently robust to deal with changes in personnel, including foreign national orderlies. (3.74)**

Partially achieved. There was a good system for appointing new foreign national orderlies but the lack of a specific foreign national coordinator meant they were not as well coordinated or effective as they might have been.

Further recommendation

4.23 Sufficient dedicated staff time should be allocated to foreign national prisoner work.

4.24 **Staff should receive training and guidance to ensure that they understand and can respond to the needs of foreign national prisoners. (3.75)**

Not achieved. No training on the needs of foreign national prisoners had been delivered.

We repeat the recommendation.

4.25 **The UK Border Agency (UKBA) should provide immigration documentation in a range of languages. (3.76)**

Not achieved. Although a disk with immigration paperwork in 14 languages was said to be available nationally, the Wormwood Scrubs UKBA team had not been able to obtain it. Documentation was available in English only and foreign national representatives said this was a major problem for many of their peers.

We repeat the recommendation.

4.26 **Contact with accredited, independent immigration advice and support services should be sufficient to meet demand. (3.77)**

Not achieved. The regional contract with the Detention Advice Service (DAS) had recently been terminated, despite strong prisoner appreciation of the DAS service. Prisoners had no contact with accredited, independent immigration advice and support services, a substantially worse position than in 2008.

We repeat the recommendation.

Additional information

4.27 In our survey, foreign national prisoners, who made up 42% of prisoners, were more positive than those of British prisoners across almost all aspects of their treatment and experience at Wormwood Scrubs and better than in 2008. With no foreign national coordinator in post (see further recommendation at paragraph 4.23), this appeared to reflect the mutual support among foreign national prisoners and a positive staff culture. The full-time paid foreign national prisoner

representatives worked effectively and staff placed much reliance on the fact that many prisoners interpreted for those who did not speak or understand English well.

- 4.28 The UKBA team based in the prison was short of one immigration officer, which restricted the service available. A cut in one post was expected and the useful UKBA surgeries on the wings had frequently been cancelled.
- 4.29 Foreign nationals complained that they could not retrieve telephone numbers from their mobile telephones on arrival. Airmail envelopes were issued only on application, and many foreign nationals were unaware of this. Both issues had been raised in meetings for six months but nothing had been done. This appeared to be a further consequence of the lack of dedicated staff resources for foreign national issues. The system of free telephone credits for foreign nationals who had not received visitors had changed and foreign national representatives said the credits now allowed only a two-minute call rather than the five minutes required. The problem was worse for those who could not contact a landline number.
- 4.30 A list of staff able to speak 30 other languages was updated and circulated to wings weekly. A support group for Somali prisoners, one of the largest nationality groups, had started under the auspices of the chaplaincy and had met three times. A group for Spanish-speaking prisoners also met regularly and the Diaspora Support Network planned to run a weekly surgery for Jamaican and Nigerian prisoners to help with resettlement needs on return to their country.
- 4.31 The number of men held solely under immigration powers was said to have been decreasing, partly due to good links with the local enforcement team, but 24 were held on IS91s (authority to detain). Eight of these were multi-agency public protection arrangement (MAPPA) cases but MAPPA levels had not been set and the offences did not appear to indicate sufficient risk to rule out transfer to a removal centre. Staff said that most delays in removal or transfer to the immigration estate were due to avoidable delays in UKBA casework. We were told that decisions to deport were often made only a couple of days before the release date and that movement arrangements sometimes appeared disorganised. In the previous week, two contradictory UKBA movement orders to two different removal centres had been received for the same prisoner with the result that both had been cancelled and the prisoner remained at Wormwood Scrubs.

Further recommendation

- 4.32 All foreign national prisoners should receive a free monthly five-minute call to their family overseas.

Disability and older prisoners

Additional information

- 4.33 Prisoners with disabilities were expected to be identified either in reception or on arrival on the wings and wing managers were supposed to send a copy of the support plan to the diversity office. However, with no disability liaison officer, the identification and support of men with disabilities was not comprehensive or systematic. The diversity office sent out a weekly report to each wing, listing any new and identified prisoners with disabilities. Some good support was provided, such as two prisoners who were deaf and without speech had been given vibrating alarm clocks and trained staff used sign language to support them, but not all prisoners with disabilities received appropriate help. No cells on normal location had been adequately adapted for people with mobility difficulties. Prisoners who could not get to the wing showers were helped to use a shower in the health care area.

- 4.34 Older prisoner issues were dealt with by individual wing managers and there was no coordinated action across the prison. Older prisoner forums had been held occasionally but none so far in 2011. An impact assessment had identified mobility and the distance between residential units and the workshops as a significant issue. A gym session requested by older prisoners had recently been introduced.

Further recommendation

- 4.35 The needs of prisoners with disabilities and older prisoners should be systematically assessed, including through regular consultation with them, and appropriate facilities provided.

Gender

Additional information

- 4.36 A transgender prisoner had recently arrived and staff were making careful and appropriate arrangements to ensure her safety while having as full a part in the regime as possible. She had been offered a range of options in a multidisciplinary case conference and was content with her treatment. Training on transgender issues had been planned for staff.

Sexual orientation

Additional information

- 4.37 Individual gay prisoners had told managers they preferred to remain anonymous because of the risks of open disclosure and there was no organised support group for gay, bisexual or transgender men. Some Stonewall posters were displayed and a local notice in most residential areas had led about nine gay or bisexual prisoners to speak in confidence to the diversity manager in the previous 12 months.

Section 5: Health services

Expected outcomes:

Prisoners should be 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 in the community.

General

- 5.1 **There should be a health needs assessment of prisoners, including mental health needs. (4.40)**
Achieved. A health needs assessment completed in 2008 had included the assessment of prisoners with mental health needs. It was now in need of updating.
- 5.2 **All staff should receive annual resuscitation training, including training in the use of an automated external defibrillator. (4.41)**
Achieved. All nurses had received intermediate life support training within the previous year. Prison staff in the key risk areas had also received training in the use of automated external defibrillation and some but not all had received emergency or first aid training.
- 5.3 **There should be a lead nurse for older people in line with Department of Health guidelines. (4.42)**
Achieved. There was a lead nurse for older people. Older men on each wing had been identified and were offered monthly reviews by health care assistants.
- 5.4 **There should be formal arrangements with local health and social care agencies for the loan of occupational therapy equipment and specialist nursing advice to ensure that prisoners are able to access mobility and health aids. (4.43)**
Achieved. An internal equipment store was being developed with a range of equipment for prisoners with disabilities. A number of wheelchairs had gone missing so some prisoners with restricted mobility could not attend health care appointments. Alternative chairs had been ordered and all prisoners who required wheelchairs had been assessed for personal equipment. There was access to occupational therapy assessment and to specialist advice when required.

Additional information

- 5.5 Strong leadership was provided by an assistant director supported by four modern matrons and a team of clinical and administrative staff. There was less reliance on agency staff following a successful recruitment campaign. A range of nurse-led wing-based services was provided. Nurse triage was not fully in place but being developed. Some good services for prisoners with long-term conditions were being developed and we observed good practice in relation to services for older people and diabetes management. There were long waits for the genito-urinary medicine clinic. Service provision was evidence-based and provided by skilled practitioners and there were good working relationships with discipline staff.
- 5.6 An infection control audit had been carried out but many action points had not been implemented so many clinical areas did not comply with required standards. Refurbishment had started in some areas. The waiting rooms in the health care department were untidy and contained a lot of graffiti. There were no cleaning contractors for the range of health care services in the prison and cleaning was undertaken by nursing staff or orderlies who were not able to clean clinical areas every day.

- 5.7 Health promotion information was being developed based on consultation with prisoners but was not yet widely available or in a range of relevant languages.

Further recommendation

- 5.8 Robust infection control procedures should be in place for all clinical areas and outcomes of audits implemented.

Housekeeping point

- 5.9 A full range of health promotion information should be available in relevant languages.

Clinical governance

- 5.10 **All policies should be up to date. (4.44)**
Partially achieved. All policies were held electronically with the intention that they would be accessible on a shared drive but this had not been fully established and many could not be found. Those seen were up to date.

Further recommendation

- 5.11 All policies and procedures should be easily accessible to staff, who should sign to indicate that they have read and understood them.

- 5.12 **There should be information-sharing policies with appropriate agencies to ensure efficient sharing of relevant health and social care information. (4.45)**
Achieved. An up-to-date information sharing policy had been agreed.

- 5.13 **All clinical records should be stored in accordance with Data Protection Act and Caldicott principles, and the policy of destroying the clinical records of released prisoners should be stopped. (4.46)**
Partially achieved. Paper records were no longer destroyed and SystemOne, the electronic record keeping system, was used. The process of archiving paper records was haphazard. There were a number of records in piles in an office waiting to be transferred to a storage room, which itself was very untidy so it was unlikely that archived records could easily be retrieved.

Further recommendation

- 5.14 All paper clinical records should be archived in accordance with local policies and procedures, with a system to ensure their easy retrieval.

- 5.15 **Prescription charts should be annotated correctly if medications are administered or omitted. (4.47)**
Achieved. Prescription charts we saw were completed correctly. Records of missed doses were made but issues relating to non-compliance were not followed up. The controlled drug book was not always signed by both signatories.

Further recommendation

- 4.38 Records should be made of all occasions where the patient refuses medication, fails to attend or does not receive medication. Issues relating to drug compliance should be followed up where appropriate.
- 5.16 **Complaints about clinical care should be linked to the NHS complaints system. (4.48)**
Not achieved. The prison system for managing complaints was still used. Although it was technically possible to receive complaints through the NHS system, this was poorly advertised around the prison.
We repeat the recommendation.

Primary care

- 5.17 **Prisoners should be able to receive the full range of relevant vaccinations and immunisations. (4.49)**
Achieved. A full range of vaccinations was available to prisoners and clinics were held regularly.
- 5.18 **Triage algorithms should be used to ensure consistency of assessment, treatment and care. (4.50)**
Achieved. There was a good range of treatment pathways and triage algorithms and work to develop nurse triage had started.
- 5.19 **Health services staff should use a documented risk assessment for in-possession medications. (4.51)**
Partially achieved. New prisoners on previously prescribed medication were not routinely risk assessed to hold their medication in-possession. The in-possession and risk assessment policies had been reviewed and were undergoing a trial period but there were no lockable cupboards for medicines.
- 5.20 **There should be effective management of patients with lifelong conditions, including regular reviews in line with good practice. (4.52)**
Achieved. Identified nurses had lead roles, such as for disability or diabetes, and there was some innovative practice to support prisoners with long-term conditions, including their follow up. Some roles were more established than others.
- 5.21 **Barrier protection (condoms and lubricants) should be freely available. (4.53)**
Achieved. There was a condom policy and prisoners had access to condoms and lubricants.

Pharmacy

- 5.22 **Prisoners should be able to speak to a pharmacist. (4.54)**
Achieved. Request slips to see a pharmacist were available but uptake was low. There were no pharmacy clinics, although the pharmacist had occasionally targeted specific patients to give one-to-one counselling.
- 5.23 **The responsible pharmacist should have professional control of the stock supplied. The second label used for medications should be returned to the pharmacy, not given to the patient, and the dual-labelling system should be used for stock audit. (4.55)**

Achieved. The pharmacist had personal control over stock supplied to patients by ensuring that the information was recorded on SystmOne.

5.24 The medicines and therapeutics committee should meet regularly, and should include a representative of the primary care trust. (4.56)

Achieved. The frequency of meetings had lapsed in the previous year but regular meetings had recently been restored. There were clear terms of reference and relevant stakeholder representation.

5.25 Named-patient medication should be used wherever possible, and general stock should only be used if unavoidable. (4.57)

Partially achieved. Many items were still issued from stock but SystmOne enabled closer monitoring and control of medication issued, which resulted in reduced waste. This would warrant review with the increased use of in-possession medication.

5.26 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management. (4.58)

Achieved. Progress had been made with the use of a formulary and stock holding on wings had been reduced.

Additional information

5.27 Wing treatment rooms contained a full range of medicines. Prisoners presented themselves for their medication in groups, leading to a slightly chaotic atmosphere at medication administration times, particularly on D wing. Discipline staff were not always visible and the overall situation compromised confidentiality, security and patient/nurse communication. On a number of wings, prisoners' identification was not usually checked before medicines were administered. There were loose tablets and strips of medicines in treatment rooms and not all medicines were replaced in cupboards after being administered, which risked errors.

5.28 There was a system to request repeat medication but not all prisoners knew when their prescription ran out. There were some delays renewing prescriptions and receiving repeat medication. Some nurses had been trained to use patient group directions but this had not been fully implemented.

5.29 Some fridge records showed temperatures outside the acceptable range with nothing done to correct this. Out-of-date paper copies of the British National Formulary were in use in every treatment room.

Further recommendations

5.30 Medicine queues should be managed so prisoners present themselves one at a time for medicines and show their identification before administration.

5.31 There should be a full range of patient group directions (PGDs). A copy of the original signed PGD should be present in the pharmacy and treatment rooms, read and signed by all relevant staff.

Housekeeping points

5.32 Loose tablets and tablet foils should not be present in stock.

5.33 Prisoners should be able to obtain repeat prescriptions in a timely way.

- 5.34 Where maximum and minimum refrigerator temperatures exceed acceptable limits, remedial action should be taken and documented.
- 5.35 Old medical reference books should be discarded and only the most recent copy kept to ensure that any information used is up to date.

Dentistry

- 5.36 **Prisoners should receive oral health promotion, dental checks and treatment to a standard and range at least equal to that in the NHS. (4.61)**
Partially achieved. There was a good range of dental treatment available but over 200 prisoners were waiting for treatment. The waiting list was 10 weeks long. Men were not offered individual appointments, which resulted in waits of over two hours in the waiting area. Dental triage was weak so urgent appointments were not always assessed.

Further recommendation

- 5.37 Action should be taken to reduce the long wait for dental appointments so men can see the dentist expeditiously and as clinically indicated.

Inpatient care

- 5.38 **The inpatient beds should not be on the certified normal accommodation. (4.59)**
Not achieved. All the in-patient beds were included in the certified normal accommodation but we were satisfied that it was not used for prisoners without clinical need.
We repeat the recommendation.
- 5.39 **The negative pressure room should be relocated to a more suitable site. (4.60)**
No longer relevant. The room had been decommissioned.

Secondary care

- 5.40 **The number of hospital appointments cancelled due to lack of escort staff should be reduced, and any cancellations should be reviewed by a clinician. (4.62)**
Achieved. The number of cancelled appointments due to lack of escorts was not specifically monitored but a lot of work had been undertaken by health care and the orderly office to reduce cancellations.

Additional information

- 5.41 Prisoners complained about long waits for external appointments and SystemOne indicated there were long waiting lists.

Further recommendation

- 5.42 Action should be taken to ensure timely access to external hospital appointments.

Mental health

- 5.43 **Uniformed staff should have appropriate training to recognise prisoner mental health problems and take appropriate action. (4.63)**
Achieved. There was good access to mental health awareness training provided by Central North West London NHS Foundation Trust.
- 5.44 **Primary mental health services should be provided. (4.64)**
Partially achieved. A primary care mental health project lead had recently been appointed. The post holder was undertaking a needs assessment, linking with relevant services, developing a care pathway and referral criteria. Developing mental health services had been identified as a strategic priority but no prisoners were being offered interventions, and the Seacole day care centre was less well resourced than in 2008 although there was no evidence that the need for such support had declined. A case management protocol was a prison managed service consisting of two registered mental health nurses, a clinical psychologist and three officers. The service provided purposeful activities and support for prisoners with challenging behaviour.
- Further recommendation**
- 5.45 A full range of mental health services should be provided to meet needs.
- 5.46 **The resources and skill mix of the mental health in-reach team should meet the needs of the population based on the health needs assessment**
Partially achieved. The 2008 health needs assessment now needed to be updated. There was access to a psychiatrist, clinical psychologist and mental health nurses in the in-reach team whose caseload consisted of 12 patients on the inpatient unit and 41 patients elsewhere in the prison. The 17-bed inpatient unit (H3) held 15 prisoners, 10 of whom were on an assessment, care in custody and teamwork review. Primary and secondary mental health services had been reviewed and contractual arrangements were being discussed as part of the overall strategic developments. There were plans to recruit staff for the Seacole centre and a learning disabilities nurse had been appointed.
- 5.47 **Prisoners who need assessment by specialist mental health services should be seen within seven days and transferred expeditiously as clinically indicated. (4.66)**
Achieved. Prisoners for assessment were seen by a psychiatrist within one week and transferred to a secure setting within a two-week timeframe. In the previous six months, 14 people had been transferred to specialist mental health services.

Section 6: Activities

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

- 6.1 **Prisoners attending activity during the day should also be able to access association. (5.44)**
Not achieved. The rota system for association during the day still meant that prisoners attending activities missed opportunities for association.
We repeat the recommendation.
- 6.2 **All prisoners should be unlocked during the morning. (5.45)**
Not achieved. Although core day timings required that all prisoners be unlocked at 8.15am on weekdays, senior officers still appeared to interpret implementation of the core day individually. Some claimed they had insufficient staffing levels to unlock all prisoners but orderly officers who managed day-to-day staffing reported no issues with lack of staff during the inspection week.
We repeat the recommendation.
- 6.3 **Access to evening association should be increased. (5.46)**
Not achieved. Prisoners now had less access to evening association due to the continuing rotation policy and the fact that the national core day meant Friday evening could no longer be used to provide prisoners with association.
We repeat the recommendation.
- 6.4 **Daily routines should follow the published core day, and variations should be authorised by managers. (5.47)**
Not achieved. Senior officers still interpreted the core day individually (see paragraph 6.2) and senior managers reported that senior officers had the authority to amend the regime without referring to them if they were short of staff. There was slippage in the timings of unlock. We went on to C wing at 6.10pm and found no prisoners or staff even though the published unlock time was 6pm. Cleaners and servery workers on all the other wings were unlocked but the wings did not unlock for association until between 6.15pm and 6.30pm.
- 6.5 **Curtailment of regime should be properly justified. (5.48)**
Not achieved. Although middle and senior managers reported few curtailments to the regime, the lack of any formal recording of these meant this could not be evidenced.
We repeat the recommendation.

Additional information

- 6.6 At a check during the inspection in a morning activity period we found that 41% of prisoners were locked in their cells and only 27% were engaged in activities off their residential wing which also included men at visits, court and health care appointments. Exercise periods were scheduled for only 45 minutes on most wings which meant that even prisoners who had no activities to go to were unable to spend an hour in the open air each day. Late unlocks reduced these periods further. Association was provided on a rotational basis on Mondays to Thursdays with only two of four landings unlocked in the evenings. No association was provided on a Friday and each wing was locked up on one of the four other evenings to allow canteen distribution. The rotation policy

meant that most prisoners had access to association only three times every two weeks, alternating between one and two evenings each week.

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

Leadership and management

- 6.7 **Learning and skills quality assurance processes should be further developed and implemented effectively. (5.15)**
Not achieved. Quality improvement arrangements were under-resourced and insufficiently well developed or coordinated across learning and skills. The quality of data and data analysis were poor in many areas, including no reliable or routine data-based monitoring of the participation or achievement rates in education and training of different ethnic groups. Data on the number of places available for work and prisoners' participation were unreliable.
We repeat the recommendation.
- 6.8 **Prisoners should arrive at education activities on time. (5.16)**
Achieved. The movement of prisoners to education was now satisfactory. Classes started more promptly and prisoners settled quickly into their lessons.
- 6.9 **The education induction and basic skills initial assessment should be improved. (5.17)**
Partially achieved. Prisoners completed an education induction, which included a basic skills initial assessment. However, the separate action plans produced during induction and the subsequent initial assessment of literacy, numeracy and English language skills were not merged to provide a single individual action plan. Neither plan included a full assessment of learning needs or barriers to learning.
- 6.10 **The education, training and work allocation system should be improved. (5.18)**
Not achieved. The allocations process for vocational training and work remained poor and was a major constraint to efficient operation, fairness or appropriately individualised allocation to training. It operated on the basis of filling spaces and responding to individual requests. The prison allocations system was not coordinated with the education allocation arrangements, which were themselves flawed.
We repeat the recommendation.

Additional information

- 6.11 Progress towards improvement had been slow. There had been no clearly defined, unifying and overarching strategy shaping the delivery of learning and skills or a systematic approach to progressive and sustained improvement of the provision. A plan for structuring delivery around a well-defined 'prisoner learning journey' was being developed but was at an early stage and not inherently grounded in quality improvement. The prison has identified much of what needed to be

improved and had some appropriate actions in place but most required significant time, effort and expertise to be implemented successfully.

Work

- 6.12 The prison reported approximately 440 places available for work but could not identify what proportion were full time and what proportion part time. In addition, 99 prisoners were involved in some form of training and 120 in education. There were still too few activity places and we found 41% of prisoners locked in their cells during the day. Much of the work activity remained mundane, such as routine wing cleaning. Skills acquired through work were not recognised unless they were part of an accredited course. Punctuality was generally satisfactory.

Vocational training

- 6.13 In vocational training, the emphasis had changed to providing qualifications that could be achieved quickly rather than offering a wider range and depth of qualifications. The NVQ qualifications in glass and glazing, for example, had been replaced with a technical certificate but only a small number of prisoners in the workshop had started the qualification. Only a small proportion of prisoners in workshops started vocational training courses either because of insufficient staffing or because of restrictions on the number of courses that could be taken up due to a cap on cost, although in some cases the amount concerned was relatively low. Training in the kitchen was limited to basic food hygiene courses and cleaning and only four prisoners were taking additional qualifications. Many prisoners had been transferred before completing their courses. For those prisoners completing their courses, the achievement rate was generally good. Attendance in vocational training was poor at around 60%. The reasons behind low attendance had been researched thoroughly and clear recommendations to improve the allocations process had been submitted to the senior management team. These recommendations had been acknowledged but not implemented.

Education

- 6.14 Education was provided by Kensington and Chelsea College. Prisoners had access to a wide range of provision from entry level to level 2 covering literacy, numeracy and English for speakers of other languages (ESOL), ICT, life skills, art and radio production and personal and social development. Around 10 prisoners were taking or applying for higher level distance learning courses. A total of 240 part-time places were offered divided equally between morning and afternoon sessions. These were not sufficient to meet demand and 223 prisoners were waiting for literacy classes and 72 for numeracy. Poor planning and prioritisation also meant that many prisoners were placed on inappropriate education programmes and could not complete their course before being transferred or released. There were too few ESOL courses at pre-entry level and some prisoners were therefore enrolled on ESOL courses at too high a level.
- 6.15 Achievement rates for those who completed their programmes were satisfactory overall but highly variable. They were high in literacy, English and ESOL, satisfactory in mathematics and employability skills but low in personal and social development courses. The standard of prisoners' work and their rates of progress were also satisfactory, as was the quality of teaching and learning. Classroom facilities were good and there was a calm and constructive learning environment. The development and use of peer mentors in learning sessions was good. In the better lessons, prisoners were supported well to learn and teachers provided effective learning activities. Lessons were well planned and prisoners enjoyed their work and contributed constructively. Weaker lessons were heavily teacher-led, with too much reliance on handouts and too little time spent reinforcing learning through questioning techniques or activities.

- 6.16 Prisoners' individual learning plans (ILPs) were unsatisfactory. They did not provide clear targets to help individual prisoners understand how they could achieve specific learning goals. The content of many ILPs were identical, quoting only the qualification the prisoner aimed to achieve. Many progress reviews were infrequent, left to the end of the course or not used well enough to assess progress or set challenging and achievable targets.
- 6.17 In employability sessions and vocational workshops, prisoners attended a weekly workshop on literacy and/or numeracy. This integrated approach worked well and the proportion of prisoners who achieved literacy or numeracy qualifications while undertaking vocational training had improved. The college had good links with a range of external agencies, which enriched learning activities.
- 6.18 Education staff supported prisoners well with personal issues and there was satisfactory support for prisoners with additional learning needs. Specialist staff screened prisoners and developed good support plans. Nevertheless, prisoners did not undergo a full assessment and those with dyslexia received insufficient support to develop coping strategies. Lack of a dedicated support area meant one tutor providing support to two prisoners in a corridor, which was unsatisfactory. Too few education staff had completed safeguarding awareness training.

Further recommendations

- 6.19 A clearly defined overarching strategy should be developed and implemented to shape the delivery and sustained improvement of all learning and skills activities.
- 6.20 The separate plans produced during induction and the subsequent initial assessment of prisoners' literacy, numeracy and English language skills should be merged to provide a single individual action plan that includes a full assessment of each prisoner's learning needs or barriers to learning, informs their allocation to activities in the prison and clearly sets out the skills needed to improve their prospects for employment on release.
- 6.21 Individual learning plans should be improved to provide targets that can be used to support effective reviews of each prisoner's progress and set further realistic and challenging targets for improvement.
- 6.22 All education staff should complete safeguarding awareness training.

Library

- 6.23 **All prisoners should have a library induction. (5.19)**
Achieved. Prisoners received an adequate library induction as part of their five-day induction programme. Prisoners attending education also received an education induction that included an introduction to the resources available in the library.
- 6.24 **Library opening times should be extended to provide better access for prisoners. (5.20)**
Not achieved. The library opening times had been reduced. There was now no access at weekend and it was open only one evening a week.
- 6.25 **There should be a catalogue of books for prisoners unable to attend the library. (5.21)**
No longer relevant. See further recommendation at paragraph 6.29.

Additional information

- 6.26 The library was effectively managed by the London Borough of Hammersmith and Fulham library service. Stock levels were good, with over 17,000 books and publications, but library losses were high at around 8% of stock a year. The range of books was satisfactory and included age and reading-level appropriate fiction and non-fiction, large print, easy read books and a small collection of talking books. Foreign language titles accounted for 20% of stock. The library held a good selection of up-to-date legal textbooks, including immigration law, and Prison Service Orders.
- 6.27 Despite a reduction in opening hours, the number of visits to the library had improved by a third to around 300 visits each week. The number of book issues had also increased. However, library membership was low at around 60% of prisoners and only 33% were regular users. During 2010/11, the number of times a wing was unable to visit library had reduced significantly compared to the previous year but the schedule of wing visits still did not take sufficient account of prisoners in full-time work. Prisoners attending education were provided with regular additional access. Prisoners in the segregation unit and health care had adequate access to a small stock of books.
- 6.28 Library orderlies did not have the opportunity to undertake customer service NVQs. The use of displays to promote learning was underdeveloped and insufficiently coordinated with the activities of other departments. As in 2008, there were four computers for prisoners to use and one was out of order.

Further recommendation

- 6.29 Prisoners in full-time activities should have scheduled opportunities to use the library.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 6.30 **The ventilation in the weights room and sports hall should be improved. (5.28)**
Partially achieved. Stand-alone ventilation units had been provided in an attempt to improve the circulation of air in the gym and the weights room but did not improve the environment sufficiently. The possibility of using wall-mounted air conditioning units venting outside had been discussed but not yet taken forward.
- 6.31 **Outdoor sports facilities and pitches should be established. (5.29)**
Not achieved. A business case has been submitted and official confirmation of funding for an AstroTurf pitch had been received but work had not yet started.

Additional information

- 6.32 Prisoners had good access to the gym, which offered four sessions a week. Two satellite facilities were equipped with cardiovascular kit and supervised by suitably qualified prisoners. All prisoners using the gym had been health assessed. The provision has been planned carefully to ensure

equality of access, although use by different groups had not been monitored. Adequate kit and towels were provided. A business case had been submitted to install cubicles in the showers.

- 6.33 A good range of short courses led to qualifications recognised by sports organisations. Success rates were good and participation rates were satisfactory. Four remedial sessions were offered each week supervised by two suitably trained staff. A session for older prisoners was now offered each week. Recent developments included training courses with the Rugby Football Union leading to basic qualifications and planned sessions with local schools to play tag rugby.

Section 7: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

- 7.1 **The prison should have at least one full-time police intelligence officer. (6.10)**
Achieved. A full-time police intelligence officer had been recruited shortly after the previous inspection.
- 7.2 **Prisoners found in possession of a mobile telephone should only be placed on closed visits if there is corroborating intelligence. (6.11)**
Not achieved. We were told that the policy had been reviewed and was due to be amended in line with our recommendation. However, 23 of the 29 prisoners subject to closed visits during the inspection had been placed on these for being in possession of a mobile telephone or SIM card.
We repeat the recommendation.
- 7.3 **Rules should be displayed in residential areas. (6.12)**
Partially achieved. Not all wings displayed copies of rules but the induction booklet contained a set of generic prison-wide rules.

Additional information

- 7.4 A small but well managed security department took a generally proportionate approach to security. Intelligence was supplied by all functions, with an average of about 450 security information reports (SIRs) each month underpinning effective dynamic security. SIRs were acted on promptly, with good formal systems to ensure that identified actions resulting from them were completed within the necessary timescales.
- 7.5 The suspicion mandatory drug testing (MDT) rate stood at 58%, a reasonable return indicating that it was usually carried out only when justified by intelligence. A good number of finds on cell searches, predominantly mobile telephones and drugs, suggested the move to a more target-focused approach of intelligence-led searching had been successful. The random MDT rate had decreased significantly, and averaged 9.9% in the previous six months. It had been as low as 8%. Netting had been erected in vulnerable areas to prevent throw-overs and, although part of it had been brought down by heavy snowfall, better working links with the local borough police meant they had increased patrols to combat this.

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.

Disciplinary procedures

- 7.6 **Petty infringements of prison rules should be dealt with by less formal procedures than adjudication. (6.35)**
Achieved. The majority of adjudications charges we looked at were appropriate. A sample of incentives and earned privileges (IEP) warnings also indicated that these were used appropriately.

Additional information

- 7.7 Appropriate checks were conducted to ensure that prisoners understood charges of adjudications but records of hearings did not suggest that all charges were sufficiently well investigated. Punishments were inconsistent and often fell outside published guidelines without any explanation to justify this.
- 7.8 Adjudication figures were not available for the previous two full months but in the six months before that, there had been 872 adjudications. An adjudication standardisation meeting was held quarterly and appropriate areas such as location of prisoner, offence type and ethnicity were analysed but this had limited value as comparisons were made only between the current and previous quarter rather than any longer period. No quality assurance of adjudications was carried out by senior managers to identify learning points.

Further recommendation

- 7.9 Senior managers should monitor the quality of adjudications regularly to ensure they are fair and that full enquiries are made into charges before verdicts are reached.

The use of force

- 7.10 **The violence reduction committee should analyse information on the use of force to identify trends and possible problem areas. (6.36)**
Not achieved. No trends analysis of use of force data was undertaken by the violence reduction committee or any other forum.
We repeat the recommendation.
- 7.11 **Prisoners should be formally interviewed following an incident where force has been used to check their safety and to ensure that they understand what occurred and why. Notes of these interviews should be recorded and kept with use of force documentation. (6.37)**
Partially achieved. A system had been introduced whereby prisoners were formally interviewed by the control and restraint coordinator following each incident. This tended to focus on whether the prisoner had suffered any injuries and understood why force had been used rather than exploring the incident and the prisoner's perspective as a 'lessons learnt' exercise. However, no such interviews had taken place in the previous few months, which managers said was due to the control and restraint coordinator position changing several times in quick succession.

Additional information

- 7.12 Levels of use of force were not high, with an average of 21 incidents a month in the year to date. However, this included significant spikes, with actual monthly figures varying from 15 to 32 and a high proportion for non-compliance. The lack of trends analysis meant this was not being picked up and acted on. Too many records were incomplete, often missing accounts from one or more of the

officers involved in the incident, and most had no F213 indicating whether the prisoner had received any injuries. In most cases, force appeared to have been appropriately employed, although some required further enquiry, but there was no quality assurance of records by managers to identify these cases. Where concerns had been raised by either staff or prisoners, investigations were conducted and decisive action taken where appropriate.

- 7.13 Special accommodation had been used only seven times in the previous six months, two of which were for over six hours when the prisoners involved had refused to exit the cell when offered. None of the seven uses had been overnight. However, six of the seven prisoners had been placed in protective gowns when the records did not support its use.

Further recommendation

- 7.14 Records of use of force and special accommodation should be reviewed regularly by senior managers to ensure such use is appropriate.

Segregation unit

- 7.15 **Prisoners entering the segregation unit should only be strip searched following an assessment of risk. (6.38)**
Not achieved. All prisoners were routinely strip searched when relocating to the segregation unit, even when they had received a rub down search before adjudication in the segregation unit and then stayed following a punishment of cellular confinement.
We repeat the recommendation.
- 7.16 **There should be further development of planning systems to return vulnerable prisoners and those held in the segregation unit under good order or discipline to normal prison location. (6.39)**
Achieved. Vulnerable prisoners requesting R45 (own protection) status were located in the segregation unit for short periods while waiting for transfers to Wandsworth or sometimes Pentonville. Few prisoners were held for reasons of good order or discipline but records of review boards were satisfactory and indicated clear attempts to reintegrate prisoners.
- 7.17 **Conditions in the special cells should be improved, and they should be refurbished with seating and a bed. (6.40)**
Not achieved. Both special cells had recently been repainted but remained completely bare.

Further recommendation

- 7.18 Special cells should be equipped with a plinth and a rip-proof mattress.
- 7.19 **The regime in the segregation unit for longer stay prisoners should be improved to include some out of cell purposeful activity. (6.41)**
Not achieved. The regime was basic even for prisoners serving brief periods of cellular confinement and was inadequate for those who had done nothing wrong and were held under R45 for their own safety. Electricity was available in cells but televisions were not allowed and radios were issued only following an 'assessment period' and then only during the evening. There was no access to either the gym or religious services and no form of association.
We repeat the recommendation.

Additional information

- 7.20 The segregation unit was very clean but the exercise yard fence cladding was covered in graffiti. The yard was shared with the detoxification unit and we noted that officers from that unit unacceptably left prisoners on the yard unsupervised.
- 7.21 Good staff-prisoner relationships had been further enhanced by the recent introduction of a personal officer scheme that was absent from the rest of the prison. Prisoners were positive about their treatment by staff, who were professional and supportive. During one incident, staff dealt with one unpredictable and violent prisoner in a competent and caring way. Closed-circuit television cameras recorded all incidents on the unit and the films were routinely scrutinised by unit managers to ensure that staff had acted appropriately. Unit managers were highly visible and clearly sought to create a positive and professional environment.

Incentives and earned privileges

Expected outcomes:

Incentives and earned privilege schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 7.22 **Prisoners should always be informed when they receive an incentives and earned privileges (IEP) warning, and the wing file entry should document that the prisoner is aware of the warning. (6.53)**
Achieved. The IEP policy stipulated that prisoners should always be informed when receiving a warning. Although it appeared that most did, this was not always clear from P-Nomis records.
- 7.23 **Prisoners should have the opportunity to attend and participate in IEP regression boards. (6.54)**
Achieved. This was part of the policy and all review board records we looked at indicated that prisoners attended.
- 7.24 **Prisoners on the basic level should not have to collect their meals separately. (6.55)**
Achieved. Prisoners on basic level collected their meals with other prisoners.
- 7.25 **Monthly monitoring of the IEP scheme should include ethnicity, and the results should be publicised. (6.56)**
Partially achieved. SMART monitoring ensured that this was the case but it was not routinely publicised to prisoners.

Additional information

- 7.26 Eight prisoners were on basic level and the regime was not overly restrictive, with daily access to showers and telephone calls and two association periods a week. Prisoners had to have been at the prison for three months before being considered for enhanced, which was too long for many who were in the prison for a shorter period, but a reasonable 20% were on enhanced level and a quarter of these were on remand. Managerial oversight was good. Managers routinely quality checked review boards and there were examples where prisoners had successfully had decisions overturned on appeal for appropriate reasons.

Section 8: Services

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.

- 8.1 **Breakfast should be served in the morning. (7.9)**
Not achieved. Breakfast packs were still handed out the day before use and 43% of respondents to a prison survey in December 2010 said they ate the contents before morning.
We repeat the recommendation.
- 8.2 **Meals should be served at appropriate times, and not before noon for lunch and 5pm for the evening meal. (7.10)**
Not achieved. Meals were still served much earlier than noon and 5pm.
We repeat the recommendation.
- 8.3 **There should be a prisoner survey about the catering, and the results should be used to inform further changes. (7.11)**
Not achieved. There were no specific catering surveys and managers relied instead on feedback from prisoner consultation meetings. The results of the prison survey in 2010 had not been used to inform any changes and minutes of prisoner consultation meetings did not record any discussion about the survey responses.
We repeat the recommendation.
- 8.4 **Procedures to allow prisoners to express their views on the quality of food should be better advertised. (7.12)**
Not achieved. Comment forms that prisoners could use to express their dissatisfaction or satisfaction with the food were provided but were not available on all wings and many prisoners and officers were unaware of them. Wing representatives were reminded about comment forms at some consultation meetings and notices on some serveryes invited prisoners to send comments or recipes to the catering manager. We saw some completed forms on B wing that had not been forwarded and staff on C wing said their food comment book was still in use even though no entries had been made for six months. In the 2010 prison survey, 91% of respondents said they were unaware of the prisoner groups to discuss food-related issues.
We repeat the recommendation.

Additional information

- 8.5 Meals were based on a five-week menu cycle and prisoners could choose from six hot and cold options at the lunch and evening meals, including vegan, vegetarian and Halal choices. Menus indicated healthy eating options and other diets were catered for as necessary. Fresh fruit was freely available at lunch and was an optional choice every evening. The food we sampled was served at the correct temperature and was mostly satisfactory.
- 8.6 Prisoners complained to us about all aspects of catering, including portion size, quality and choice. The catering manager had received 26 complaints to date in 2011. A prisoner catering forum met bi-monthly attended by wing representatives and catering staff but minutes did not reflect the dissatisfaction with food voiced by prisoners during the inspection and highlighted in our survey,

where only 13% against a comparator of 25% said the food was good. Minutes of wing meetings included some negative comments, often about specific issues such as running out of certain items, but kitchen staff did not attend these meetings and the minutes did not record any feedback from action points recorded as made to the catering manager at previous meetings.

- 8.7 The large, clean kitchen was well ordered, properly managed and adequately staffed. Prisoners working in the kitchen and on wing serveries were health screened. Food was properly stored, prepared and served. It was taken to wings in heated trolleys and served from clean, well equipped and supervised serveries. All prisoners ate their meals in-cell, often with unscreened toilets.

Further recommendation

- 8.8 Minutes of meetings should include feedback from previous action points and the catering department should be represented at wing consultation meetings.

Prison shop

Expected outcomes:

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

Additional information

- 8.9 Prisoners could place weekly shop orders from a list of over 300 items. As in other prisons, wages had not increased for some time and prisoners found the shop prices relatively expensive. Nor had spending limits matched increases in prices. Many convicted men found the £15.50 weekly limit for standard level IEP prisoners insufficient. New arrivals received a smoker's or non-smoker's pack but no longer had access to the shop within 24 hours. Prisoners arriving on the first night centre on Mondays were told that their pack would have to last until Thursday the following week, a period of 10 days.
- 8.10 In our survey, fewer than the comparator, said the shop sold a wide enough range of goods to meet their needs and black and minority ethnic prisoners were less satisfied. An equality impact assessment of the shop provision had not been carried out since 2006 and there had been no prison-wide survey.
- 8.11 Items on the local product list could be changed every 13 weeks and prisoner representatives had the opportunity to request changes, and raise issues, at quarterly meetings. Prisoners also raised shop issues at wing consultation meetings, which recorded various complaints, including difficulties of checking orders, missing items and cost. There was no specific consultation with minority groups. Managers had made good efforts to resolve problems.
- 8.12 Prison staff managed Argos catalogue orders, at no cost to prisoners, and CDs were available via a separate mail order catalogue. Not all prisoners were aware of the opportunity for catalogue shopping. Newspapers and magazines could be ordered, with all daily UK newspapers at cover price as well as hundreds of daily newspapers from other countries.

Further recommendation

8.13 Prisoners should be able to buy shop items within their first 24 hours.

Housekeeping point

8.14 Periodic prison-wide surveys of shop provision should seek the views of minority groups of prisoners specifically.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 9.1 **The resettlement strategy document should include annual development targets, which should be regularly reviewed through the resettlement strategy committee. (8.6)**
Achieved. The reducing reoffending strategy addressed the needs of the population. A clear action plan covered all the resettlement pathways, with well defined objectives updated by reports from the reducing reoffending committee.
- 9.2 **An annual needs analysis should be undertaken and combined with data from the London initial screening and referral (LISaR) assessment to inform the prison of the resettlement needs of all prisoners. (8.7)**
Achieved. A full needs analysis had been prepared in December 2010 following a previous analysis in 2008. It was based on a prisoner survey, offender assessment system (OASys) information, the renamed local initial screening and reducing reoffending tool (LISARRT) assessment of all new prisoners' resettlement needs, a drugs and alcohol needs analysis and a range of data collected routinely by prison departments. It was also informed by the London strategic commissioning plan and the London reducing reoffending policy. The analysis had an action plan that addressed issues of future annual monitoring and data collection as well as the uses to which the information should be put.
- 9.3 **The resettlement and pathways meetings should meet more frequently to ensure the implementation of the resettlement strategy. (8.8)**
Achieved. A new structure had been introduced in early 2011 and meetings of resettlement pathway leads were now held every two months. They alternated with the reducing reoffending committee, which was attended by governors responsible for pathways. The meetings were limited to prison-based staff and did not include important external providers of pathway services.
- 9.4 **The seven resettlement pathways should be more clearly coordinated and incorporated into the overarching resettlement pathway to ensure that services available are fully utilised. (8.9)**
Achieved. The pathway lead meetings had made a significant contribution to the coordination and effectiveness of delivery and much of the business of the reducing reoffending committee involved feedback from pathway leads and addressing issues raised. Managers said this was an effective structure to communicate and plan.

Additional information

- 9.5 Close attention had clearly been given to development of a prison reducing reoffending strategy that was in line with the London area policy and with local crime reduction initiatives. The prison had allocated management resources to developing the strategy and was undertaking a radical overhaul of the provision of interventions to align them with the needs of the prison population (see sections on offender management and planning, and attitudes, thinking and behaviour). The new approach had not yet been fully introduced and further development and planning was required to make it effective.

Offender management and planning

Expected outcomes:

All prisoners have a sentence or custody plan based upon 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 with drawing up and reviewing plans.

Sentence planning and offender management

- 9.6 **All offender supervisors should have the same supervision and personal development processes, regardless of their professional background. (8.23)**
Achieved. Offender supervisors said their operation as a team had improved significantly. They were all located in the same area and there was effective information sharing and support. The team had a range of professional backgrounds and comprised prison officers, probation officers, probation service officers and psychology assistants. All had undertaken the same training, had equal access to further professional development and could supervise cases according to their experience rather than professional background. Each offender supervisor had supervision or clinical support provided by a manager from their professional background but said guidance for offender management was consistent and reliable. The senior probation officer checked the quality of a sample of assessments and plans every month from offender supervisors from all professional backgrounds and provided individual feedback and professional advice.
- 9.7 **Video conferencing should be used when offender managers are unable to attend sentence planning boards. (8.24)**
Achieved. Attendance by offender managers at sentence planning meetings was good and offender supervisors said it was rare for them not to attend personally. Video conferencing was available and use had increased.
- 9.8 **Sentence planning boards should include contributions from all departments to ensure that all appropriate needs are considered in sentence plan objectives. (8.25)**
Partially achieved. The records of sentence planning meetings indicated that they were not attended by staff other than the offender supervisor and there were no written contributions from departments that knew the prisoner. Due to poor responses to requests for information, the offender supervisor gathered information from different departments, mainly using the electronic recording system, and this was fed into the decision-making process. Notes of meetings showed that a wide range of information had been collected.

Further recommendation

- 9.9 All relevant departments should provide information for sentence planning boards.
- 9.10 **Resettlement prisoners on E wing should have caseworkers who are responsible for coordinating their resettlement needs. (8.26)**
No longer relevant. E wing was no longer used as a resettlement wing.
- 9.11 **London initial screening and referral (LISaR) assessments should be completed in a respectful and appropriate setting. (8.27)**
Partially achieved. An area with chairs and screening on two sides was set aside on the first night centre for LISARRT interviews. This was an improvement on 2008 but still did not afford an

appropriate level of privacy as interviews took place during a busy period when other prisoners were congregated in the area.

We repeat the recommendation.

9.12 Prisoners serving less than 12 months should have individual resettlement plans that draw on information from the LISaR assessment, with contributions from each of the seven resettlement pathways. (8.28)

Partially achieved. In May 2011, a project had started to undertake custody action planning for prisoners sentenced to less than 12 months. To date, 198 prisoners had been received who met the criteria and plans had been prepared for 77 of them. The prison had not allocated sufficient resources to ensure that all prisoners sentenced to less than 12 months were assessed under the model but there were plans to assign specialist offender supervisors to the task. The plans that had been prepared identified many issues that could not be addressed in the short time most of these prisoners would spend at Wormwood Scrubs so the action specified was mainly advisory or directing to community resources on release. The prison had adopted a creative response to the issue and appointed a senior operational manager to develop community links with the crime reduction strategies in the London boroughs where most prisoners were discharged. The intention was for allocated offender supervisors to be linked to each borough and for representatives of helping agencies to visit the prisoners before release. In the five weeks the project had been running, one borough was already sending a probation officer in to work with those due for release but progress with other boroughs was slower, with some resistance to providing support for ex-offenders where there was no statutory obligation despite local authorities' responsibilities to help reduce reoffending.

9.13 There should be pre-release boards to ensure that resettlement needs have been addressed before release. (8.29)

Not achieved. On the day of their discharge, prisoners were interviewed to collect information about their resettlement conditions but no pre-discharge assessment was undertaken early enough to address any resettlement needs.

We repeat the recommendation.

9.14 Exit questionnaires should be completed to inform ongoing resettlement developments. (8.30)

Not achieved. Although information was collected to inform key performance targets relating to resettlement targets and exit interviews were conducted by the housing information and advice service, the range of information gathered was limited and there was no indication that it was used to assess the quality of resettlement services or to inform the strategy.

Additional information

9.15 All new arrivals were interviewed by offender supervisors and an assessment of their resettlement needs was completed in the LISARRT format. This was a comprehensive checklist of resettlement needs and information obtained was entered on a database available to resettlement services including the chaplaincy. Although the database included a facility to record responses to referrals, there was no evidence that this was used to monitor or check the outcomes for prisoners.

9.16 There were 635 sentenced prisoners, representing 50% of the population. Of these, 238 were sentenced to 12 months or less. In our survey, 46% of sentenced respondents, more than the comparator, said they had a sentence plan and more said a member of staff had helped prepare them for release. There were 91 high risk determinate sentence prisoners in scope of offender management and 19 sentenced to indeterminate sentence for public protection (ISPP). The remainder sentenced to longer than 12 months and subject to OASys assessment was 287 prisoners.

- 9.17 Between December 2010 and May 2011, the offender management unit (OMU) had completed 254 OASys assessments. The high turnover of prisoners meant there was always a significant number awaiting assessment and this was aggravated by four vacancies in the OMU. During the inspection, this amounted to 154 prisoners and we were told that a significant number of those out of scope of offender management were transferred to training establishments before an assessment had been completed. Resources were prioritised to ensure that prisoners in scope were assessed and moved to establishments that could help them meet their sentence plan targets.
- 9.18 Offender supervisors each had a mixed caseload of prisoners in scope of offender management, who they met at least monthly, and were allocated OASys assessments for lower risk prisoners who did not receive ongoing contact unless they requested it. The assessments and plans we examined were good quality. They identified issues of risk of harm and measures required for harm reduction as well as the likelihood of reoffending and the link with resettlement needs.
- 9.19 Communication with London-based offender managers was enhanced by access to a shared information network and offender managers attended more than 80% of sentence planning boards.
- 9.20 Home detention curfew arrangements were sound and about 100 a month were dealt with. The procedures gave adequate time for decisions to be made before the eligibility date but many were delayed for reasons outside the control of the prison. In the previous month, nine out of 20 were released on their eligibility date.
- 9.21 Prisoners being discharged were given bags for their possessions and their financial accounts were settled, including payment of appropriate discharge grants. Although prisoners could store their own clothing in reception for wearing at court appearances and on discharge, the prison did not have a suitable store of clothing for those who did not have their own.

Further recommendation

- 9.22 Referrals made through the LISARRT process should be monitored and their effectiveness verified.

Housekeeping point

- 9.23 There should be clothing available for prisoners being discharged who do not have suitable clothes of their own.

Categorisation

Additional information

- 9.24 Just 10 categorisation reviews were past their due date because of further charges that had not been resolved at court. Reviews were held every six months and were based on reports by the offender supervisor, NOMIS file entries and reports from activity areas.
- 9.25 Prisoners were promptly categorised on reception after sentence, using information about their offending and previous behaviour, and most were quickly moved to training prisons. Many of those sentenced to less than 12 months, on short recalls or subject to prolific or priority offender supervision remained at the prison.

- 9.26 Although most prisoners were moved to training prisons regardless of whether an OASys assessment had been completed, those sentenced to indeterminate sentences and longer determinate sentences were allocated according to their sentence plan targets.
- 9.27 There were 50 category D prisoners, a higher number than usual due to a shortage of places at HMP Ford after a disturbance there. Only a small number of prisoners were held back for justifiable reasons such as their trusted jobs in the prison or to complete interventions.

Public protection

Additional information

- 9.28 Two administrative staff worked to a probation officer coordinator and a senior manager in the public protection team. The team identified all new arrivals likely to be of interest and a decision on appropriate restrictions was made by the head of the OMU and the public protection coordinator. Prisoners were given an outline of restrictions and monitoring applying to them and details of how to apply for child contact or to challenge the decision.
- 9.29 A monthly public protection meeting included appropriate departments, including security, psychology, offender supervisors of prisoners being considered, health care and telephone monitors. Restrictions were reviewed every six months and relaxed or removed in appropriate cases.
- 9.30 There was good contact with multi-agency public protection arrangement (MAPPA) committees in the community when prisoners were due for release and with child safeguarding organisations when prisoners applied for contact.

Indeterminate-sentenced prisoners

- 9.31 **Indeterminate-sentenced prisoners should be offered support to meet their specific needs. (8.31)**
Achieved. The prison held 26 indeterminate sentence prisoners. Eight were life sentence prisoners, of whom six had been recalled and were awaiting a decision on their detention. Five offender supervisors managed indeterminate sentences and all had been trained. Indeterminate sentenced prisoners were not usually held unduly long before allocation to training prisons. The delays we found were for reasons linked to their sentence management, such as awaiting a place at an appropriate prison, but staff said it had been difficult to find places in open establishments that limited the number of indeterminate sentence prisoners they would accept. Meetings were held every three months for indeterminate sentenced prisoners and attended by offender supervisors, resettlement and residential staff. Prisoners we spoke to who had attended said they found these informative and that many were motivated to engage with sentence management.

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

Reintegration planning

Accommodation

- 9.32 **The prison should develop community links further to access accommodation for prisoners likely to be released with no fixed address. (8.43)**

Partially achieved. Advice and support for accommodation problems was provided by a team of six staff seconded from St Mungo's housing association, known as the housing information and advice service (HIAS). The HIAS team still did not have accommodation where they could refer people directly but had built up some useful links with housing associations, private landlords and local authorities in the London boroughs to which most prisoners were released and some outside the area. The prison reported that in the current year, 14% of prisoners had been released without a suitable address and its needs analysis found that 16% entered prison without accommodation. HIAS provided prisoners who were being discharged homeless with details of organisations that provided day centres, temporary accommodation and advice services in the community.

Additional information

- 9.33 The range of services provided by the HIAS team included sustaining tenancy, securing accommodation, providing housing advice and seeking accommodation on release. Large numbers of prisoners used the service, with 57% of those released in the previous three months having been advised by the team. In that period, accommodation had been found for just seven prisoners but placements with families or friends had been secured for 30 and accommodation sustained for 82.

Education, training and employment

For further details, see Learning and skills and work activities in Section 6

- 9.34 **Staffing levels for information, advice and guidance (IAG) provision should be improved. (8.44)**

Partially achieved. The number of IAG staff had increased but was still insufficient to provide appropriate IAG to all prisoners who needed it.

We repeat the recommendation.

Mental and physical health

- 9.35 **Prisoners should be given information and assistance to access health and social care services on their release, and support in accessing the services if required. (8.45)**

Partially achieved. There was reliance on individual practitioner's skills and knowledge as to whether prisoners were given information or assistance to access health and social care services on release. Work was being undertaken at a strategic level to ensure adult services achieved this target within Central London Community Health NHS Trust. We were told there were sometimes difficulties accessing social care services in particular boroughs.

Further recommendation

- 9.36 Action should be taken to ensure all prisoners requiring social or health care support on release are helped to access the services they need.

- 9.37 **All prisoners identified as suffering from a serious and enduring mental illness should be managed within the care programme approach framework. (8.46)**
Achieved. A caseload of 41 men was supported by the mental health in-reach team and managed using the care programme approach.

Finance, benefit and debt

- 9.38 **All prisoners should be able to access the money matters and Unlock programmes. (8.47)**
Achieved. All prisoners attended education induction where their financial abilities were assessed. From this, referrals could be made to the Money Matters course. The Unlock programme had been suspended up to three months previously but was now available through the Job Club to which all prisoners were invited. The course enabled prisoners to open a bank account on release but was not greatly used, with just one account started since the re-launch. The pathway lead for finance, benefit and debt was concerned that the Money Matters and Unlock courses did not meet the needs of prisoners who needed help with basic financial capability. She had identified a provider of such a programme, a charity for prisoners with learning difficulties, but this had not yet started.
- 9.39 **There should be clear links between Citizens Advice and other finance, benefit and debt support. (8.48)**
Achieved. Citizens Advice staff referred prisoners requiring help with setting up a bank account to the Job Club. They could also refer prisoners to education for the Money Matters course, although in practice this was identified during educational assessments.

Additional information

- 9.40 The prison's needs analysis showed that 40% of respondents had debts and half of these were very worried about them. Citizens Advice staff received referrals from the LISARRT assessment, from offender supervisors and from prisoners themselves for financial advice and support. They were trained in debt advice covering consumer law and also offered advice on legal matters and immigration. They received an average of 70 referrals a week and managed ongoing casework with around 200 prisoners who required continued engagement to deal with debt matters.
- 9.41 JobCentre Plus was available through the prison Job Club and helped prisoners arrange appointments to make fresh claims on release, as well as closing outstanding claims.

Drugs and alcohol

- 9.42 **The establishment should appoint a governor grade to manage the drug strategy and raise its profile. (8.63)**
Achieved. The head of safer custody was the establishment drug coordinator but a designated grade F drug strategy manager and an IDTS project manager had been appointed. Drug strategy committee meetings took place monthly and strong links had been forged with the local drug and alcohol action team (DAAT).
- 9.43 **The drug strategy document should be updated, and contain detailed action plans and performance measures. (8.64)**
Achieved. The drug strategy policy had been updated and the document contained annual performance measures. Substance misuse services at the prison were now well integrated with the local DAAT and the partnership had developed a detailed annual action plan.

9.44 The establishment should develop an alcohol strategy and address the currently insufficient level of services for prisoners with alcohol problems. (8.65)

Achieved. An alcohol policy was now in place and services for prisoners with alcohol problems had improved significantly. As of April 2011, the CARAT remit included those with primary alcohol problems. Since May, prisoners could access a 15-session alcohol intervention module and Alcoholics Anonymous groups still met weekly. The primary care trust had also just appointed a band 7 alcohol specialist to develop service provision for harmful and hazardous drinkers.

9.45 There should be a comprehensive needs analysis to inform the drug and alcohol strategy and future service provision. (8.66)

Achieved. A detailed and comprehensive population needs analysis had been undertaken jointly with the local DAAT and had informed the substance misuse services treatment plan and the key priorities for service development.

9.46 The CARAT team should be adequately resourced to meet the demand for its services. (8.67)

Achieved. CARAT services had become much more accessible. A new manager had been appointed and robust performance management introduced. The team was now located on C wing. Workers offered daily induction input and new arrivals were seen within three days. A total of 210 clients received structured and another 75 non-structured interventions and there was evidence of good quality care plans and one-to-one work. Prisoners on C wing could access the full range of IDTS group work modules, with five groups running each week.

9.47 The peer support scheme offering ongoing support to prisoners who complete the P-ASRO course should be re-started. (8.68)

Achieved. Peer supporters were based on the Conibeere unit, on C and on D wing and more were being recruited. Part of their role involved having input into the new programme, building skills for recovery (BSR), which had replaced P-ASRO. They also participated in the monthly service user forum.

9.48 The required level of voluntary drug testing should take place. (8.69)

No longer relevant. In line with other London prisons, the prison had suspended voluntary drug testing (VDT) apart from the weekly testing of prisoners undertaking drug and alcohol programmes.

9.49 VDT should not be linked to IEP, and there should be a separate compliance testing compact. (8.70)

No longer relevant. See paragraph 9.48.

Additional information

9.50 Since April 2011, the prisons addressing substance-related offending (P-ASRO) programme and the short duration programme (SDP) had been replaced by two pilot programmes: building skills for recovery (BSR), which offered 240 places a year, and the alcohol interventions programme for 60 prisoners. This meant the number of places had reduced and both programmes had waiting lists. Alcoholics Anonymous and Narcotics Anonymous groups were oversubscribed and the prison aimed to increase the number of meetings.

9.51 The CARAT team was well integrated into the prison and throughcare links remained strong. Thirteen designated prison link workers from eight boroughs provided regular input and contributed to CARAT case files. Monthly drug intervention programme meetings allowed good communication and information sharing. A continuity of care protocol had been developed to further integration between prison and community-based services.

Further recommendation

- 9.52 The prison should monitor the level of programme provision and ensure that drug and alcohol interventions meet prisoners' needs.

Children and families of offenders

- 9.53 **Visits sessions should start at the published time every day. (8.80)**
Achieved. Visits sessions started on time.
- 9.54 **The furniture in the visits room should be replaced as a matter of urgency. (8.81)**
Achieved. Furniture in the visits room had been replaced but with fixed regimented seating that did not allow prisoners easy contact with visitors. A maximum of three adults were allowed to visit and children aged 10 and over were treated as adults for visits seating purposes, which was unacceptable and limited contact with children in some cases.

Further recommendation

- 9.55 Children should not be treated as adults for the purpose of visits.
- 9.56 **The visits user group should be reinstated and convened frequently to improve communications between PACT, the prison and prisoners' families. (8.82)**
Not achieved. There was still no visits user group.
We repeat the recommendation.
- 9.57 **Managers should read and respond to comments made in the visitors' centre comments book. (8.83)**
Achieved. Comments written by visitors were responded to by a manager.
- 9.58 **Children's visits should be held consistently in accordance with the published programme, and should not be dependent on the availability of an individual member of staff. (8.84)**
Achieved. Visits for pre-school children continued each Wednesday morning supervised by a PACT worker and a discipline officer. Only one session had been cancelled due to lack of staff in the year to date.
- 9.59 **There should be a children and families pathway action plan, based on a prisoner needs analysis, to monitor the delivery and effectiveness of proposed initiatives. (8.85)**
Not achieved. The prison survey undertaken in December 2010 highlighted that 25% of men who had daily contact with their children pre-custody and 42% who had weekly contact had had no contact since their imprisonment. The survey also indicated that imprisonment had roughly doubled prisoners' relationship problems with their partner and 56% of men reported difficulty accessing wing telephones. The current action plan simply recorded the prison's response to the Inspectorate expectations for children and families and did not mention or address any of the issues raised by the survey.
We repeat the recommendation.

Additional information

- 9.60 Prisoners' distance from home, frequency of visits, parental status and number of dependents were not established or monitored.

- 9.61 All new arrivals apart from transfers from other prisons could have an unbooked reception visit within 72 hours but visits sessions were often full, resulting in frustrated and angry visitors who arrived to find there were no places. Visits lasted for 90 minutes on weekday mornings and for either one or two hours in the afternoons but only one hour at weekends. There were no visits on Tuesdays and no evening visits. Unconvicted men could have three visits a week. Convicted prisoners were entitled to two visits a month and standard regime prisoners received one privilege visiting order (PVO) and enhanced prisoners two, which could not be used at weekends.
- 9.62 Visitors complained about access to the booking line. When we tried, the telephone rang unanswered for five minutes. We managed to speak to a booking clerk on our eighth attempt, after holding in a queue for six minutes. There was no opportunity for callers to leave a number for a call back. Prisoners regularly raised the difficulty of booking and delays to visiting orders in consultation meetings. Visits to unconvicted men could be booked in person while at the prison. The pre-recorded details about visiting times given on the booking line were incorrect.
- 9.63 Visitors booked in at the small but welcoming visitors' centre run by the Prison Advice and Care Trust (PACT) and were given a numbered ticket by which they were called into the prison. A new centre had been built but was not yet in use. Many visitors wrongly believed that photographic identification was required as conflicting information was given on visiting orders and information sheets available in the visitors' centre. Published information given to prisoners on the first night centre instructed them to tell visitors to bring valid photographic identification and two current bills less than three months old to prove their home address.
- 9.64 Visitors had to have identification at every visit and numerous prisoners, visitors and visit centre staff complained about the frequent denial of visits because of insufficient identification. As the prison had photographs and finger scans for most visitors, it was questionable why additional identification was required and turning away such visitors appeared indefensible.
- 9.65 In our survey, less than the comparator said they and their visitors were well treated by staff. Operational support grade staff in the gatehouse checked identification and took photographs and finger scans of new visitors. All staff in the search area were polite. An indication by a drug dog without any other intelligence resulted in the offer of a closed visit or of leaving. The visits room was large and bare, with room for 42 social visits and four closed visits booths. There were plans to display prisoner art work. Prisoners still had to wear yellow bibs despite the biometric system for visitors and strict adherence to identification requirements. A supervised play area was available during most sessions. Prisoners could not use the toilet during a visit.
- 9.66 Prisoners could not get general relationship counselling and there was no family support worker to help prisoners maintain or rebuild relationships. Two-hour children's visits ran each Wednesday morning for up to six men with their children and the child's carer. Six family days for up to 25 prisoners, children and carers were held during school holidays from 9.30am to 4pm, with organised activities in the visits room and gym. Basic regime prisoners were excluded from both these visits. Parenting skills and family relationship courses were run in education and prisoners could use the Story Book Dad scheme.

Further recommendations

- 9.67 Prisoners' distance from home, frequency of visits, parental status and number of dependents should be recorded and monitored to inform the development of services.
- 9.68 Daily visits should be run, including some evening sessions and sufficient to accommodate reception visits.

- 9.69 All prisoners should be able to have at least one weekly visit.
- 9.70 The visit booking line should be easily accessed.
- 9.71 Closed visits should not be authorised on a single drug dog indication unless there is additional security intelligence.
- 9.72 A qualified family support worker should be employed to help prisoners maintain or rebuild family relationships.

Housekeeping points

- 9.73 Correct visiting information should be provided on published literature and pre-recorded information on the visits booking line.
- 9.74 Visitors with existing electronically stored photographs and finger scans should not be turned away because of lack of other identification.
- 9.75 Methods for identifying prisoners in the visits room should be respectful and proportionate to the risk presented.

Attitudes, thinking and behaviour

- 9.76 **There should be a needs analysis to inform the provision of appropriate programmes for prisoners. (8.91)**
Achieved. The resettlement needs analysis provided information about the prison population in December 2010 and complemented a prisoner survey conducted by the psychology department. Information from the analysis and the survey, combined with policy decisions for the London area, has led to a strategy aimed at providing programmes for short sentence prisoners and those close to release (see additional information).
- 9.77 **There should be routes for prisoners to be referred to programme providers as necessary. (8.92)**
Achieved. The range of programmes offered had decreased. The accredited programmes offered were too long for prisoners sentenced to less than 12 months so all those who were eligible were referred through offender management. There were few other programmes still available in the prison but the psychology department and resettlement pathways picked up referrals from the LISARRT database, which included all prisoners received at the prison.

Additional information

- 9.78 The prison offered the thinking skills programme but this was being decommissioned as part of the change of the prison's interventions strategy. In 2011/12, the target was for 27 completions, compared to 54 the previous year. There was a manageable waiting list of 17 prisoners. While this change was taking place, few interventions were offered apart from those addressing substance misuse. Other programmes, such as victim awareness and diversity awareness, were no longer delivered. The psychology department offered a limited number of individual sessions to prisoners directed by the parole board or referred by offender supervisors.
- 9.79 The intention was to develop shorter programmes for prisoners due for release that addressed planning and motivation to engage with external agencies in the community. This was part of a

coherent resettlement strategy but the programmes had not yet been developed so it was uncertain when they would be available. The head of psychology was trying to secure agreement to pilot an existing programme and to develop a suite of non-accredited programmes suitable for the population, including anger management.

Further recommendation

9.80 A range of interventions suitable for the number and needs of the prison's population should be provided.

Section 10: Summary of recommendations and housekeeping points

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 governor

-
- 10.1 An effective violence reduction strategy should be introduced in consultation with prisoners to help ensure that prisoners are safe from bullying and victimisation. (HP46)
 - 10.2 A named officer should be aware of the individual needs of prisoners for whom they are responsible. They should provide input and advice on matters relating to their prisoners, encourage family contact and keep a regular record of contact in P-Nomis case notes identifying any significant events. (HP47)
 - 10.3 There should be a full review of mental health services. (HP48)
 - 10.4 Sufficient activity places should be provided to enable all prisoners to participate in some purposeful activity during the working day. (HP49)
 - 10.5 Custody planning should ensure that all men, including those on remand and serving short sentences, have their resettlement needs and risks assessed and followed up as part of a case management system. (HP50)
 - 10.6 All indicators of violence specified in the violence reduction policy should be monitored, and the violence reduction committee should fully consider identified patterns and trends in order to monitor and evaluate the effectiveness of the policy. (MR3)
 - 10.7 All prison policies and procedures should provide for the specific needs of foreign nationals. (MR7)
 - 10.8 The number of activity places should be increased and fully utilised. (MR8)
 - 10.9 There should be more vocational training. (MR9)

Recommendation

To PECS

Courts, escorts and transfers

- 10.10 The escort service should ensure that prisoners arrive at the prison as early as possible after a court appearance. (1.2)

Recommendation

To UKBA

Foreign nationals

- 10.11 The UK Border Agency (UKBA) should provide immigration documentation in a range of languages. (4.25)

Recommendations

To the governor

Courts, escorts and transfers

- 10.12 Written information for prisoners on what they can expect from reception processes should be available in foreign languages. (1.1)

Reception

- 10.13 Holding rooms should be effectively supervised to ensure safety. (1.9)
- 10.14 New arrivals should not be held in holding rooms for excessive periods. (1.10)
- 10.15 New arrivals should be interviewed in private. (1.11)
- 10.16 There should be a separate, discrete holding room, with its own toilet facilities, for new arrivals who are vulnerable or who have requested protection. (1.12)
- 10.17 Unconvicted prisoners should be allowed to keep their own clothes. (1.15)

First night

- 10.18 The individual needs of all prisoners should be properly identified during a private meeting with an officer on the first night centre. (1.25)

Induction

- 10.19 Newly arrived prisoners on B wing should receive appropriate ongoing support. (1.31)

Accommodation and facilities

- 10.20 Cells designed to accommodate one prisoner should not be occupied by two. (2.1)
- 10.21 Cells should be properly furnished. (2.3)
- 10.22 Prisoners should receive their mail on the day it arrives in the prison. (2.5)
- 10.23 All prisoners should have access to telephones that provide sufficient insulation from background noise. (2.7)

- 10.24 All prisoners should be allowed to wear their own clothes. (2.8)
- 10.25 There should be enough clean prison-issue clothing for all prisoners who require it. (2.9)
- 10.26 All prisoners should have adequately heated and ventilated cells. (2.16)
- 10.27 Cells holding two prisoners should have appropriately screened toilets. (2.17)

Staff-prisoner relationships

- 10.28 The quality of staff entries in prisoner wing history file should be improved and effectively monitored. (2.19)

Bullying and violence reduction

- 10.29 Anti-bullying investigations should be thorough and fully documented. Completed investigations should be subject to quality assurance by the violence reduction coordinator and safety managers. (3.2)
- 10.30 Wing managers should ensure that bullying monitoring forms contain quality entries, which evidence interaction with the prisoner and challenge and address the causes of bullying behaviour. (3.3)
- 10.31 The intervention for bullies and support for victims should be re-introduced. (3.4)
- 10.32 Managers should ensure that all cell-sharing risk assessments are properly and thoroughly completed and that decisions to identify a prisoner as high risk are proportionate and substantiated. (3.5)

Self-harm and suicide

- 10.33 Assessment, care in custody and teamwork documents should accompany prisoners to activities and staff leading the activity should make entries in the ongoing record. (3.15)
- 10.34 Suicide prevention meetings should include Listeners and take place regularly and all key departments should be represented. (3.27)
- 10.35 There should be more identification of and focus on the needs of foreign national prisoners at risk of self-harm and the resources to support them. (3.28)

Applications and complaints

- 10.36 Prisoners should have confidential access to application forms and always receive an acknowledgement of submitted applications. (3.31)
- 10.37 The application system should be applied consistently, and prisoners should receive a response within three working days. (3.32)
- 10.38 Prisoners with little or no English should have access to information about applications and complaints in their own language. (3.33)

- 10.39 Prison managers should analyse complaints each month by ethnicity, nationality, prisoner type and other criteria, and if necessary take action when any patterns or trends emerge. (3.35)
- 10.40 Effective quality assurance of complaints should be introduced. (3.38)

Legal rights

- 10.41 All legal representatives should be able to have a legal visit with their clients in privacy. (3.42)

Faith and religious activity

- 10.42 There should be adequate facilities for Muslim worship, including ablutions. (3.46)

Substance use

- 10.43 Prisoners undertaking buprenorphine regimes should be able to engage with psychosocial groups. (3.55)
- 10.44 The CARAT team should increase service accessibility to prisoners not located on C wing. (3.60)

Diversity

- 10.45 All staff should attend diversity training and be given guidance to enable them to understand and respond appropriately to all diversity issues. (4.1)
- 10.46 There should be monitoring to ensure that prisoners from all minority groups are not being victimised or excluded from any activity. (4.3)
- 10.47 Each prisoner who requires assistance in an emergency should have an evacuation plan and these should be known to all staff on duty on their wing. (4.5)

Race equality

- 10.48 There should be greater use of displays and artwork throughout the prison to promote positive images of the diversity of the population and the local community. (4.8)
- 10.49 External and independent representatives should be identified to contribute to the work of the race equality action team and validate completed racist incident investigations. (4.9)
- 10.50 Managers should investigate and act on evidence of differential treatment of minority groups and their perceptions. (4.15)
- 10.51 Specific provision should be made to identify and support members of Gypsy, Romany and Traveller communities. (4.16)

Foreign nationals

- 10.52 There should be a needs analysis of foreign national prisoners and routine monitoring to ensure their needs are properly identified and met, and that they do not suffer discrimination. (4.20)

- 10.53 Staff should make translated documents readily available to foreign national prisoners and use an accredited translation or interpretation service whenever matters of accuracy and/or confidentiality are a factor. (4.21)
- 10.54 Sufficient dedicated staff time should be allocated to foreign national prisoner work. (4.23)
- 10.55 Staff should receive training and guidance to ensure that they understand and can respond to the needs of foreign national prisoners. (4.24)
- 10.56 Contact with accredited, independent immigration advice and support services should be sufficient to meet demand. (4.26)
- 10.57 All foreign national prisoners should receive a free monthly five-minute call to their family overseas. (4.32)

Disability and older prisoners

- 10.58 The needs of prisoners with disabilities and older prisoners should be systematically assessed, including through regular consultation with them, and appropriate facilities provided. (4.35)

Health services

- 10.59 Robust infection control procedures should be in place for all clinical areas and outcomes of audits implemented. (5.8)

Clinical governance

- 10.60 All policies and procedures should be easily accessible to staff, who should sign to indicate that they have read and understood them. (5.11)
- 10.61 All paper clinical records should be archived in accordance with local policies and procedures, with a system to ensure their easy retrieval. (5.14)
- 10.62 Records should be made of all occasions where the patient refuses medication, fails to attend or does not receive medication. Issues relating to drug compliance should be followed up where appropriate. (5.15)
- 10.63 Complaints about clinical care should be linked to the NHS complaints system. (5.16)

Pharmacy

- 10.64 Medicine queues should be managed so prisoners present themselves one at a time for medicines and show their identification before administration. (5.30)
- 10.65 There should be a full range of patient group directions (PGDs). A copy of the original signed PGD should be present in the pharmacy and treatment rooms, read and signed by all relevant staff. (5.31)

Dentistry

- 10.66 Action should be taken to reduce the long wait for dental appointments so men can see the dentist expeditiously and as clinically indicated. (5.37)

Inpatient care

- 10.67 The inpatient beds should not be on the certified normal accommodation. (5.38)

Secondary care

- 10.68 Action should be taken to ensure timely access to external hospital appointments. (5.42)

Mental health

- 10.69 A full range of mental health services should be provided to meet needs. (5.45)

Time out of cell

- 10.70 Prisoners attending activity during the day should also be able to access association. (6.1)
- 10.71 All prisoners should be unlocked during the morning. (6.2)
- 10.72 Access to evening association should be increased. (6.3)
- 10.73 Curtailment of regime should be properly justified. (6.5)

Learning and skills and work activities

- 10.74 Learning and skills quality assurance processes should be further developed and implemented effectively. (6.7)
- 10.75 The education, training and work allocation system should be improved. (6.10)
- 10.76 A clearly defined overarching strategy should be developed and implemented to shape the delivery and sustained improvement of all learning and skills activities. (6.19)
- 10.77 The separate plans produced during induction and the subsequent initial assessment of prisoners' literacy, numeracy and English language skills should be merged to provide a single individual action plan that includes a full assessment of each prisoner's learning needs or barriers to learning, informs their allocation to activities in the prison and clearly sets out the skills needed to improve their prospects for employment on release. (6.20)
- 10.78 Individual learning plans should be improved to provide targets that can be used to support effective reviews of each prisoner's progress and set further realistic and challenging targets for improvement. (6.21)
- 10.79 All education staff should complete safeguarding awareness training. (6.22)

Library

- 10.80 Prisoners in full-time activities should have scheduled opportunities to use the library. (6.29)

Security and rules

- 10.81 Prisoners found in possession of a mobile telephone should only be placed on closed visits if there is corroborating intelligence. (7.2)

Disciplinary procedures

- 10.82 Senior managers should monitor the quality of adjudications regularly to ensure they are fair and that full enquiries are made into charges before verdicts are reached. (7.9)

The use of force

- 10.83 The violence reduction committee should analyse information on the use of force to identify trends and possible problem areas. (7.10)
- 10.84 Records of use of force and special accommodation should be reviewed regularly by senior managers to ensure such use is appropriate. (7.14)

Segregation unit

- 10.85 Prisoners entering the segregation unit should only be strip searched following an assessment of risk. (7.15)
- 10.86 Special cells should be equipped with a plinth and a rip-proof mattress. (7.18)
- 10.87 The regime in the segregation unit for longer stay prisoners should be improved to include some out of cell purposeful activity. (7.19)

Catering

- 10.88 Breakfast should be served in the morning. (8.1)
- 10.89 Meals should be served at appropriate times, and not before noon for lunch and 5pm for the evening meal. (8.2)
- 10.90 There should be a prisoner survey about the catering, and the results should be used to inform further changes. (8.3)
- 10.91 Procedures to allow prisoners to express their views on the quality of food should be better advertised. (8.4)
- 10.92 Minutes of meetings should include feedback from previous action points and the catering department should be represented at wing consultation meetings. (8.8)

Prison shop

- 10.93 Prisoners should be able to buy shop items within their first 24 hours. (8.13)

Sentence planning and offender management

- 10.94 All relevant departments should provide information for sentence planning boards. (9.9)
- 10.95 London initial screening and referral (LISaR) assessments should be completed in a respectful and appropriate setting. (9.11)
- 10.96 There should be pre-release boards to ensure that resettlement needs have been addressed before release. (9.13)
- 10.97 Referrals made through the LISARRT process should be monitored and their effectiveness verified. (9.22)

Resettlement pathways

- 10.98 Staffing levels for information, advice and guidance (IAG) provision should be improved. (9.34)
- 10.99 Action should be taken to ensure all prisoners requiring social or health care support on release are helped to access the services they need. (9.36)
- 10.100 The prison should monitor the level of programme provision and ensure that drug and alcohol interventions meet prisoners' needs. (9.52)
- 10.101 Children should not be treated as adults for the purpose of visits. (9.55)
- 10.102 The visits user group should be reinstated and convened frequently to improve communications between PACT, the prison and prisoners' families. (9.56)
- 10.103 There should be a children and families pathway action plan, based on a prisoner needs analysis, to monitor the delivery and effectiveness of proposed initiatives. (9.59)
- 10.104 Prisoners' distance from home, frequency of visits, parental status and number of dependents should be recorded and monitored to inform the development of services. (9.67)
- 10.105 Daily visits should be run, including some evening sessions and sufficient to accommodate reception visits. (9.68)
- 10.106 All prisoners should be able to have at least one weekly visit. (9.69)
- 10.107 The visit booking line should be easily accessed. (9.70)
- 10.108 Closed visits should not be authorised on a single drug dog indication unless there is additional security intelligence. (9.71)
- 10.109 A qualified family support worker should be employed to help prisoners maintain or rebuild family relationships. (9.72)

10.110 A range of interventions suitable for the number and needs of the prison's population should be provided. (9.80)

Housekeeping points

Courts, escorts and transfers

10.111 Use of the video link for court hearings should be promoted. (1.6)

10.112 Prisoners attending trials should have suitable clothing and be able to shower daily. (1.7)

Reception

10.113 Sufficient stock of new underwear should be maintained. (1.16)

First night

10.114 Initial information provided by Insiders should be consistent. (1.26)

10.115 Toilet and shower recesses in dormitories should be refurbished. (1.27)

Accommodation and facilities

10.116 Prisoners should have numbers added to their telephone accounts promptly. (2.18)

Bullying and violence reduction

10.117 The monthly violence reduction meetings should be better attended. (3.11)

Self-harm and suicide

10.118 Where appropriate, prisoners' families should be informed when prisoners have self-harmed and encouraged to become involved in their support. (3.29)

10.119 The Listener scheme should be promoted through staff training events. (3.30)

Race equality

10.120 The diversity awareness package should be delivered to prisoners with race-related offences or those who exhibit racist behaviour in prison. (4.17)

Health services

10.121 A full range of health promotion information should be available in relevant languages. (5.9)

Pharmacy

- 10.122 Loose tablets and tablet foils should not be present in stock. (5.32)
- 10.123 Prisoners should be able to obtain repeat prescriptions in a timely way. (5.33)
- 10.124 Where maximum and minimum refrigerator temperatures exceed acceptable limits, remedial action should be taken and documented. (5.34)
- 10.125 Old medical reference books should be discarded and only the most recent copy kept to ensure that any information used is up to date. (5.35)

Prison shop

- 10.126 Periodic prison-wide surveys of shop provision should seek the views of minority groups of prisoners specifically. (8.14)

Sentence planning and offender management

- 10.127 There should be clothing available for prisoners being discharged who do not have suitable clothes of their own. (9.23)

Resettlement pathways

- 10.128 Correct visiting information should be provided on published literature and pre-recorded information on the visits booking line. (9.73)
- 10.129 Visitors with existing electronically stored photographs and finger scans should not be turned away because of lack of other identification. (9.74)
- 10.130 Methods for identifying prisoners in the visits room should be respectful and proportionate to the risk presented. (9.75)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Michael Loughlin	Team leader
Paul Fenning	Inspector
Joss Crosbie	Inspector
Martin Owens	Inspector
Andy Rooke	Inspector
Martin Kettle	Inspector
Louise Falshaw	Researcher
Rachel Murray	Researcher
Laura Nettleingham	Researcher
Mike Skidmore	Researcher
Helen Carter	Health care
Simon Denton	Pharmacy
Sigrid Engelen	Substance use
Nick Crombie	Ofsted
Simon Cutting	Ofsted
Charles Clarke	Ofsted

Appendix II: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	0	636	50.3
Recall	0	73	5.8
Convicted unsentenced	0	170	13.4
Civil prisoners	0	0	0.0
Detainees	0	9	0.7
Other	0	378	29.8
Total	0	1266	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	0	560	44.2
Less than 6 months	0	147	11.6
6 months to less than 12 months	0	91	7.2
1 year to less than 2 years	0	150	11.8
2 years to less than 3 years	0	81	6.4
3 years to less than 4 years	0	55	4.3
4 years to less than 10 years	0	147	11.6
10 years and over (not life)	0	9	0.7
Lifer	0	26	2.1
Total	0	1266	100

Age	Number of prisoners	%
Please state minimum age	21	
Under 21 years	0	0
21 years to 29 years	490	38.7
30 years to 39 years	416	32.9
40 years to 49 years	253	20.0
50 years to 59 years	81	6.4
60 years to 69 years	22	1.7
70 plus years	4	0.3
Please state maximum age	74	
Total	1266	100

Nationality	18–20 yr olds	21 and over	%
British	0	693	54.7
Foreign nationals	0	452	35.7
Not stated	0	121	9.6
Total	0	1266	100

Security Category	18–20 yr olds	21 and over	%
Cat B	0	30	2.4
Cat C	0	611	48.3
Cat D	0	50	3.9
Uncategorised	0	2	0.2
Unclassified	0	555	43.8

Unsentenced	0	17	1.3
YOI Closed	0	1	0.1
Total	0	1266	100

Ethnicity	18–20 yr olds	21 and over	%
<i>White</i>			
British	0	349	27.6
Irish	0	34	2.7
Traveller/Gypsy	0	0	0.0
Other white	0	146	11.5
		529	41.8
<i>Mixed</i>			
Mixed African	0	4	0.3
Mixed Asian	0	8	0.6
Mixed Caribbean	0	17	1.3
Other	0	37	2.9
		66	5.2
<i>Asian or Asian British</i>			
Asian Bangladeshi	0	6	0.5
Asian Indian	0	83	6.5
Asian Pakistani	0	21	1.7
Asian Other	0	55	4.3
		165	13.0

<i>Black or black British</i>			
Black African	0	157	12.4
Black Caribbean	0	175	13.8
Black other	0	48	3.8
		380	30.0
<i>Chinese or other ethnic group</i>			
Chinese	0	8	0.6
Other ethnic group	0	23	1.8
		31	2.4
Code Missing	0	94	7.4
Refusal	0	1	0.1
		95	7.5
Total	0	1266	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	2	0.2
Church of England	0	163	12.9
Roman Catholic	0	284	22.3
Other Christian denominations	0	185	14.6
Muslim	0	263	20.7
Sikh	0	45	3.6
Hindu	0	49	3.9
Buddhist	0	23	1.8

Jewish	0	6	0.5
Other	0	11	0.9
No religion	0	143	11.3
Not Stated	0	92	7.3
Total	0	1266	100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	184	14.5
1 month to 3 months	0	0	237	18.7
3 months to 6 months	0	0	162	12.8
6 months to 1 year	0	0	89	7.0
1 year to 2 years	0	0	33	2.6
2 years to 4 years	0	0	1	0.1
4 years or more	0	0	0	0.0
Total	0	0	706	55.8

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	199	35.5
1 month to 3 months	0	0	195	34.8
3 months to 6 months	0	0	94	16.8

6 months to 1 year	0	0	53	9.8
1 year to 2 years	0	0	18	3.2
2 years to 4 years	0	0	0	0.0
4 years or more	0	0	1	0.2
Total	0	0	560	44.2

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 15 June 2011, the prisoner population at HMP Wormwood Scrubs was 1208. The sample size was 220. Overall, this represented 18% 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 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. Eight respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was 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
- 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, 188 respondents completed and returned their questionnaires. This represented 16% of the prison population. The response rate was 85%. In addition to the eight respondents who refused to complete a questionnaire, 17 questionnaires were not returned and seven were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment have been 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 2011 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 37 local prisons since April 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Wormwood Scrubs in 2008.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2011 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. 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 that 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 as well as examples of comments made by prisoners. 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 that shown in the comparison data as the comparator data have been weighted for comparison purposes.

Summary of survey results

Section 1: About you

Q1.2	How old are you?	
	Under 21	1 (1%)
	21 - 29.....	79 (43%)
	30 - 39.....	59 (32%)
	40 - 49.....	36 (19%)
	50 - 59.....	6 (3%)
	60 - 69.....	4 (2%)
	70 and over.....	0 (0%)
Q1.3	Are you sentenced?	
	Yes	106 (58%)
	Yes - on recall.....	10 (5%)
	No - awaiting trial.....	40 (22%)
	No - awaiting sentence.....	28 (15%)
	No - awaiting deportation.....	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced.....	68 (38%)
	Less than 6 months	24 (13%)
	6 months to less than 1 year.....	21 (12%)
	1 year to less than 2 years.....	15 (8%)
	2 years to less than 4 years.....	31 (17%)
	4 years to less than 10 years.....	17 (9%)
	10 years or more.....	1 (1%)
	IPP (Indeterminate Sentence for Public Protection)	3 (2%)
	Life.....	0 (0%)
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	Not sentenced.....	68 (40%)
	6 months or less	57 (34%)
	More than 6 months.....	43 (26%)
Q1.6	How long have you been in this prison?	
	Less than 1 month	47 (27%)
	1 to less than 3 months.....	48 (27%)
	3 to less than 6 months.....	41 (23%)
	6 to less than 12 months.....	30 (17%)
	12 months to less than 2 years.....	6 (3%)
	2 to less than 4 years.....	3 (2%)
	4 years or more.....	1 (1%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	Yes	45 (25%)
	No	132 (75%)
Q1.8	Is English your first language?	
	Yes	128 (73%)
	No	48 (27%)

Q1.9 What is your ethnic origin?

White - British	57 (33%)	Asian or Asian British - Bangladeshi	2 (1%)
White - Irish.....	10 (6%)	Asian or Asian British - Other.....	8 (5%)
White - Other	12 (7%)	Mixed race - White and black Caribbean	7 (4%)
Black or black British - Caribbean.....	23 (13%)	Mixed race - White and black African.....	5 (3%)
Black or black British - African	20 (11%)	Mixed race - White and Asian	2 (1%)
Black or black British - Other	4 (2%)	Mixed race - Other	7 (4%)
Asian or Asian British - Indian.....	6 (3%)	Chinese.....	1 (1%)
Asian or Asian British - Pakistani	5 (3%)	Other ethnic group	6 (3%)

Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes	15 (9%)
No.....	158 (91%)

Q1.11 What is your religion?

None	17 (10%)	Hindu.....	5 (3%)
Church of England.....	31 (18%)	Jewish.....	1 (1%)
Catholic.....	50 (28%)	Muslim.....	48 (27%)
Protestant	2 (1%)	Sikh.....	4 (2%)
Other Christian denomination	9 (5%)	Other	4 (2%)
Buddhist.....	5 (3%)		

Q1.12 How would you describe your sexual orientation?

Heterosexual/straight.....	170 (97%)
Homosexual/gay	2 (1%)
Bisexual	3 (2%)
Other.....	0 (0%)

Q1.13 Do you consider yourself to have a disability?

Yes	31 (17%)
No	150 (83%)

Q1.14 How many times have you been in prison before?

0	1	2 to 5	More than 5
64 (34%)	32 (17%)	50 (27%)	42 (22%)

Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?

1	2 to 5	More than 5
126 (71%)	43 (24%)	9 (5%)

Q1.16 Do you have any children under the age of 18?

Yes	96 (51%)
No.....	91 (49%)

Section 2: Courts, transfers and escorts

Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons. How was:

	Very good	Good	Neither	Bad	Very Bad	Don't remember	N/A
The cleanliness of the van?	14 (8%)	84 (45%)	33 (18%)	30 (16%)	19 (10%)	3 (2%)	2 (1%)
Your personal safety during the journey?	13 (8%)	75 (45%)	37 (22%)	28 (17%)	7 (4%)	3 (2%)	3 (2%)

The comfort of the van?	4 (2%)	22 (13%)	30 (17%)	52 (30%)	61 (35%)	2 (1%)	2 (1%)
The attention paid to your health needs?	7 (4%)	47 (27%)	46 (27%)	30 (18%)	31 (18%)	4 (2%)	6 (4%)
The frequency of toilet breaks?	2 (1%)	26 (15%)	36 (21%)	24 (14%)	43 (25%)	6 (4%)	32 (19%)

Q2.2 How long did you spend in the van?

Less than 1 hour	Over 1 hour to 2 hours	Over 2 hours to 4 hours	More than 4 hours	Don't remember
101 (55%)	61 (34%)	13 (7%)	3 (2%)	4 (2%)

Q2.3 How did you feel you were treated by the escort staff?

Very well	Well	Neither	Badly	Very badly	Don't remember
25 (14%)	89 (48%)	53 (29%)	13 (7%)	5 (3%)	0 (0%)

Q2.4 Please answer the following questions about when you first arrived here:

	Yes	No	Don't remember
Did you know where you were going when you left court or when transferred from another prison?	131 (71%)	51 (28%)	3 (2%)
Before you arrived here did you receive any written information about what would happen to you?	34 (19%)	140 (78%)	5 (3%)
When you first arrived here did your property arrive at the same time as you?	132 (76%)	29 (17%)	13 (7%)

Section 3: Reception, first night and induction

Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)

Didn't ask about any of these.....	23 (13%)	Money worries.....	30 (17%)
Loss of property	21 (12%)	Feeling depressed or suicidal	84 (48%)
Housing problems.....	66 (38%)	Health problems.....	112 (64%)
Contacting employers.....	24 (14%)	Needing protection from other prisoners	32 (18%)
Contacting family	107 (61%)	Accessing phone numbers.....	86 (49%)
Ensuring dependants were being looked after	20 (11%)	Other	11 (6%)

Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

Didn't have any problems	33 (19%)	Money worries.....	54 (31%)
Loss of property	35 (20%)	Feeling depressed or suicidal	37 (22%)
Housing problems.....	61 (35%)	Health problems.....	62 (36%)
Contacting employers.....	16 (9%)	Needing protection from other prisoners	16 (9%)
Contacting family	54 (31%)	Accessing phone numbers.....	49 (28%)
Ensuring dependants were looked after	17 (10%)	Other	5 (3%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	148 (82%)	29 (16%)	3 (2%)
When you were searched, was this carried out in a respectful way?	127 (71%)	42 (23%)	11 (6%)

Q3.4	Overall, how well did you feel you were treated in reception?	Very well 14 (8%)	Well 78 (42%)	Neither 60 (32%)	Badly 30 (16%)	Very badly 4 (2%)	Don't remember 0 (0%)
Q3.5	On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)						
	Information about what was going to happen to you	90 (51%)					
	Information about what support was available for people feeling depressed or suicidal.....	74 (42%)					
	Information about how to make routine requests.....	68 (38%)					
	Information about your entitlement to visits	87 (49%)					
	Information about health services	91 (51%)					
	Information about the chaplaincy	105 (59%)					
	Not offered anything	41 (23%)					
Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)						
	A smokers/non-smokers pack	162 (87%)					
	The opportunity to have a shower.....	75 (40%)					
	The opportunity to make a free telephone call.....	146 (78%)					
	Something to eat.....	155 (83%)					
	Did not receive anything	5 (3%)					
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)						
	Chaplain or religious leader	92 (51%)					
	Someone from health services	140 (78%)					
	A Listener/Samaritans	27 (15%)					
	Did not meet any of these people	24 (13%)					
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?						
	Yes	19 (10%)					
	No	165 (90%)					
Q3.9	Did you feel safe on your first night here?						
	Yes	126 (69%)					
	No	44 (24%)					
	Don't remember	13 (7%)					
Q3.10	How soon after your arrival did you go on an induction course?						
	Have not been on an induction course	59 (33%)					
	Within the first week.....	89 (49%)					
	More than a week	20 (11%)					
	Don't remember	13 (7%)					
Q3.11	Did the induction course cover everything you needed to know about the prison?						
	Have not been on an induction course	59 (33%)					
	Yes.....	68 (38%)					
	No	42 (23%)					
	Don't remember	12 (7%)					

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 gal representative?	14 (8%)	42 (23%)	27 (15%)	52 (29%)	31 (17%)	14 (8%)

Attend legal visits?	16 (9%)	57 (34%)	33 (19%)	23 (14%)	19 (11%)	22 (13%)
Obtain bail information?	5 (3%)	22 (14%)	34 (22%)	36 (24%)	14 (9%)	42 (27%)

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.....	28 (16%)
Yes	64 (36%)
No	87 (49%)

Q4.3 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	78 (43%)	99 (54%)	5 (3%)	1 (1%)
Are you normally able to have a shower every day?	142 (78%)	40 (22%)	1 (1%)	0 (0%)
Do you normally receive clean sheets every week?	145 (80%)	27 (15%)	8 (4%)	1 (1%)
Do you normally get cell cleaning materials every week?	115 (64%)	60 (33%)	5 (3%)	1 (1%)
Is your cell call bell normally answered within five minutes?	81 (46%)	77 (44%)	12 (7%)	7 (4%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	97 (54%)	75 (42%)	4 (2%)	2 (1%)
Can you normally get your stored property if you need to?	42 (24%)	92 (52%)	28 (16%)	14 (8%)

Q4.4 What is the food like here?

Very good	Good	Neither	Bad	Very bad
1 (1%)	22 (12%)	30 (16%)	53 (29%)	78 (42%)

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?

Have not bought anything yet	11 (6%)
Yes	61 (34%)
No	109 (60%)

Q4.6 Is it easy or difficult to get:

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form?	56 (31%)	79 (43%)	20 (11%)	12 (7%)	7 (4%)	9 (5%)
An application form?	62 (36%)	79 (46%)	20 (12%)	7 (4%)	3 (2%)	2 (1%)

Q4.7 Have you made an application?

Yes	156 (86%)
No	25 (14%)

Q4.8 Please answer the following questions concerning applications (if you have not made an application please tick the 'not made one' option):

	Not made one	Yes	No
Do you feel applications are dealt with fairly?	25 (15%)	67 (39%)	78 (46%)
Do you feel applications are dealt with promptly? (Within seven days)	25 (15%)	43 (26%)	97 (59%)

Q4.9 Have you made a complaint?

Yes	65 (35%)
No	119 (65%)

Q4.10 Please answer the following questions concerning complaints (if you have not made a complaint please tick the 'not made one' option):

	Not made one	Yes	No
Do you feel complaints are dealt with fairly?	119 (65%)	12 (7%)	51 (28%)
Do you feel complaints are dealt with promptly? (Within seven days)	119 (66%)	22 (12%)	40 (22%)
Were you given information about how to make an appeal?	70 (42%)	33 (20%)	64 (38%)

Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?

Not made a complaint.....	119 (65%)
Yes	16 (9%)
No	48 (26%)

Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

Don't know who they are	Very easy	Easy	Neither	Difficult	Very difficult
80 (45%)	4 (2%)	20 (11%)	36 (20%)	21 (12%)	16 (9%)

Q4.13 What level of the IEP scheme are you on now?

Don't know what the IEP scheme is	28 (15%)
Enhanced.....	42 (23%)
Standard	96 (53%)
Basic.....	5 (3%)
Don't know	10 (6%)

Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?

Don't know what the IEP scheme is.....	28 (16%)
Yes	82 (47%)
No	35 (20%)
Don't know	28 (16%)

Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?

Don't know what the IEP scheme is.....	28 (16%)
Yes	70 (40%)
No	51 (29%)
Don't know	25 (14%)

Q4.16 Please answer the following questions about this prison?

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	10 (6%)	169 (94%)
In the last six months have you spent a night in the segregation/care and separation unit?	11 (6%)	165 (94%)

Q4.17 Please answer the following questions about your religious beliefs?

	Yes	No	Don't know/N/A
Do you feel your religious beliefs are respected?	111 (61%)	42 (23%)	29 (16%)
Are you able to speak to a religious leader of your faith in private if you want to?	103 (60%)	30 (18%)	38 (22%)

Q4.18 Can you speak to a Listener at any time if you want to?

Yes	No	Don't know
54 (29%)	28 (15%)	102 (55%)

Q4.19 Please answer the following questions about staff in this prison?

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	129 (71%)	53 (29%)
Do most staff treat you with respect?	124 (70%)	52 (30%)

Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?

Yes	83 (45%)
No	100 (55%)

Q5.2 Do you feel unsafe in this prison at the moment?

Yes	35 (19%)
No	147 (81%)

Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)

Never felt unsafe.....	100 (58%)	At mealtimes	16 (9%)
Everywhere.....	22 (13%)	At health services.....	9 (5%)
Segregation unit.....	14 (8%)	Visit's area.....	17 (10%)
Association areas	23 (13%)	In wing showers	32 (19%)
Reception area	10 (6%)	In gym showers.....	11 (6%)
At the gym.....	13 (8%)	In corridors/stairwells	17 (10%)
In an exercise yard	18 (10%)	On your landing/wing	18 (10%)
At work.....	8 (5%)	In your cell.....	16 (9%)
During movement	27 (16%)	At religious services	8 (5%)
At education.....	8 (5%)		

Q5.4 Have you been victimised by another prisoner or group of prisoners here?

Yes	36 (20%)	
No	141 (80%)	If No, go to question 5.6

Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

Insulting remarks (about you or your family or friends).....	12 (7%)	Because of your sexuality	1 (1%)
Physical abuse (being hit, kicked or assaulted).....	8 (5%)	Because you have a disability.....	4 (2%)
Sexual abuse	1 (1%)	Because of your religion/religious beliefs	5 (3%)
Because of your race or ethnic origin	10 (6%)	Because of your age	2 (1%)
Because of drugs.....	0 (0%)	Being from a different part of the country than others.....	5 (3%)
Having your canteen/property taken	10 (6%)	Because of your offence/crime.....	3 (2%)
Because you were new here	10 (6%)	Because of gang related issues	8 (5%)

Q5.6 Have you been victimised by a member of staff or group of staff here?

Yes	44 (25%)	
No	134 (75%)	If No, go to question 5.8

Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

Insulting remarks (about you or your family or friends).....	18 (10%)	Because you have a disability.....	1 (1%)
Physical abuse (being hit, kicked or assaulted).....	5 (3%)	Because of your religion/religious beliefs	8 (4%)
Sexual abuse	0 (0%)	Because if your age	3 (2%)

Because of your race or ethnic origin	14 (8%)	Being from a different part of the country than others.....	4 (2%)
Because of drugs.....	6 (3%)	Because of your offence/crime.....	4 (2%)
Because you were new here	14 (8%)	Because of gang related issues.....	1 (1%)
Because of your sexuality.....	0 (0%)		

Q5.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised	115 (68%)
Yes	15 (9%)
No	39 (23%)

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?

Yes	42 (24%)
No	134 (76%)

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

Yes	43 (25%)
No	130 (75%)

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

Very easy	Easy	Neither	Difficult	Very difficult	Don't know
26 (15%)	17 (10%)	15 (9%)	9 (5%)	6 (3%)	101 (58%)

Section 6: Health services

Q6.1 How easy or difficult is it to see the following people?

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	20 (11%)	14 (8%)	42 (24%)	23 (13%)	47 (27%)	31 (18%)
The nurse	13 (8%)	34 (20%)	75 (45%)	19 (11%)	19 (11%)	8 (5%)
The dentist	39 (23%)	3 (2%)	9 (5%)	7 (4%)	43 (26%)	65 (39%)
The optician	54 (33%)	5 (3%)	14 (9%)	13 (8%)	33 (20%)	43 (27%)

Q6.2 Are you able to see a pharmacist?

Yes	63 (40%)
No	94 (60%)

Q6.3 What do you think of the quality of the health service from the following people:

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	28 (16%)	18 (10%)	44 (25%)	30 (17%)	29 (16%)	28 (16%)
The nurse	16 (10%)	29 (17%)	52 (31%)	28 (17%)	24 (14%)	17 (10%)
The dentist	76 (45%)	4 (2%)	20 (12%)	25 (15%)	13 (8%)	30 (18%)
The optician	88 (53%)	6 (4%)	18 (11%)	25 (15%)	11 (7%)	17 (10%)

Q6.4 What do you think of the overall quality of the health services here?

Not been	Very good	Good	Neither	Bad	Very bad
13 (7%)	9 (5%)	52 (30%)	41 (23%)	26 (15%)	35 (20%)

Q6.5 Are you currently taking medication?

Yes	84 (46%)
No	97 (54%)

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?

Not taking medication	97 (55%)
Yes	44 (25%)
No	35 (20%)

Q6.7	Do you feel you have any emotional well-being/mental health issues?			
	Yes	54	(30%)	
	No	126	(70%)	
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)			
	Do not have any issues/not receiving any help.....	150	(87%)	
	Doctor	12	(7%)	
	Nurse	6	(3%)	
	Psychiatrist	5	(3%)	
	Mental health in-reach team	9	(5%)	
	Counsellor.....	10	(6%)	
	Other.....	7	(4%)	
Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes	No	
	Drugs	59 (35%)	108 (65%)	
	Alcohol	42 (26%)	118 (74%)	
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes	11	(6%)	
	No	165	(94%)	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes	66	(38%)	
	No	15	(9%)	
	Did not / do not have a drug or alcohol problem	95	(54%)	
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?			
	Yes	54	(31%)	
	No	27	(15%)	
	Did not / do not have a drug or alcohol problem	95	(54%)	
Q6.13	Was the intervention or help you received, whilst in this prison, helpful?			
	Yes	49	(28%)	
	No	7	(4%)	
	Did not have a problem/have not received help.....	119	(68%)	
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	Don't know
	Drugs	15 (9%)	115 (71%)	33 (20%)
	Alcohol	15 (9%)	116 (73%)	28 (18%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes	36	(22%)	
	No	29	(17%)	
	N/A.....	102	(61%)	

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)		
	Prison job.....	55	(31%)
	Vocational or skills training	21	(12%)

Education (including basic skills)	48 (27%)
Offending behaviour programmes	20 (11%)
Not involved in any of these.....	73 (42%)

Q7.2 If you have been involved in any of the following, whilst in this prison, do you think it will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	47 (35%)	40 (30%)	31 (23%)	17 (13%)
Vocational or skills training	54 (46%)	28 (24%)	17 (15%)	18 (15%)
Education (including basic skills)	47 (36%)	54 (41%)	18 (14%)	13 (10%)
Offending behaviour programmes	56 (47%)	34 (28%)	14 (12%)	16 (13%)

Q7.3 How often do you go to the library?

Don't want to go	13 (7%)
Never	56 (31%)
Less than once a week	37 (21%)
About once a week	55 (31%)
More than once a week	4 (2%)
Don't know	14 (8%)

Q7.4 On average how many times do you go to the gym each week?

Don't want to go	0	1	2	3 to 5	More than 5	Don't know
34 (19%)	34 (19%)	18 (10%)	37 (21%)	36 (20%)	4 (2%)	16 (9%)

Q7.5 On average how many times do you go outside for exercise each week?

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
9 (5%)	15 (9%)	57 (32%)	62 (35%)	24 (14%)	9 (5%)

Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)

Less than 2 hours	71 (41%)
2 to less than 4 hours	25 (14%)
4 to less than 6 hours	30 (17%)
6 to less than 8 hours	18 (10%)
8 to less than 10 hours	7 (4%)
10 hours or more	12 (7%)
Don't know	10 (6%)

Q7.7 On average, how many times do you have association each week?

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
1 (1%)	6 (3%)	63 (36%)	51 (29%)	45 (25%)	11 (6%)

Q7.8 How often do staff normally speak to you during association time?

Do not go on association	8 (5%)
Never	39 (22%)
Rarely	45 (26%)
Some of the time.....	56 (32%)
Most of the time	16 (9%)
All of the time	11 (6%)

Section 8: Resettlement

Q8.1 When did you first meet your personal officer?

Still have not met him/her	130 (74%)
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In the first week.....	14 (8%)
More than a week	8 (5%)
Don't remember	23 (13%)

Q8.2	How helpful do you think your personal officer is?					
	Do not have a personal officer/ still have not met him/her	Very helpful	Helpful	Neither	Not very helpful	Not at all helpful
	130 (78%)	8 (5%)	16 (10%)	5 (3%)	4 (2%)	3 (2%)

Q8.3	Do you have a sentence plan/OASys?	
	Not sentenced.....	68 (38%)
	Yes	52 (29%)
	No	61 (34%)

Q8.4	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/OASys	129 (74%)
	Very involved	10 (6%)
	Involved	15 (9%)
	Neither	7 (4%)
	Not very involved	5 (3%)
	Not at all involved	8 (5%)

Q8.5	Can you achieve all or some of your sentence plan targets in this prison?	
	Do not have a sentence plan/OASys	129 (76%)
	Yes	29 (17%)
	No	12 (7%)

Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	Do not have a sentence plan/OASys	129 (75%)
	Yes	16 (9%)
	No	26 (15%)

Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	
	Not sentenced.....	68 (40%)
	Yes	32 (19%)
	No	69 (41%)

Q8.8	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes	29 (18%)
	No	136 (82%)

Q8.9	Have you had any problems with sending or receiving mail?	
	Yes	73 (42%)
	No	74 (43%)
	Don't know	26 (15%)

Q8.10	Have you had any problems getting access to the telephones?	
	Yes	70 (40%)
	No	101 (58%)
	Don't know	4 (2%)

- Q8.11 Did you have a visit in the first week that you were here?**
- | | |
|-------------------------------|----------|
| Not been here a week yet..... | 3 (2%) |
| Yes | 76 (44%) |
| No | 90 (52%) |
| Don't remember | 5 (3%) |
- Q8.12 How many visits did you receive in the last week?**
- | | | | | |
|---------------------------|-----------|---------------|---------------|------------------|
| Not been in a week | 0 | 1 to 2 | 3 to 4 | 5 or more |
| 3 (2%) | 109 (64%) | 53 (31%) | 4 (2%) | 1 (1%) |
- Q8.13 How are you and your family/friends usually treated by visits staff?**
- | | |
|--------------------------|----------|
| Not had any visits | 44 (26%) |
| Very well | 18 (10%) |
| Well..... | 32 (19%) |
| Neither | 32 (19%) |
| Badly..... | 21 (12%) |
| Very badly..... | 14 (8%) |
| Don't know | 11 (6%) |
- Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**
- | | |
|-----------|-----------|
| Yes | 57 (34%) |
| No | 110 (66%) |
- Q8.15 Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)**
- | | | | |
|---------------------------------------|----------|---|----------|
| Don't know who to contact..... | 87 (54%) | Help with your finances in preparation for release..... | 27 (17%) |
| Maintaining good relationships..... | 20 (12%) | Claiming benefits on release..... | 56 (35%) |
| Avoiding bad relationships..... | 21 (13%) | Arranging a place at college/continuing education on release..... | 25 (15%) |
| Finding a job on release | 40 (25%) | Continuity of health services on release | 28 (17%) |
| Finding accommodation on release..... | 38 (23%) | Opening a bank account | 23 (14%) |
- Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)**
- | | | | |
|---------------------------------------|----------|--|----------|
| No problems | 61 (36%) | Help with your finances in preparation for release..... | 52 (31%) |
| Maintaining good relationships..... | 25 (15%) | Claiming benefits on release..... | 45 (27%) |
| Avoiding bad relationships..... | 17 (10%) | Arranging a place at college/continuing education on release | 34 (20%) |
| Finding a job on release | 77 (46%) | Continuity of health services on release | 32 (19%) |
| Finding accommodation on release..... | 61 (36%) | Opening a bank account | 36 (21%) |
- Q8.17 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..... | 68 (39%) |
| Yes | 53 (31%) |
| No | 52 (30%) |

Main comparator and comparator to last time



Prisoner survey responses HMP Wormwood Scrubs 2011

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 Wormwood Scrubs	Local prisons comparator	HMP Wormwood Scrubs	HMP Wormwood Scrubs 2008
	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		188	5063	188	113
SECTION 1: General information					
2	Are you under 21 years of age?	1%	6%	1%	0%
3a	Are you sentenced?	63%	67%	63%	60%
3b	Are you on recall?	5%	11%	5%	9%
4a	Is your sentence less than 12 months?	25%	19%	25%	15%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	3%	2%	8%
5	Do you have six months or less to serve?	34%	34%	34%	30%
6	Have you been in this prison less than a month?	27%	21%	27%	
7	Are you a foreign national?	25%	13%	25%	23%
8	Is English your first language?	73%	88%	73%	74%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	55%	25%	55%	57%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	9%	5%	9%	
11	Are you Muslim?	27%	10%	27%	25%
12	Are you homosexual/gay or bisexual?	3%	3%	3%	0%
13	Do you consider yourself to have a disability?	17%	20%	17%	14%
14	Is this your first time in prison?	34%	28%	34%	44%
15	Have you been in more than five prisons this time?	5%	9%	5%	
16	Do you have any children under the age of 18?	51%	55%	51%	47%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	53%	49%	53%	56%
1b	Was your personal safety during the journey good/very good?	53%	60%	53%	51%
1c	Was the comfort of the van good/very good?	15%	13%	15%	14%
1d	Was the attention paid to your health needs good/very good?	32%	29%	32%	21%
1e	Was the frequency of toilet breaks good/very good?	17%	16%	17%	12%
2	Did you spend more than four hours in the van?	2%	4%	2%	3%
3	Were you treated well/very well by the escort staff?	62%	65%	62%	64%
4a	Did you know where you were going when you left court or when transferred from another prison?	71%	74%	71%	65%
4b	Before you arrived here did you receive any written information about what would happen to you?	19%	15%	19%	13%
4c	When you first arrived here did your property arrive at the same time as you?	76%	82%	76%	71%

Main comparator and comparator to last time

Key to tables

		HMP Wormwood Scrubs	Local prisons comparator	HMP Wormwood Scrubs	HMP Wormwood Scrubs 2008
	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				
SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	12%	13%	12%	
1c	Housing problems?	38%	30%	38%	
1d	Problems contacting employers?	14%	13%	14%	
1e	Problems contacting family?	61%	51%	61%	
1f	Problems ensuring dependants were looked after?	11%	15%	11%	
1g	Money problems?	17%	18%	17%	
1h	Problems of feeling depressed/suicidal?	48%	53%	48%	
1i	Health problems?	64%	62%	64%	
1j	Problems in needing protection from other prisoners?	18%	21%	18%	
1k	Problems accessing phone numbers?	49%	41%	49%	
2	When you first arrived:				
2a	Did you have any problems?	81%	76%	81%	78%
2b	Did you have any problems with loss of property?	20%	13%	20%	19%
2c	Did you have any housing problems?	35%	25%	35%	36%
2d	Did you have any problems contacting employers?	9%	7%	9%	12%
2e	Did you have any problems contacting family?	31%	34%	31%	38%
2f	Did you have any problems ensuring dependants were being looked after?	10%	8%	10%	12%
2g	Did you have any money worries?	31%	23%	31%	34%
2h	Did you have any problems with feeling depressed or suicidal?	22%	21%	22%	26%
2i	Did you have any health problems?	36%	30%	36%	26%
2j	Did you have any problems with needing protection from other prisoners?	9%	9%	9%	9%
2k	Did you have problems accessing phone numbers?	29%	32%	29%	
3a	Were you seen by a member of health services in reception?	82%	89%	82%	76%
3b	When you were searched in reception, was this carried out in a respectful way?	71%	73%	71%	59%
4	Were you treated well/very well in reception?	50%	58%	50%	44%
5	On your day of arrival, were you offered information about any of the following:				
5a	What was going to happen to you?	51%	46%	51%	30%
5b	Support was available for people feeling depressed or suicidal?	42%	46%	42%	26%
5c	How to make routine requests?	38%	38%	38%	25%
5d	Your entitlement to visits?	49%	44%	49%	45%
5e	Health services?	51%	50%	51%	
5f	The chaplaincy?	59%	47%	59%	

Main comparator and comparator to last time

Key to tables

Any percentage highlighted in green is significantly better	HMP Wormwood Scrubs	Local prisons comparator	HMP Wormwood Scrubs	HMP Wormwood Scrubs 2008
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 3: Reception, first night and induction continued				
6 On your day of arrival, were you offered any of the following:				
6a A smokers/non-smokers pack?	87%	86%	87%	66%
6b The opportunity to have a shower?	40%	34%	40%	30%
6c The opportunity to make a free telephone call?	79%	57%	79%	55%
6d Something to eat?	83%	80%	83%	83%
7 Within the first 24 hours did you meet any of the following people:				
7a The chaplain or a religious leader?	51%	47%	51%	39%
7b Someone from health services?	78%	75%	78%	56%
7c A Listener/Samaritans?	15%	24%	15%	13%
8 Did you have access to the prison shop/canteen within the first 24 hours?	10%	15%	10%	16%
9 Did you feel safe on your first night here?	69%	71%	69%	68%
10 Have you been on an induction course?	67%	77%	67%	77%
For those who have been on an induction course:				
11 Did the course cover everything you needed to know about the prison?	56%	59%	56%	42%
SECTION 4: Legal rights and respectful custody				
1 In terms of your legal rights, is it easy/very easy to:				
1a Communicate with your solicitor or legal representative?	31%	41%	31%	40%
1b Attend legal visits?	43%	59%	43%	53%
1c Obtain bail information?	18%	25%	18%	21%
2 Have staff ever opened letters from your solicitor or legal representative when you were not with them?	36%	40%	36%	31%
3 For the wing/unit you are currently on:				
3a Are you normally offered enough clean, suitable clothes for the week?	43%	50%	43%	45%
3b Are you normally able to have a shower every day?	78%	79%	78%	70%
3c Do you normally receive clean sheets every week?	80%	82%	80%	84%
3d Do you normally get cell cleaning materials every week?	64%	63%	64%	52%
3e Is your cell call bell normally answered within five minutes?	46%	36%	46%	38%
3f Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	55%	65%	55%	53%
3g Can you normally get your stored property if you need to?	24%	25%	24%	24%
4 Is the food in this prison good/very good?	13%	25%	13%	14%
5 Does the shop/canteen sell a wide enough range of goods to meet your needs?	34%	45%	34%	52%
6a Is it easy/very easy to get a complaints form?	74%	79%	74%	74%
6b Is it easy/very easy to get an application form?	82%	85%	82%	82%
7 Have you made an application?	86%	85%	82%	79%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	46%	55%	46%	51%
8b	Do you feel applications are dealt with promptly (within seven days)?	31%	47%	31%	38%
9	Have you made a complaint?	35%	41%	35%	50%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	19%	30%	19%	42%
10b	Do you feel complaints are dealt with promptly (within seven days)?	35%	33%	35%	42%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	25%	26%	25%	27%
10c	Were you given information about how to make an appeal?	20%	21%	20%	27%
12	Is it easy/very easy to see the Independent Monitoring Board?	14%	23%	14%	24%
13	Are you on the enhanced (top) level of the IEP scheme?	23%	27%	23%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	47%	49%	47%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	44%	40%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	7%	6%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	6%	11%	6%	
13a	Do you feel your religious beliefs are respected?	61%	54%	61%	54%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	60%	55%	60%	63%
14	Are you able to speak to a Listener at any time if you want to?	29%	58%	29%	45%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	71%	70%	71%	67%
15b	Do most staff in this prison treat you with respect?	71%	69%	71%	60%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	45%	41%	45%	44%
2	Do you feel unsafe in this prison at the moment?	19%	18%	19%	24%
4	Have you been victimised by another prisoner?	20%	22%	20%	23%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	7%	11%	7%	11%
5b	Hit, kicked or assaulted you?	5%	7%	5%	8%
5c	Sexually abused you?	1%	1%	1%	0%
5d	Victimised you because of your race or ethnic origin?	6%	4%	6%	9%
5e	Victimised you because of drugs?	0%	4%	0%	5%
5f	Taken your canteen/property?	6%	5%	6%	7%
5g	Victimised you because you were new here?	6%	6%	6%	9%
5h	Victimised you because of your sexuality?	1%	1%	1%	0%
5i	Victimised you because you have a disability?	2%	3%	2%	2%
5j	Victimised you because of your religion/religious beliefs?	3%	2%	3%	4%
5k	Victimised you because of your age?	1%	2%	1%	
5l	Victimised you because you were from a different part of the country?	3%	4%	3%	3%
5m	Victimised you because of your offence/crime?	2%	5%	2%	
5n	Victimised you because of gang related issues?	5%	4%	5%	

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	25%	26%	25%	29%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	10%	12%	10%	9%
7b	Hit, kicked or assaulted you?	3%	5%	3%	5%
7c	Sexually abused you?	0%	1%	0%	1%
7d	Victimised you because of your race or ethnic origin?	8%	5%	8%	9%
7e	Victimised you because of drugs?	3%	5%	3%	3%
7f	Victimised you because you were new here?	8%	6%	8%	11%
7g	Victimised you because of your sexuality?	0%	1%	0%	0%
7h	Victimised you because you have a disability?	1%	3%	1%	2%
7i	Victimised you because of your religion/religious beliefs?	5%	2%	5%	4%
7j	Victimised you because of your age?	2%	2%	2%	
7k	Victimised you because you were from a different part of the country?	2%	4%	2%	5%
7l	Victimised you because of your offence/crime?	2%	5%	2%	
7m	Victimised you because of gang related issues?	1%	2%	1%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	28%	35%	28%	27%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	24%	25%	24%	22%
10	Have you ever felt threatened or intimidated by a member of staff in here?	25%	24%	25%	26%
11	Is it easy/very easy to get illegal drugs in this prison?	25%	31%	25%	27%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	32%	27%	32%	
1b	Is it easy/very easy to see the nurse?	65%	50%	65%	
1c	Is it easy/very easy to see the dentist?	7%	11%	7%	
1d	Is it easy/very easy to see the optician?	12%	12%	12%	
2	Are you able to see a pharmacist?	40%	44%	40%	
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:					
3a	The doctor?	42%	45%	42%	48%
3b	The nurse?	54%	58%	54%	57%
3c	The dentist?	26%	32%	26%	23%
3d	The optician?	31%	35%	31%	21%
4	The overall quality of health services?	37%	40%	37%	37%

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
Health services continued					
5	Are you currently taking medication?	46%	49%	46%	41%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	56%	57%	56%	45%
7	Do you feel you have any emotional well-being/mental health issues?	30%	34%	30%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	52%	40%	52%	
8b	A doctor?	26%	33%	26%	
8c	A nurse?	13%	18%	13%	
8d	A psychiatrist?	11%	19%	11%	
8e	The mental health in-reach team?	20%	28%	20%	
8f	A counsellor?	22%	12%	22%	
9a	Did you have a drug problem when you came into this prison?	35%	36%	35%	20%
9b	Did you have an alcohol problem when you came into this prison?	26%	26%	26%	12%
10a	Have you developed a drug problem since you have been in this prison?	6%	9%	6%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	82%	81%	82%	
12	Have you received any help or intervention while in this prison?	67%	67%	67%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	88%	77%	88%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	30%	32%	30%	32%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	27%	26%	27%	27%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	55%	60%	55%	36%

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SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	31%	42%	31%	
1b	Vocational or skills training?	12%	10%	12%	
1c	Education (including basic skills)?	27%	25%	27%	
1d	Offending Behaviour Programmes?	12%	7%	12%	
2ai	Have you had a job while in this prison?	65%	66%	65%	62%
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	45%	41%	45%	36%
2bi	Have you been involved in vocational or skills training while in this prison?	54%	51%	54%	64%
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	44%	51%	44%	49%
2ci	Have you been involved in education while in this prison?	64%	61%	64%	74%
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	64%	59%	64%	54%
2di	Have you been involved in offending behaviour programmes while in this prison?	53%	48%	53%	61%
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	53%	48%	53%	45%
3	Do you go to the library at least once a week?	33%	37%	33%	25%
4	On average, do you go to the gym at least twice a week?	43%	43%	43%	36%
5	On average, do you go outside for exercise three or more times a week?	49%	37%	49%	38%
6	On average, do you spend ten or more hours out of your cell on a weekday?	7%	9%	7%	3%
7	On average, do you go on association more than five times each week?	25%	49%	25%	18%
8	Do staff normally speak to you most of the time/all of the time during association?	16%	17%	16%	9%
SECTION 8: Resettlement					
1	Do you have a personal officer?	26%	47%	26%	20%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	67%	62%	67%	47%
For those who are sentenced:					
3	Do you have a sentence plan?	46%	41%	46%	52%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	56%	58%	56%	77%
5	Can you achieve some/all of your sentence plan targets in this prison?	71%	62%	71%	70%
6	Are there plans for you to achieve some/all your targets in another prison?	38%	46%	38%	41%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	32%	27%	32%	25%
8	Do you feel that any member of staff has helped you to prepare for release?	18%	14%	18%	17%
9	Have you had any problems with sending or receiving mail?	42%	44%	42%	51%
10	Have you had any problems getting access to the telephones?	40%	31%	40%	44%
11	Did you have a visit in the first week that you were here?	44%	34%	44%	49%
12	Did you receive one or more visits in the last week?	34%	41%	34%	39%

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Resettlement continued					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	39%	48%	39%	
14	Have you been helped to maintain contact with family/friends while in this prison?	34%	35%	34%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	12%	14%	12%	
15c	Avoiding bad relationships?	13%	10%	13%	
15d	Finding a job on release?	25%	27%	25%	30%
15e	Finding accommodation on release?	23%	29%	23%	37%
15f	With money/finances on release?	17%	18%	17%	20%
15g	Claiming benefits on release?	35%	32%	35%	30%
15h	Arranging a place at college/continuing education on release?	16%	16%	16%	24%
15i	Accessing health services on release?	17%	21%	17%	28%
15j	Opening a bank account on release?	14%	16%	14%	28%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	15%	14%	15%	
16c	Avoiding bad relationships?	10%	15%	10%	
16d	Finding a job?	46%	49%	46%	61%
16e	Finding accommodation?	36%	41%	36%	58%
16f	Money/finances?	31%	34%	31%	62%
16g	Claiming benefits?	27%	32%	27%	51%
16h	Arranging a place at college/continuing education?	20%	21%	20%	47%
16i	Accessing health services?	19%	19%	19%	26%
16j	Opening a bank account?	21%	30%	21%	39%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	51%	47%	51%	45%

Diversity Analysis



Key question responses (ethnicity, nationality and religion) HMP Wormwood Scrubs 2011

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

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
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	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		96	79	45	132	48	128
1.3	Are you sentenced?	61%	66%	59%	64%	56%	65%
1.7	Are you a foreign national?	35%	15%			26%	26%
1.8	Is English your first language?	63%	86%	23%	91%	56%	79%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			76%	49%	89%	42%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	13%	12%	6%	6%	8%
1.11	Are you Muslim?	44%	7%	27%	28%		
1.12	Do you consider yourself to have a disability?	16%	21%	12%	20%	19%	16%
1.13	Is this your first time in prison?	37%	29%	49%	28%	21%	38%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	30%	37%	39%	29%	34%	33%
2.3	Were you treated well/very well by the escort staff?	61%	67%	64%	62%	56%	67%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	67%	80%	54%	78%	72%	73%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	68%	53%	63%	61%	64%	59%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	47%	49%	50%	47%	43%	49%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	64%	64%	65%	63%	59%	64%
3.2a	Did you have any problems when you first arrived?	82%	80%	80%	81%	83%	80%
3.3a	Were you seen by a member of health care staff in reception?	83%	84%	84%	82%	84%	82%
3.3b	When you were searched in reception, was this carried out in a respectful way?	65%	79%	67%	73%	57%	77%
3.4	Were you treated well/very well in reception?	48%	55%	62%	47%	51%	51%
3.7b	Did you have access to someone from health care within the first 24 hours?	78%	81%	82%	77%	70%	82%
3.9	Did you feel safe on your first night here?	64%	80%	70%	70%	71%	72%
3.10	Have you been on an induction course?	71%	63%	79%	65%	59%	70%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	33%	30%	38%	30%	37%	31%

Diversity Analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national 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						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	46%	37%	68%	33%	44%	42%
4.3b	Are you normally able to have a shower every day?	80%	75%	90%	73%	84%	77%
4.3e	Is your cell call bell normally answered within five minutes?	43%	50%	54%	43%	51%	46%
4.4	Is the food in this prison good/very good?	16%	10%	25%	9%	17%	11%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	29%	37%	40%	30%	36%	33%
4.6a	Is it easy/very easy to get a complaints form?	75%	74%	77%	75%	75%	76%
4.6b	Is it easy/very easy to get an application form?	82%	82%	88%	81%	84%	83%
4.9	Have you made a complaint?	36%	37%	29%	39%	33%	37%
4.13	Are you on the enhanced (top) level of the IEP scheme?	22%	26%	31%	22%	19%	26%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	40%	56%	46%	48%	43%	50%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	41%	36%	41%	41%	40%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	8%	3%	2%	7%	15%	2%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	8%	4%	2%	8%	16%	3%
4.17a	Do you feel your religious beliefs are respected?	66%	54%	82%	53%	58%	62%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	68%	53%	70%	59%	73%	57%
4.18	Are you able to speak to a Listener at any time if you want to?	28%	32%	32%	30%	25%	32%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	67%	76%	78%	68%	55%	77%
4.19b	Do most staff, in this prison, treat you with respect?	64%	76%	85%	65%	57%	75%
5.1	Have you ever felt unsafe in this prison?	50%	43%	45%	46%	48%	44%
5.2	Do you feel unsafe in this prison at the moment?	20%	19%	14%	20%	26%	16%
5.4	Have you been victimised by another prisoner?	17%	25%	25%	20%	22%	18%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	4%	2%	7%	9%	5%
5.5i	Have you been victimised because you have a disability? (By prisoners)	2%	3%	2%	2%	4%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	1%	0%	4%	6%	2%
5.6	Have you been victimised by a member of staff?	28%	21%	13%	29%	31%	21%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	4%	7%	9%	13%	7%

Diversity Analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
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	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						
5.7h	Have you been victimised because you have a disability? (By staff)	1%	0%	0%	1%	2%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	3%	0%	6%	13%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	23%	27%	22%	25%	30%	21%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	26%	24%	10%	31%	29%	23%
5.11	Is it easy/very easy to get illegal drugs in this prison?	20%	29%	12%	28%	28%	23%
6.1a	Is it easy/very easy to see the doctor?	34%	29%	38%	28%	34%	31%
6.1b	Is it easy/ very easy to see the nurse?	67%	64%	75%	63%	79%	62%
6.2	Are you able to see a pharmacist?	38%	40%	41%	40%	34%	41%
6.5	Are you currently taking medication?	41%	51%	35%	50%	52%	44%
6.7	Do you feel you have any emotional well-being/mental health issues?	18%	43%	12%	36%	25%	30%
7.1a	Are you currently working in the prison?	26%	37%	36%	31%	19%	37%
7.1b	Are you currently undertaking vocational or skills training?	15%	9%	19%	11%	5%	16%
7.1c	Are you currently in education (including basic skills)?	33%	21%	38%	25%	26%	28%
7.1d	Are you currently taking part in an offending behaviour programme?	11%	12%	10%	13%	17%	10%
7.3	Do you go to the library at least once a week?	30%	33%	38%	31%	31%	33%
7.4	On average, do you go to the gym at least twice a week?	45%	42%	35%	47%	38%	46%
7.5	On average, do you go outside for exercise three or more times a week?	50%	47%	62%	46%	64%	46%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	5%	9%	5%	7%	5%	8%
7.7	On average, do you go on association more than five times each week?	27%	23%	46%	20%	23%	28%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	18%	12%	29%	11%	14%	16%
8.1	Do you have a personal officer?	24%	31%	26%	26%	25%	26%
8.9	Have you had any problems sending or receiving mail?	41%	43%	20%	50%	33%	43%
8.10	Have you had any problems getting access to the telephones?	48%	32%	44%	39%	51%	36%



Key questions (disability analysis) HMP Wormwood Scrubs 2011

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

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	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		31	150
1.3	Are you sentenced?	68%	63%
1.7	Are you a foreign national?	16%	26%
1.8	Is English your first language?	84%	72%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	48%	57%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	16%	6%
1.11	Are you Muslim?	31%	27%
1.14	Is this your first time in prison?	26%	35%
2.1d	Was the attention paid to your health needs good/very good?	31%	31%
2.3	Were you treated well/very well by the escort staff?	61%	61%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	86%	69%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	66%	60%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	52%	46%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	62%	64%
3.2a	Did you have any problems when you first arrived?	83%	80%
3.3a	Were you seen by a member of health care staff in reception?	90%	81%
3.3b	When you were searched in reception, was this carried out in a respectful way?	70%	70%
3.4	Were you treated well/very well in reception?	53%	48%
3.7b	Did you have access to someone from health care within the first 24 hours?	70%	79%
3.9	Did you feel safe on your first night here?	73%	67%
3.10	Have you been on an induction course?	63%	68%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	18%	33%

Diversity Analysis - Disability

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
	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		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	34%	42%
4.3b	Are you normally able to have a shower every day?	80%	76%
4.3e	Is your cell call bell normally answered within five minutes?	44%	47%
4.4	Is the food in this prison good/very good?	10%	12%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	32%	33%
4.6a	Is it easy/very easy to get a complaints form?	67%	75%
4.6b	Is it easy/very easy to get an application form?	75%	82%
4.9	Have you made a complaint?	50%	33%
4.13	Are you on the enhanced (top) level of the IEP scheme?	23%	24%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	47%	48%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	40%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	7%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	3%	7%
4.17a	Do you feel your religious beliefs are respected?	55%	61%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	69%	59%
4.18	Are you able to speak to a Listener at any time if you want to?	36%	27%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	71%	71%
4.19b	Do most staff in this prison treat you with respect?	73%	69%
5.1	Have you ever felt unsafe in this prison?	55%	45%
5.2	Do you feel unsafe in this prison at the moment?	23%	19%
5.4	Have you been victimised by another prisoner?	32%	17%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	6%
5.5i	Victimised you because you have a disability?	10%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	3%
5.6	Have you been victimised by a member of staff?	30%	24%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	10%	8%
5.7h	Victimised you because you have a disability?	3%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	4%

Diversity Analysis - Disability

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
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	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	40%	21%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	33%	24%
5.11	Is it easy/very easy to get illegal drugs in this prison?	21%	26%
6.1a	Is it easy/very easy to see the doctor?	14%	36%
6.1b	Is it easy/ very easy to see the nurse?	60%	66%
6.2	Are you able to see a pharmacist?	31%	41%
6.5	Are you currently taking medication?	73%	41%
6.7	Do you feel you have any emotional well-being/mental health issues?	52%	25%
7.1a	Are you currently working in the prison?	27%	33%
7.1b	Are you currently undertaking vocational or skills training?	3%	15%
7.1c	Are you currently in education (including basic skills)?	20%	28%
7.1d	Are you currently taking part in an offending behaviour programme?	17%	10%
7.3	Do you go to the library at least once a week?	20%	37%
7.4	On average, do you go to the gym at least twice a week?	32%	47%
7.5	On average, do you go outside for exercise three or more times a week?	40%	50%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	0%	9%
7.7	On average, do you go on association more than five times each week?	20%	26%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	20%	14%
8.1	Do you have a personal officer?	27%	24%
8.9	Have you had any problems sending or receiving mail?	52%	41%
8.10	Have you had any problems getting access to the telephones?	37%	41%