

Report on an announced inspection of

HMYOI Brinsford

by HM Chief Inspector of Prisons

16–20 February 2015

Glossary of terms

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Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	29
Section 3. Purposeful activity	41
Section 4. Resettlement	49
Section 5. Summary of recommendations and housekeeping points	57
Appendices	63
Appendix I: Inspection team	63
Appendix II: Progress on recommendations from the last report	65
Appendix III: Prison population profile	75
Appendix IV: Summary of prisoner questionnaires and interviews	79
Appendix V: Photographs from this inspection	95
Appendix VI: Photographs from our previous inspection in November 2013	103

Introduction

HMYOI Brinsford is situated near Wolverhampton in the West Midlands, and at the time of this inspection held almost 400 young adult men, almost all of whom were between 18 and 20 years old. When we last inspected HMYOI Brinsford in November 2013, I described our findings as the worst we had identified during my tenure as Chief Inspector. When we returned for this announced inspection just 15 months later in February 2015, we found an establishment that had systematically addressed our recommendations and was transformed. The establishment had rightly prioritised improving safety and respect; these were also the essential foundations for improvements in purposeful activity and resettlement, in which further progress was still required.

A prisoner's first few days in custody are a high-risk time. In 2013 we had described arrangements for receiving young men into Brinsford and looking after them in their early days as very poor. By the time of this latest inspection they had improved greatly and were very good. Incidents of self-harm had reduced by a third and care for prisoners in crisis was good. At the last inspection we were concerned that the prison was not fully aware of the levels of violence that were occurring. At this inspection we were assured the prison had a much more accurate picture of what was happening. The number of recorded violent incidents had increased and, whether or not this represented a real increase, was too high, although much of the violence was low level. About one in five prisoners told us they did not feel safe at the time of the inspection, similar to the previous inspection. A wing on one of the units had been designated as a supported living unit to provide a safe environment for those who were most vulnerable because of bullying or other reasons; the wing also housed peer mentors and trusted prisoners who helped create a stable environment. Formal safeguarding arrangements for vulnerable prisoners were now better than at most other prisons.

Responses to poor behaviour had also improved. The incentives and earned privileges scheme had been revised and was generally appropriate to the maturity of the young men held, with clear and prompt responses to both good and bad behaviour. However, while prisoners generally only spent short periods on the basic level, the regime for those on the level was very restrictive. Use of force had increased but we were satisfied it was used correctly. The use of segregation had fallen sharply. The prison was tackling both the supply and demand for drugs. Security was proportionate to the level of risk posed by prisoners and although the availability of drugs remained a problem, the prison was responding intelligently to this. Substance misuse services had improved markedly and were now very good.

The physical environment at the last inspection was very poor with dirty and dilapidated communal areas and squalid cells, many with broken or missing windows open to the elements. The external areas were now spotlessly clean. A programme of refurbishment was underway and cells were now in good condition. Relationships between staff and prisoners were also now very good. Staff had a good knowledge of the prisoners in their care and provided support and challenge appropriately. Prisoners from black and minority ethnic backgrounds and Muslim prisoners generally reported as well or better than the rest of the population to questions in our survey about safety and their relationships with staff.

Prisoners with disabilities, particularly mental health issues, were disproportionately represented in adjudication and use of force incidents. The appointment of a managing chaplain was improving faith provision.

Health services had also much improved. Governance arrangements were very good, waiting lists had been cut and prisoners received a good standard of care. The supervision of medicine hatches was poor and this created opportunities for bullying and the diversion of prescribed medication. Mental health services were very good but transfer times for patients with the most acute mental health needs were too long. We were pleased to see training had been planned to meet the often

overlooked needs of prisoners with head injuries, and this should be consolidated and combined with appropriate assessments of their need.

Improvements in purposeful activity were less well advanced. With a few exceptions, prisoners had good time out of cell. There were now adequate activity places to meet the needs of the population but attendance was poor. Attendance at education was just over 50% and while attendance on vocational courses was better, it was still poor. In part this needed more consistent supervision by staff to ensure that prisoners attended scheduled activities. It also required improvements in the quality of provision to better motivate prisoners to attend. Teaching was inconsistent and achievements were low, particularly in the crucial areas of maths and English. However, the partnership between Milton Keynes College and the prison had improved, quality assurance had improved and staff were helped to improve their performance. The library offered good and imaginative provision but usage was disappointingly low. PE facilities and access were good.

Resettlement services required the most development. There had been improvement but offender management was not integrated across the prison and was undermined by the frequent redeployment of staff working in this area to meet other pressing needs in the prison. There was a backlog of risk assessments and some public protection processes were weak. Practical resettlement services were adequate and there had been considerable improvement in work with families and to encourage responsible parenting.

In my report of our 2013 inspection I concluded:

'Brinsford is a prison that has struggled for a number of years. Work with young adults is very challenging and facilities in the prison are not ideal but this is an establishment that needs significant improvement. When we spoke to staff and managers they were aware of the problems but seemed overwhelmed, and they lacked a plan or the determination to begin to get to grips with what needed doing. We found so much wrong with Brinsford that it is going to take time to improve, but stronger leadership and capability from managers, along with a better approach and greater professionalism from staff, would be a start. Other priorities include radical improvements to the quality of the environment, a commitment to the safety and well-being of the young men held in Brinsford, and a clear plan to deliver services that better equip these young men for release.'

The response of managers and staff in the prison to that challenge has been impressive and more progress than we dared hope for has been made. The scale of the problems facing Brinsford was such that there still remains a great deal to do. Some of the improvements we saw were very recent and not yet fully embedded. There should be no room for complacency. Nevertheless, those involved should be congratulated on the progress they have made, which has served the young men held at Brinsford, the staff who work with them and the communities into which they will be released well.

Nick Hardwick
HM Chief Inspector of Prisons

July 2015

Fact page

Task of the establishment

A young offender institution and remand centre for young adult male prisoners aged 18 to 21.

Prison status

Public

Region

West Midlands

Number held

9.2.15: 393

Certified normal accommodation (CNA)

545

Operational capacity

577

Date of last full inspection

November 2013

Brief history

Brinsford opened as a young adult offender institution and remand centre in November 1991, and is on the same site as HMPs Featherstone and Oakwood.

Short description of residential units

Residential 1	first night and supported living unit
Residential 2	sentenced/remand young adults
Residential 3	sentenced/remand young adults
Residential 4	sentenced/remand young adults
Residential 5	sentenced/remand young adults - enhanced unit.
Health care centre	11 beds with inpatient accommodation (not included on CNA)
Drug and alcohol recovery service (DARS)	4 beds
First night care	15 beds
Care and separation unit	16 beds

Name of governor

Russ Trent

Escort contractor

GEOAmey

Health service providers

Staffordshire and Stoke-on-Trent Partnership NHS Trust

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Learning and skills provider

Milton Keynes College

Independent Monitoring Board chair

Jo Chapman

About this inspection and report

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

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

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

Safety	prisoners, particularly the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

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

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

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹The 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.

Summary

Safety

S1 *Arrangements for prisoners' early days were very impressive. While the prison felt calm, the level of violence was higher than at our previous inspection and many prisoners still felt unsafe. However, many incidents were low level and the accuracy of recording incidents had improved, and the new supported living unit was a positive step. There was better support for prisoners in crisis and the number of self-harm incidents had reduced. Security was proportionate and intelligence was well managed. The privileges scheme was effective in encouraging positive behaviour but the regime for prisoners on basic status was poor. Governance of use of force was good but there were still many incidents. It was positive that special accommodation was not used and that occupancy of the segregation unit had reduced. The segregation regime had improved to the benefit of residents. Substance misuse services were very good. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S2 *At the last inspection in 2013 we found that outcomes for prisoners in Brinsford were poor against this healthy prison test. We made 22 recommendations in the area of safety. At this follow-up inspection we found that 17 of the recommendations had been achieved, four had been partially achieved and one had not been achieved.*

S3 In our survey, more prisoners than the comparator said they felt safe under escort to the prison and most prisoners we spoke to were positive about escort staff. Reception, first night and induction arrangements had improved considerably since the previous inspection and were now impressive. Reception was a welcoming environment and staff showed care towards new arrivals, who had access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), health care staff, food and a shower for the usually short time they were there. The first night cells were well equipped and clean, and new arrivals had access to peer mentors and a free telephone call on their first night. The induction unit was also good; the induction was comprehensive and well recorded, although prisoners had limited time out of cell during the programme.

S4 A similar number of prisoners as at our previous inspection, 22%, said they felt unsafe at the time of the inspection. Levels of violence were too high, although many incidents were low level. The collation and analysis of data had improved since the last inspection, were now very good and informed the prison's response. The supported living unit was a good initiative where caring staff and trusted peers supported the most vulnerable prisoners, but the monitoring of and interventions for perpetrators and victims of violence were generally underdeveloped.

S5 Incidents of self-harm had reduced by a third and were now similar to comparable prisons, and the quality of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had greatly improved and was now good. Prisoners still did not have adequate access to Listeners, and the number of trained Listeners was too low. We were assured that the small number of prisoners on ACCTs located in the segregation unit were there with justification. Safeguarding arrangements for prisoners at risk because of illness or disability were better than we normally see.

- S6 Procedural security was proportionate and important elements of dynamic security had improved. Intelligence was well managed and risk management systems were effective. Security-led meetings were well attended, and there were excellent links to local policing teams. The new arrangements for prisoner free-flow movement generally worked well, and prisoners were also allowed to go to prison appointments unescorted.
- S7 The incentives and earned privileges (IEP) system was well managed and its application monitored generally well. However, the regime for prisoners on basic status, particularly those without an activity, was too austere.
- S8 The number of adjudications was much higher than at the previous inspection and there were more referrals to independent adjudicators than we usually see. However, charges were appropriate and hearings were fair. Monitoring arrangements were very good and standardisation meetings were better than we usually see.
- S9 Governance of use of force had improved significantly but the number of incidents had almost doubled since the last inspection and was higher than we see at comparable prisons. However, accounts from officers indicated that de-escalation was the preferred option. The relevant documentation was completed correctly, and video recordings of planned removals were scrutinised properly. It was commendable that the special cells had not been used in the previous 12 months and they were decommissioned during our inspection. It was also positive that body cameras were now worn by residential managers.
- S10 Living conditions in the segregation unit had improved and its use had significantly reduced since the previous inspection. The regime had greatly improved and reintegration planning was developing. Data on the numbers and length of stay of prisoners were analysed and used to inform a clear strategy to reduce segregation.
- S11 Substance misuse services had improved markedly, and clinical and psychosocial outcomes for prisoners were very good. A comprehensive range of groupwork interventions was underpinned by the skilled delivery of one-to-one sessions. Peer-led support was also well supervised and well delivered. The prison's strategic approach to supply reduction was realistic, well informed and proportionate. An effective awareness raising campaign had improved staff and prisoners' knowledge of the dangers of the new psychoactive substances.

Respect

- S12 *The prison environment had improved significantly and it was now clean and in good repair. We saw some very positive staff-prisoner relationships. There had been progress in equality and diversity work but outcomes for some minority groups required improvement. Faith provision was improving. Prisoner complaints were processed quickly and the quality of most responses was good. Health care provision had improved and was very good. The food was reasonable but it was unpopular with prisoners. **Outcomes for prisoners were good against this healthy prison test.***
- S13 *At the last inspection in 2013 we found that outcomes for prisoners in Brinsford were poor against this healthy prison test. We made 24 recommendations in the area of respect. At this follow-up inspection we found that 11 of the recommendations had been achieved, seven had been partially achieved and six had not been achieved*

- S14 Communal areas of the prison were much cleaner than previously and the refurbishment programme had made a significant difference to living conditions in many areas, with new windows in many cells. The conditions of the cells had improved and we found very few examples of graffiti and offensive displays. Prisoners had daily access to showers and telephones, but this was limited by the short activity period. Access to cleaning materials, clean clothing, mail and stored property was good.
- S15 Staff-prisoner relationships were a real strength of the prison and we saw many examples of staff demonstrating a caring approach. Personal officer entries in prisoners' case notes were mixed; while some were perfunctory others were detailed and demonstrated good knowledge of individual needs. Prisoner consultation arrangements had recently been reintroduced and were responsive.
- S16 There had been recent improvements in the strategic management of equality and diversity work but there remained weaknesses in provision. The allocation of a dedicated equality officer had improved investigations into discrimination complaints, and the number of complaints had risen in response to work by the equality team. Consultation arrangements for most minority groups had only recently started and were mostly ad hoc. Prisoner equality representatives had been appointed but their role required further development. In our survey Black and minority ethnic and Muslim prisoners responded as well or better than the rest of the population to questions about their safety and relationships with staff. Provision for foreign national prisoners was reasonably good but work with other protected characteristics groups was underdeveloped. In our survey, prisoners with disabilities were more negative than those without across a range of indicators. The prison's monitoring showed that disabled prisoners were consistently overrepresented in adjudications and use of force incidents, but had not yet responded to this. The faith provision was improving and chaplains were involved in many aspects of the prison regime.
- S17 The number of complaints had halved since the previous inspection and the quality of responses had improved, and most were timely and polite. Legal services provision remained too limited and there was no legal advice service, although offender management staff provided some signposting and bail information. Facilities for legal visits were good.
- S18 Primary health care, pharmaceutical services, dentistry, mental health services and governance arrangements were very good with some good practices. We found short waiting lists and very good access to health care professionals. Non-attendance rates for health appointments had improved, and for the GP were impressive. The health centre was of a clinical standard, with a new dental decontamination room that complied with best practice. Wing treatment rooms varied in quality and cleanliness required attention. The design of the medicine administration hatches was very poor and hindered communication, and inconsistent officer supervision of overcrowding at the hatches meant there was a lack of confidentiality and potential bullying. The inpatient environment had improved and admissions were appropriate, and the inpatient's day was now more therapeutic. There were unacceptable delays in the transfer of patients to mental health units.
- S19 Prisoners were negative about the quality of food although we found it was good. Lunch was served at the cell door, which was poor practice. Kitchen and servery management was good. Shop consultation arrangements were responsive. Prisoners could buy a reasonable range of goods but new arrivals could wait up to two weeks to receive their first full shop order.

Purposeful activity

S20 *Time out of cell for most prisoners was reasonable but for a few it was less than an hour a day. The number of activity places had improved and was sufficient for the population. The range of courses was generally adequate and there were some additional workplaces. Attendance in activities was not good enough and was particularly poor in classroom-based subjects. Success rates had improved, but remained low, and in functional skills they were very poor. Library provision was good, but the numbers using it were falling. PE facilities were good and access was adequate. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S21 *At the last inspection in 2013 we found that outcomes for prisoners in Brinsford were poor against this healthy prison test. We made 14 recommendations in the area of purposeful activity. At this follow-up inspection we found that four of the recommendations had been achieved and 10 had been partially achieved.*

S22 Fully employed prisoners could have about eight hours a day out of their cell on weekdays, with those on the enhanced prisoners' wing receiving about nine. However, time out of cell was only about four to five hours a day for the many who worked or attended education part time, and was a very poor one hour a day for unemployed prisoners and some on basic status. At roll checks during the core day we found about a third of the population locked in their cells which, although too many, was better than the 44% found during the previous inspection.

S23 The quality of partnership work between Milton Keynes College and the prison had greatly improved since the previous inspection, and was helping to develop new provision and improve outcomes for learners. Strategic planning and development of learning and skills provision was good, with increased activity places and greater emphasis on developing learners' employability. Teaching had improved through a focus on staff development and coaching.

S24 The number of activity places had increased since the last inspection, and was adequate for the current population. The range of subjects was adequate, but opportunities for progression within vocational areas were limited. Small-scale workshop provision had been introduced for the more vulnerable prisoners. The allocation of prisoners to activities was satisfactory, although some felt they had not been allocated appropriately.

S25 Teachers and instructors generally developed positive relationships with learners, and staff managed behaviour well in most classes. There were good resources in workshops, and learners often developed good practical skills. Many classes helped prisoners to develop personal employability skills, but these were not generally recorded. Use of individual learning plans and group profiles was inconsistent and some records were inadequate. Functional skills maths and English were taught through classroom provision, missing opportunities to develop these skills in a work-based context.

S26 Outcomes for prisoners had improved since the last inspection but remained inadequate in some important areas – such as English and maths – and required improvement in vocational subjects. Attendance at education classes was poor, at only just over 50% in the five months to December 2014, with most of those absent deliberately avoiding education. Attendance at vocational courses and work was better, but still poor. Prisoners achieved appropriate standards of work in practical subjects. A minority of prisoners were not convinced of the benefits of developing their English and mathematics skills, and not motivated to engage with lessons.

- S27 The library was well stocked and an attractive area. Opening hours had recently been extended to include one evening a week for prisoners in full-time work. However, use of the library had declined steadily over the past few years. The library worked well with other departments, particularly education, with tutors regularly bringing groups of learners into the library as part of their studies.
- S28 Prisoner access to PE was good. Following the last inspection, the prison had fully restructured the PE timetable and attendance had risen. Good record keeping had enabled accurate understanding of participation rates, and prisoners who did not attend the gym were encouraged to participate. PE activities included a wide range of team sports, and the opportunity for personal development for a few through outward-bound activities. PE facilities were good, and staff were appropriately qualified and experienced.

Resettlement

S29 *There was a clear strategy for resettlement and offender management, but implementation was less developed and plans for the introduction of the community rehabilitation company (CRC) were unclear. There were backlogs of OASys (offender assessment system) assessments and sentence plans, and their quality was very variable. Arrangements for public protection required improvement. Resettlement pathway provision was generally good, particularly for children and families work, but offender supervisor involvement in pre-release arrangements was too limited. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S30 *At the last inspection in 2013 we found that outcomes for prisoners in Brinsford were poor against this healthy prison test. We made 23 recommendations in the area of resettlement. At this follow-up inspection we found that eight of the recommendations had been achieved, six had been partially achieved and nine had not been achieved.*

- S31 The strategic approach to offender management and resettlement was much improved. The reducing reoffending and offender management strategies were comprehensive, appropriately linked to each other and supported by a comprehensive needs analysis. Operationally, however, some aspects of work continued to take place in isolation and this was compounded by the diminished staffing in offender management. Plans for the introduction of the CRC were unclear.
- S32 All prisoners were now subject to a basic custody screening, which was generally completed well with appropriate referrals to the resettlement pathways. There remained a substantial backlog of OASys assessments and sentence plans, and their quality varied considerably. Most prisoners went into appropriate and useful activity through the comprehensive induction process. Limited reference to OASys meant that issues relating to risk of harm were not routinely addressed, and there was limited work to address offending behaviour. Beyond the OASys assessment, offender supervisors had little contact with prisoners to support their progress, and their role remained unclear. Most offender supervisors still did not have routine professional supervision or casework reviews. Work with the small number of potential indeterminate sentence prisoners was reasonably good.
- S33 Child protection and harassment issues were well managed and the identification of some prisoners subject to multi-agency public protection arrangements (MAPPA) could be missed. However, wider public protection arrangements were not sufficiently robust and some cases slipped through them. The interdepartmental risk management meeting was well attended and generally appropriate, and contributions to MAPPA cases in the community were good.

- S34 Pathway provision was generally good and all prisoners were now reviewed six and then two weeks before release to identify any outstanding issues, with referrals to pathways where necessary. This model was appropriate but was too new to evaluate fully. Although overall provision was generally good, links with offender supervisors and to offender managers required further development. Pre-release planning for higher risk prisoners was generally better.
- S35 Provision for prisoners to manage outstanding accommodation needs was generally good, and their access to Nacro-provided services was efficiently managed. The rate of those released without fixed accommodation had reduced since our last inspection. Finance, benefit and debt work provided by Citizens Advice was generally good.
- S36 The National Careers Service provided a good service at induction and saw most prisoners during their pre-release period. Employer engagement was underdeveloped but the prison was developing links through a business and community engagement manager. Brinsford had a high rate of job applications through the 'virtual campus' – which gives prisoners internet access to community education, training and employment opportunities – which was impressive.
- S37 Discharge arrangements for health care were good, and resettlement opportunities for users of the prison's drug and alcohol recovery service (DARS) were assisted through effective family contacts and links to community support.
- S38 There was much good work to support prisoner contact with children and families, including parenting courses, Storybook Dads (enabling prisoners to record a story for their children) and a family support worker, and family days had been extended and evening visits introduced. Arrangements for visits were good, with support from HALOW (Help and Advice Line for Offenders' Wives, partners and family), which ran the visitors' centre. The visits hall was a positive environment with a soft play area for children and other activities.
- S39 The range of offending behaviour provision was limited and many prisoners were released with little done to address their specific offending behaviour. The prison was planning to introduce the Resolve programme to complement the thinking skills programme (TSP), but the number of available places remained low.

Main concerns and recommendations

- S40 Concern: Attendance in most education classes was very poor, with only just over half of places attended in the five months to December 2014. While some absences were for good reason, the majority appeared to be deliberate avoidance of education. Non-attendance was not consistently challenged and the provision did not help motivate prisoners to attend. Attendance at vocational training courses was better, but still required improvement. A minority of those undertaking English and mathematics courses also appeared not to see any benefit in such work.

Recommendation: The education provider and the prison should carefully monitor and manage individual prisoner attendance in education and training and ensure a consistent response to prisoner non-attendance. There should be greater use of learners' views in deciding how and what courses to deliver and learners should be encouraged to promote education to others.

S41 Concern: There were wide variations in success rates between education and training courses and outcomes for prisoners continued to remain inadequate in some important areas, with particularly low success rates in English and mathematics at levels 1 and 2. A minority of prisoners were not convinced of the benefits of developing their English and mathematics skills, and not motivated to engage with lessons.

Recommendation: The teaching of English and mathematics should be more engaging and interesting to learners, success rates should be improved, and there should be more opportunities for learners to develop their English and mathematics skills in vocational subjects. Other prison departments should support and encourage prisoners to improve these skills in preparation for resettlement.

S42 Concern: Some aspects of offender management continued to operate in isolation of each other. There was little reference to prisoners' OASys assessments in planning their activity, which limited work to address their offending behaviour, and little contact between prisoners and offender supervisors. There was insufficient focus on risk and risk management, and the role of offender supervisors was unclear.

Recommendation: Managers should ensure consistent and effective offender management services to all prisoners. Risk assessment, evaluation and management should be central to the work of offender supervisors and be incorporated into all decisions about prisoners' progress, and there should be a 'whole prison' approach to the management of prisoners' risk.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- 1.1** *Most prisoner journeys were short. Prisoners felt safe under escort and relationships had improved since the previous inspection.*
- 1.2** Most journeys for prisoners to the establishment were short, and there were no longer delays disembarking on arrival. The number of prisoners who said they felt safe during escort and were positive about escort staff had increased since the previous inspection. However, many prisoners we spoke to said they were not told where they were being taken, and none were given information at court about Brinsford. All the person escort records (PERs) we saw were completed properly, but some prisoners spent too long at court after their case had concluded.
- 1.3** Prisoners in groups said that escort vans were dirty and contained graffiti. The vans we saw were clean and had food and water on board, although some had considerable graffiti.
- 1.4** The prison's court video link was well used and prevented unnecessary journeys to court.

Recommendation

- 1.5** **Prisoners should be transferred to prison shortly after the conclusion of their court appearance.**

Early days in custody

Expected outcomes:

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

- 1.6** *Reception, first night and induction arrangements had been transformed since the previous inspection and were now impressive. Reception was relaxed, and welcoming staff completed cell sharing and first night risk assessments with new arrivals, who also had access to Listeners, health care staff, food, telephone calls and a shower on their first night. First night cells were well equipped and very clean. The induction was comprehensive and well recorded, although time out of cell during induction was limited.*

- I.7** Reception, first night and induction arrangements had been transformed since the previous inspection and were impressive. They were effective at putting new arrivals at their ease, and more prisoners than the comparator said they felt safe on their first night.
- I.8** The reception was relaxed and welcoming, and all areas were clean and well furnished. New arrivals were not locked in holding rooms and generally used a communal dining area with domestic furniture. In our survey, more prisoners than at our previous inspection said they were treated well in reception, and we observed consistently positive, caring interactions between staff and prisoners. Prisoners were held in reception for only around an hour while staff carried out properly focused cell sharing and first night risk assessments, and had access to health care staff, Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), showers and a meal. Staff used the telephone interpreting service to interview prisoners who could not speak English.
- I.9** All prisoners spent their first night on the dedicated first night centre where they were interviewed by staff, given a free telephone call and had access to peer support workers. The first night cells were of a very high standard; they were clean, graffiti free and well equipped, and contained relevant information for new prisoners.
- I.10** Prisoners were moved to the induction unit the following day for the comprehensive four-day induction programme. Induction officers, education, health care and peer support workers contributed to the programme. New arrivals were also seen by offender management unit (OMU) staff who provided bail information and useful support about criminal proceedings (see paragraph 2.37). Induction information was available in a variety of languages, and telephone interpreting was used if required. The induction unit had been refurbished since the previous inspection and the standard of accommodation was now good. However, time out of cell for prisoners during their induction was limited to only two hours on some days. Prisoners were quickly moved to another location once they had completed their induction.

Recommendation

- I.11** **Time out of cell for prisoners on the induction unit should be improved.**

Good practice

- I.12** *The new reception and first night arrangements were effective at putting new arrivals at their ease, and they were positive about their first night experience at Brinsford, particularly those in prison for the first time.*

Bullying and violence reduction

Expected outcomes:

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

- I.13** *The incidence of violence remained high and prisoners continued to feel unsafe. The collation and analysis of data were now good. The supported living unit was a positive initiative in protecting the most vulnerable. Monitoring of and interventions for victims and perpetrators of violence were underdeveloped.*
- I.14** The incidence of violence remained high. The recorded number of assaults on prisoners had risen from 90 in a 10-month period in 2013 to 177 in an equivalent period in 2014; the number of assaults against staff was the same at 51. However, unlike at the last inspection we found no evidence of significant underreporting. Most incidents were low level.
- I.15** In our survey, 22% of prisoners said they felt unsafe at the time of the inspection, which was similar to the last inspection. During our structured groups and throughout the inspection prisoners said that bullying and violence at Brinsford were considerable problems. The prison had conducted its own violence reduction survey and focus groups to understand the extent of the problem. In response to these views and its own data, the prison had commissioned a study on bullying from Birmingham University, and was using its interim findings to formulate the safer custody strategy.
- I.16** Collated data and subsequent analysis of antisocial behaviour were very good and informed the prison's response. Identified hot spots had greater supervision, and body-worn cameras had been introduced for residential managers (see also paragraph I.52). The introduction of violence reduction peer mentors, supported by their equivalent at HMP Featherstone, was positive. The monitoring of and interventions for perpetrators of violence required development, and the monitoring system was due to be re-launched as it had been identified as inadequate. Plans for a specific intervention for the management of prisoners with violent or disruptive behaviour had been suspended because of lack of funding.
- I.17** C wing on residential unit I had been designated a supported living unit to support those identified as the most vulnerable, usually because they were being bullied or required additional support for other reasons. Peer mentors and trusted prisoners lived on the unit to provide a stabilising environment, and the unit staff focused on the care of the most vulnerable. Reintegration and behavioural support plans were in their infancy and required development.
- I.18** The prison's violence reduction policy document was specific to the population and informed by an analysis of patterns of violence. The safer custody committee was now well attended.

Recommendations

- I.19** **The prison should address the causes behind prisoners' poor perceptions of safety and reduce the number of violent incidents. Monitoring of and interventions for victims and perpetrators of violence should be introduced.**

- I.20 The prison should ensure that the reintegration and behavioural support plans for prisoners on the supported living unit are effective in maintaining the improved behaviour of prisoners.**

Self-harm and suicide prevention

Expected outcomes:

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

- I.21** *Levels of self-harm had reduced by a third. The management of at-risk prisoners subject to case management had improved, as had the management of self-harm and suicide prevention procedures. Listeners were not always available to see prisoners in crisis.*

- I.22** There had been 205 incidents of self-harm in the previous six months, a reduction of a third since the previous inspection, and levels were now comparable to similar prisons. None of the incidents had been reported as serious. Care for prisoners in crisis was good. Most prisoners on open assessment, care in custody and teamwork (ACCT) case management for those at risk of suicide or self-harm said they were well supported by staff. Prisoners were no longer subject to ACCTs because they were being threatened or bullied. A weekly multidisciplinary meeting discussed prisoners on ACCT case management.
- I.23** The quality of ACCTs had improved considerably and now included consistent case management and comprehensive care maps. Most observations recorded were in sufficient detail and demonstrated a caring approach, and quality assurance was effective. Nine prisoners on ACCTs had been located in the segregation unit, but the circumstances of the cases we reviewed justified segregation.
- I.24** In our survey, more prisoners than at the last inspection said they could speak to a Listener at any time if they wanted to. However, there were only four trained Listeners and they continued to not be routinely unlocked during the night to see prisoners in crisis. There was now a care suite on the induction wing but it was used infrequently. We could not locate the Samaritans telephone on the supported living unit as the tracking system was not up to date.
- I.25** The safer custody team met monthly but attendance from the Samaritans or Listeners was inconsistent. Analysis of incidents was good and contributed to a comprehensive continuous action plan.

Housekeeping points

- I.26** Access to Listeners and the management of Samaritans telephones should be improved.
- I.27** Attendance at the safer custody meeting should be consistent.

Safeguarding (protection of adults at risk)

Expected outcomes:

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

I.28 *Formal safeguarding procedures for prisoners at risk because of disability or ill health had improved and were now better than we normally see.*

I.29 The prison had implemented a local safeguarding policy covering prisoners at risk because of disability or ill health and had developed links with Staffordshire local safeguarding adults board. There were screenings and risk assessments for new arrivals, and we were now assured that the prison identified all those at risk. Those who were identified were discussed at the weekly multidisciplinary meeting (see paragraph I.22), which was an effective forum to support such prisoners. Although most staff had not received formal training in safeguarding procedures, those we spoke to were aware of how to raise concerns and we found evidence in records to support this.

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

I.30 *Intelligence was well managed and risk management systems were effective. Security-led meetings were well attended, and there were excellent links to local policing teams. Procedural security was proportionate and important elements of dynamic security had improved. Free-flow prisoner movement worked well, and prisoners were also allowed to move about the prison unescorted for appointments.*

I.31 There were no obvious weaknesses in the prison's physical security. Important elements of dynamic security were in place and had significantly improved since the previous inspection. Relationships between staff and prisoners were positive, and the interactions we observed indicated that many, particularly residential officers, knew the personal circumstances of their prisoners.

I.32 The security department managed complex intelligence systems to identify and deal with the more sophisticated and covert forms of organised crime, possible staff corruption and terrorist activities. Information from security information reports, custodial history records and police reports was used to inform interventions. Risk management plans were impressive; they were reviewed by the security managers, and often by the head of security.

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

Supervision in important areas, such as residential wings, education and prison workshops, was effective, and the prison regime had improved and was reasonably predictable.

- I.33** Management and use of intelligence had also improved since the previous inspection and were very good. The security department received just over 400 information reports a month through a prison computer-based intelligence gathering and information reporting system (Mercury). They were processed by trained staff and intelligence was communicated to appropriate areas quickly. Security-led meetings were well attended and links with other key departments, such as the OMU and safer custody, were also very good. The security department continued to feed into all decision-making processes by informing rather than determining final outcomes.
- I.34** Procedural security was also well managed and we saw little to show that the prison was risk averse in allocating activity spaces to prisoners, although there were some rational restrictions in the areas that higher risk prisoners could attend. The modified free-flow system to allow supervised prisoner movements during the beginning and end of planned regime activities was well managed and proportionate. Prisoners could also attend appointments at other times by moving unescorted along the secure corridor through an appointment slip system.
- I.35** The prison had excellent links with the local police, particularly on operations to deal with organised crime. A police intelligence officer and an investigations officer had been appointed to collate information, particularly on continuing criminal issues, and to pursue investigations in the prison.
- I.36** Mandatory drug testing (MDT) rates were higher than the target (6.8% against 4.5%), and in our survey, more prisoners than the comparator said they had developed a problem with drugs in the prison. Nevertheless, the prison's strategic approach to drug supply reduction was well-sighted on the most common entry routes, and had achieved some good success with drug finds. The prison used drug dogs trained to detect the new psychoactive substances (NPS), and staff and prisoners' knowledge of the dangers of these drugs was improving through an effective awareness raising campaign. Although suspicion drug tests were unable to detect NPS, they were timely. Cannabis was the main drug detected under MDT.

Incentives and earned privileges

Expected outcomes:

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

I.37 *The incentives and earned privileges (IEP) system was generally well managed and its application well monitored. However, the regime for prisoners on basic status, particularly for those without an activity, was too austere.*

- I.38** The IEP policy document had been reviewed and published in 2014. It described how the system worked, how prisoners could progress through the levels, and the standards of expected behaviour. All prisoners had signed compacts.

- I.39** The scheme offered the standard differentials in access to private cash, computer games, visits and time out of cell. At the time of inspection, 59% of prisoners were on the standard level, 10% on entry level, and 23% on enhanced. The enhanced unit on J wing (on residential unit 5) was a particularly good and popular facility where enhanced prisoners were unlocked all day. About 8% of prisoners were on the basic level, which is more than we often see.
- I.40** The scheme was generally well managed and there was evidence that it was used strategically to manage prisoner behaviour. It was used to reward and encourage good behaviour as well as to apply sanctions. For example, prisoners could accumulate positive notifications and 'cash' them in for reward vouchers for particularly good behaviour, regardless of their IEP level.
- I.41** The time most prisoners spent on basic was relatively short and they were usually promoted to standard within a week or two. Reviews were held every week and prisoners could incrementally earn back privileges for complying with rules and showing a willingness to comply with the regime. The regime for prisoners on basic was generally poor. Although employed prisoners could attend purposeful activity, those who were unemployed were allowed out of their cells for only 30 minutes a day.
- I.42** We were concerned that a smaller number of prisoners remained on basic for longer as they had complex needs, displayed more challenging behaviour and refused to engage with the regime, so struggled to gain promotion. Planning to help this small group return to the standard regime was developing but there was little to help them deal with the issues that might have caused their poor behaviour or to show that changes over time were monitored or acted on. Although reviews took place on time they were often cursory, poorly attended and rarely focused on relevant issues.

Recommendations

- I.43** The regime for prisoners on the basic level should be improved.
- I.44** Planning and interventions to encourage prisoners to engage with the regime should be improved.

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.

- I.45** *There were more adjudications than at the last inspection and more referrals to independent adjudicators than we usually see. However, charges were appropriate and hearings were fair. Monitoring arrangements were very good and standardisation meetings were effective. Governance of use of force had improved. There were a high number of incidents, but de-escalation was well used, governance was very good and video recordings of planned removals were scrutinised properly. Body cameras worn by residential managers were a good initiative. The use of segregation had reduced significantly, living conditions in the segregation unit had improved, as well as the regime for prisoners, and reintegration planning was developing. Management analysed the data on stays in segregation to inform a clear strategy to reduce its use.*

Disciplinary procedures

- I.46** The number of adjudications was high and had increased since the previous inspection. There had been 1,531 adjudications in the previous six months – an increase of about 60 compared with the previous inspection. A comparatively large proportion of charges were referred to the independent adjudicator, but these were usually the more serious charges, such as violence or drug possession, and this was appropriate.
- I.47** Governance of disciplinary processes had improved significantly. Monthly statistics on the number and nature of adjudications were presented to the senior management team and used to identify and address trends. The monthly standardisation meeting was well attended and minutes showed very good discussion of relevant issues that was better than we often see. Records of hearings we examined showed that proceedings were conducted fairly and that prisoners were given the opportunity to explain their version of events. Punishments were generally fair, and there were examples where adjudicating governors had dismissed cases due to a lack of evidence.
- I.48** The appeals process was explained to all prisoners directly after the formal hearing by the adjudicating governor, and again by residential officers as they left the adjudication room.
- I.49** There was no evidence that unofficial or collective punishments were used

The use of force

- I.50** Use of force remained high and had increased since the last inspection. In the previous six months there had been 336 incidents involving the use of force, compared with 232 found at our 2013 inspection. Of these, about 70% did not involve full control and restraint techniques, and most – about 80% – were spontaneous.
- I.51** Management and monitoring of the use of force had greatly improved since the last inspection and were very good. A well-constructed use of force committee met monthly to oversee processes and provide governance. All incidents were discussed and a senior manager quality assured most associated documents. Information on the nature of the incident, its location and the ethnicity of the prisoners involved was collated and presented for analysis. Trends were identified and appropriate action taken.
- I.52** We found that intervention was well organised and properly carried out, and that documentation was generally completed correctly. Proper authority was recorded and senior staff supervised most incidents. We found no evidence that force was used unnecessarily or as a first resort when dealing with difficult and violent behaviour. The documentation we examined showed that force was only justified when it was reasonable in the circumstances, and was proportionate to the incident. Managers on all the residential units carried body-worn cameras and were able to record spontaneous incidents quickly, usually as they began. Planned intervention were also video recorded and scrutinised by senior staff at use of force meetings.
- I.53** Special accommodation had not been used in at least 12 months, and the two special cells in the segregation unit had been decommissioned.

Segregation

- I.54** Given the nature of the prison, use of segregation was not excessive and had reduced since the previous inspection. There had been 252 cases in the previous six months – a reduction of about 151 cases compared with our findings in 2013. Of these, only 30% were for punishment, which was less than we usually see. Lengths of stay were comparatively short, averaging about three days.
- I.55** Governance of segregation had also significantly improved and was good. A strategy document described working practices and management arrangements. A staff selection policy was also in place. A segregation monitoring and review group (SMARG), led by a senior manager, met each month to monitor the number held in segregation and the reasons behind this.
- I.56** Living conditions in the segregation unit had greatly improved. Communal areas were clean and brightly decorated, flooring had been repaired, and murals and posters made it less austere. The 16 cells located across two landings were clean and free from graffiti, adequately furnished and some had televisions. The walled exercise yard was clean and also free from graffiti.
- I.57** The regime for segregated prisoners was better than we often find and included daily access to exercise, telephones and showers. They were also allowed to dine out of their cells if they posed no risk to others, and some had been allowed short periods of association following risk assessment. Day-to-day relationships between staff and prisoners were very good, and we saw that officers engaged positively with prisoners and had an appropriate interest in their welfare. Staff responses to demanding behaviour were not over-reactive or heavy handed, and we saw examples where they dealt patiently with very difficult situations in a calm and mature way (see also section on staff-prisoner relationships).
- I.58** Reviews of prisoners segregated for reasons of good order were timely, multidisciplinary meetings were clearly focused on the welfare of individuals, and the planning to return them to normal location was developing. Many had individual care plans that addressed their needs, and it was evident that their reintegration to residential units was a high priority.

Substance misuse

Expected outcomes:

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

I.59 *Substance misuse services had improved markedly, and both clinical and psychosocial outcomes for prisoners were very good. A comprehensive range of groupwork interventions was underpinned by the skilled delivery of one-to-one sessions. Peer-led support was also well delivered and well supervised. Few prisoners needed clinical treatment. Supervision of the medication queue was inadequate.*

I.60 The drug and alcohol recovery service (DARS) was provided by Lifeline, with the clinical treatment sub-contracted to Delphi Healthcare. A well-structured drug strategy document, dated October 2014, had been informed by a DARS needs assessment completed in September 2014.

- I.61** The drug strategy committee now met monthly following a long gap of many months. The meeting was well attended by senior managers from a wide range of departments. All departments were active in the development of a 'whole prison' strategic approach to drugs.
- I.62** There had been many improvements in prisoners' substance misuse treatment outcomes since the previous inspection. DARS ran a comprehensive range of groupwork programmes, including the prisoner recovery programme (PRP), alcohol-related offending (ARO) and Alcoholic Anonymous meetings. Families were invited to PRP graduation ceremonies, which were very well attended by senior managers. Short group sessions on specific drugs and recovery issues were also available. All groupwork was underpinned by one-to-one sessions delivered by an experienced and highly motivated DARS team, who were well integrated with other departments. DARS also took an active part in ACCT reviews and sentence planning. Five well-trained and well-supervised peer mentors also offered good support to other prisoners.
- I.63** There were 110 prisoners (28% of the population) on the DARS caseload. Prisoners we spoke to were very positive about their experience of DARS. The team received regular prisoner feedback through post-course evaluations, one-to-one feedback and the peer mentors. Although the former drug recovery wing was no longer functioning, prisoners on all locations received a good service from DARS.
- I.64** At the time of the inspection, five prisoners were receiving clinical treatment, of whom three were stabilising, one was maintained and one was on a slow reduction. The stabilisation unit comprised four cells on the first night unit. It had 24-hour nursing cover and a very supportive atmosphere, enhanced by understanding uniformed staff and good peer support, and was a well-run therapeutic environment. Once stabilised, prisoners on opiate substitution were housed on general location but returned to the stabilisation unit for their daily medication.
- I.65** The supervision of methadone administration was not rigorous enough. An officer was present but not always in the best position to intercept potential diversion. As a consequence, prisoners tended to overcrowd the hatch area, which also reduced levels of confidentiality. (See recommendation 2.71.)

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1** *Communal areas were now clean. Cell windows had been replaced or repaired and the condition of cells was much improved, but some in-cell toilet screening remained inadequate. Access to showers and telephones was limited. Access to clean clothing, bedding, property and mail was good.*
- 2.2** The cleanliness of external communal areas was now good. Lines of sight for staff supervision were poor on house blocks 1 to 4, but CCTV was in place. House block 5, the newest accommodation, had better sightlines as well as CCTV.
- 2.3** The environment in the house blocks had significantly improved and was now good. A programme of refurbishment was under way, with house block 1 already refurbished and house block 3 closed for refurbishment. Although house blocks 2 and 4 contained damaged flooring, they were cleaner than previously.
- 2.4** Conditions in cells were much improved and most had new or repaired windows. We found very few examples of graffiti or offensive displays. Most cells were clean and many were newly decorated. In our survey, 46% of respondents said they had access to cell cleaning materials every week against only 17% at the last inspection. Cleaning store cupboards contained ample stock. Some cells continued to be cramped and had an in-cell toilet next to the bunk beds. There was no toilet screening in several shared cells, which was unacceptable, and others had inadequate screening.
- 2.5** Communal showers were now in a good condition on house block 1 but were still poor and contained mould on house blocks 2 and 4. Prisoners on house block 5 had in-cell showers. Far more respondents in our survey than at the previous inspection said they were offered enough clean clothes for the week and that they normally received clean sheets every week. The prison-issue clothing and sheets we saw were in good condition.
- 2.6** In our survey, 44% of respondents said they had problems accessing the telephone, compared with only 34% at the previous inspection. Although there was daily access to showers and telephones the activity period was only around 45 minutes long.
- 2.7** Staff response times to cell call bells had improved. During our observations, cell bells were mostly answered within five minutes. Quality assurance had been effective in reducing response times.
- 2.8** The application system continued to be poor. Many applications could have been dealt with informally, and the tracking system was inadequate. Prisoner access to stored property and mail was good.

Recommendations

- 2.9 Cell toilets should be adequately screened.
- 2.10 The prison should improve daily access to showers and telephones.

Staff-prisoner relationships

Expected outcomes:

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

2.11 *Staff-prisoner relationships were a real strength of the prison and most prisoners had a positive view of staff. The application of the personal officer scheme was mixed. Prisoner consultation arrangements were responsive.*

2.12 Staff-prisoner relationships had improved and were now very good. Many prisoners told us that staff interaction was good and there were many staff they could approach for help. We saw staff demonstrating a caring approach, and many had a good knowledge of prisoners in their care. The training of some staff in the 'five-minute intervention' – a method for turning everyday conversations into rehabilitative interventions – was positive. Staff routinely used prisoners' preferred names.

2.13 In our survey, more prisoners than at our last inspection said they had a personal officer. Personal officer entries in prisoners' case history notes were mixed, ranging from regular entries praising positive behaviour and with a good knowledge of the prisoner's circumstances to those that were perfunctory and irregular. Quality assurance had not addressed such variations.

2.14 The prisoner council meeting had recently been reintroduced and minutes showed it was responding to the issues raised.

Equality and diversity

Expected outcomes:

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

2.15 *Strategic management of equality and diversity work had improved but some provision remained weak. Equality meetings were not always attended by staff from across the prison. The appointment of prisoner equality representatives was positive but their role required development. Consultation arrangements had only been established recently and remained ad hoc for most groups. Although there was regular equality monitoring, some areas had been out of range for some time and not yet been addressed. The discrimination complaints system worked well. Provision for foreign nationals was reasonably good but work with groups with other protected characteristics remained underdeveloped.*

Strategic management

- 2.16** The prison had invested in the equality team since the previous inspection and we found an appropriately resourced, generally effective and committed team that had made significant progress in addressing previous shortcomings. However, there remained weaknesses in provision for some groups.
- 2.17** The prison now had a comprehensive equality policy and action plan covering all groups with protected characteristics. A senior manager was responsible for developing consultation groups and provision for each protected characteristic. Monthly equality meetings were generally chaired by the deputy governor or the head of safer prisons and equality. Attendance at these meetings from staff across the prison was inconsistent, although the recent inclusion of prisoner equality representatives was positive. The meetings considered monthly reports covering all the protected characteristics as well as quarterly equality monitoring data. Although the prison had investigated the disproportionate representation of some groups, the data showed that prisoners with disabilities had been over-represented in use of force incidents and adjudications for the previous nine months, and these findings had not yet been investigated to address any underlying reasons for inequitable treatment.
- 2.18** The prison had recruited and trained five prisoner equality representatives, although their role required further development to ensure that it was understood by prisoners and staff. Consultation groups for most protected characteristics had been established in the previous quarter but remained ad hoc for most groups.
- 2.19** The prison had good systems for identifying new arrivals from most protected groups, but prisoners who identified as gay or bisexual were often reluctant to disclose their sexuality. The prison had undertaken some work with this group to explore their concerns.

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

- 2.20** The allocation of a dedicated equality officer had improved the operation of the discrimination incident report form (DIRF) system since the previous inspection, and the number of DIRFs submitted had increased in response to awareness raising work by the equality team, although some prisoners we spoke to were still unaware of the system. DIRFs were available on all wings. The prison had received 41 DIRFs in the previous six months. Those that we sampled had been responded to swiftly and been adequately investigated. We also saw complaints concerning discrimination in our sample of regular complaints that had been transferred to a DIRF. In addition to internal quality assurance, there was an external scrutiny panel with representatives from Oakwood and Featherstone prisons.

Recommendations

- 2.21** **Equality monitoring data should be analysed thoroughly and all patterns or trends fully investigated and addressed.**
- 2.22** **There should be regular consultation with all groups with protected characteristics, and the role of prisoner equality representatives developed further.**

Protected characteristics

- 2.23** Around half the population were from a black or minority ethnic background and 22.5% were Muslim. In our survey, more black and minority ethnic and Muslim prisoners than other prisoners were positive across a range of safety and respect indicators – they were more likely to report their religious beliefs were respected and that they felt safe. However, consultation with the black and minority ethnic population required development. The prison had identified 12 Gypsy, Romany or Traveller prisoners and held consultation meetings to discuss their needs.
- 2.24** There were around 40 foreign national prisoners at the time of the inspection. Provision for this group was reasonably good. Although there was no regular consultation group, there were meetings with specific groups of foreign national prisoners with additional needs. A case administrator in the offender management unit (OMU) was the foreign national coordinator and, despite not having dedicated time to carry out the role, facilitated bimonthly surgeries where foreign nationals could access independent immigration advice and Home Office Immigration Enforcement staff. A range of documents had been translated into foreign languages, and staff made good use of the professional telephone interpreting service. Foreign national prisoners who did not receive visits were automatically allocated five-minutes international telephone credit each month.
- 2.25** In our survey, 20% of prisoners reported having a disability and they were significantly more negative about prison life than those without disabilities – particularly about feelings of safety and victimisation by staff and prisoners. The prison's own monitoring showed this group had been consistently over-represented in incidents involving the use of force and adjudications yet this had not been explored adequately (see recommendation 2.21). The equality and health care teams identified new arrivals with physical and mental disabilities. Personal emergency evacuation plans (PEEPs) were now in place for prisoners with limited mobility, although there were no adapted cells for prisoners who needed them.
- 2.26** The prison held regular consultation meetings with gay and bisexual prisoners. Prisoners from this group told us that while most staff challenged homophobic behaviour a minority did not.

- 2.27** There was currently no additional support for prisoners transferring in from the juvenile estate. However, the prison had held meetings with this group and was developing links with sending juvenile establishments.

Faith and religious activity

Expected outcomes:

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

- 2.28** *Faith provision was improving. The chaplaincy was more integrated into prison life and provided valued support to prisoners.*

- 2.29** In our survey, the numbers of prisoners who said it was easy to attend religious services and that they could speak to a chaplain of their faith in private had increased, although the latter was still below the comparator. We found provision for religious activities was improving; there was an active chaplaincy and the appointment of a managing chaplain had increased the team's profile across the prison.
- 2.30** The chaplaincy saw all new arrivals, who could apply to attend services at this initial meeting. Worship facilities were good – the main chapel and multi-faith room were large, bright and well equipped for all faiths. The chaplaincy facilitated a variety of well-advertised religious services and groups.
- 2.31** During the inspection, some prisoners and staff commented that prisoners could be bullied in the faith areas or put under pressure to change religion. While we did not find any evidence to support such bullying, the chaplaincy did not systematically record all incidents of concern or report them to the security department.
- 2.32** The chaplaincy was more integrated into the prison life than at the previous inspection. The managing chaplain attended a range of meetings, including the senior management team. Chaplains visited all units every day, provided support for those who had experienced bereavement, and was working to establish a group of volunteer prison visitors. The chaplaincy had also developed links with external faith organisations.

Recommendation

- 2.33** **The chaplaincy should systematically report all concerns about prisoners being pressured to change their faith so that appropriate action can be taken.**

Complaints

Expected outcomes:

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

2.34 *The number of complaints had halved during the year. Responses to most were prompt and the quality had improved.*

2.35 The number of complaints had fallen from around 180 to 90 a month over the previous year, often reflecting improvements elsewhere in the prison. Despite prisoner perceptions, we found that most internal complaints were responded to quickly and addressed the issues raised. The number of prisoners who said they had been prevented from making a complaint had fallen since the previous inspection, and we found complaint forms and secured complaint boxes readily available on all wings. There was an effective quality assurance check of complaints, with a comprehensive monthly report considered by senior managers. There was effective monitoring to analyse complaints by protected characteristics, and complaints of discrimination were appropriately transferred to the DIRF system (see paragraph 2.20).

Legal rights

Expected outcomes:

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

2.36 *Legal services provision remained too limited and there was no trained legal services officer, although OMU provided some advice and bail information. Facilities for and access to legal visits were good.*

2.37 There were no trained legal services staff, but bail information and some signposting was provided by the OMU. In our survey, fewer prisoners than the comparator were positive about being able to communicate with their solicitor, but we found good access to legal visits and improved visiting facilities. Legal materials were available in the library.

Health services

Expected outcomes:

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

2.38 *Health services had improved and were very good. There were several good practices, and services were very efficient. Inpatient care was better with a more therapeutic day.*

Governance arrangements

- 2.39** Health services were commissioned by NHS England, and Staffordshire and Stoke-on-Trent Partnership NHS Trust provided the main services. We found that health services overall were well led, safe, effective and continuing to improve. Working relationships between the prison and health care department were very good, health care staff contributed appropriately to key prison meetings, and a comprehensive health needs analysis was in draft.
- 2.40** Robust governance arrangements effectively identified areas for improvement and the health care provider took prompt action to address these. The provider shared corporate learning, important national clinical guidance and news with staff through bulletins. Twelve untoward incidents had been logged in the four months to the end of January 2015. Although the incident reporting systems were clear, we found that nursing staff did not always identify adverse events as incidents, and therefore failed to report them.
- 2.41** Patients were supported to provide feedback about their experiences of health services, including through a regular patients' forum and feedback cards. In 2014 there had been no local complaints and only four complaints to the external patient advice and liaison service (PALS). There was evidence of service change as result of patient complaints.
- 2.42** The health staff skills mix was appropriate and they had access to peer group supervision and training as necessary – 83% were up to date with training and there were plans for the rest to receive it. A full analysis of staff training needs was due to commence. Staff received appropriate training in safeguarding vulnerable adults and knew how to use the relevant policy and procedure. However, while there was a policy for safeguarding children the procedure for raising concerns was less clear.
- 2.43** Health care was delivered in a patient-centred and courteous manner. Nurses were easily identifiable and knew their patients. Health care professionals of both genders were accessible for those patients who expressed a preference. For example, one prisoner's application stated he wished to see a female GP and this had been arranged.
- 2.44** The health centre was of a high standard. The King's Fund-funded waiting room had been kept to a high standard and health centre cleanliness was good, but the wing medication rooms were grubby; this was being addressed.
- 2.45** Resuscitation equipment was strategically sited throughout the prison. Despite regular checks, automated external defibrillator (AED) chest pads were six months out of date. Fifty-four custody officers had been trained in first aid and the use of AEDs, which was sufficient to provide 24-hour cover. Custody staff had access to AEDs, but not all could accurately say where the nearest was situated.
- 2.46** SystemOne (electronic clinical information system) was used, and the storage, retrieval and management of clinical information was very good. A programme of clinical audits was carried out, including sampling of clinical records. There was an appropriate information-sharing agreement with other agencies.
- 2.47** There was an effective health promotion strategy. A nurse led on health promotion and a health trainer had been appointed to select and provide training to prisoner 'health champions' who promoted healthy living to their peers. There was evidence of health promotion on the wings, and there had been a successful prison-wide health fair in November 2014.

- 2.48** Age-appropriate health screening was in place, including chlamydia and immunisations. Meningitis C, measles, mumps and rubella (MMR), influenza and hepatitis B vaccines were available; the uptake of hepatitis B vaccine had increased in the last year due to concerted promotion. The smoking cessation programme was well used.
- 2.49** The strategy for the prevention of communicable diseases was driven by a comprehensive policy agreed with the Health Protection Agency with contingency plans in place; equipment for use in the event of an outbreak of Ebola virus was on order. Barrier protection was available on the wings.

Recommendations

- 2.50** **Equipment for use in a medical emergency should be in date and ready for use at all times.**
- 2.51** **The staff training needs analysis should address awareness and reporting of adverse incidents, as well as the correct use of child protection measures.**

Housekeeping point

- 2.52** Custody staff should be aware of the location of all automated external defibrillators.

Delivery of care (physical health)

- 2.53** Since August 2014, an average of 100 new patients a month had received health screening followed by a comprehensive health assessment, including learning disability.
- 2.54** An appropriate range of nurse- and GP-led primary care clinics were offered, including visiting diabetic retinopathy screening. The failure-to-attend rate for the GP was only 3.5%, and had reduced for other health care professionals – for example, from 11% to 8% for the dentist in the six months to the end of January 2015. Trends in attendance rates, waiting lists and waiting times were monitored and prompt action taken to address negative findings. There were no clinical activities on the wings as the treatment rooms were unsuitable.
- 2.55** Prisoners could access health services through a pictorial application form or approaching the nurses directly on the wings, and we observed excellent access to all health care professionals. Patients waiting in the health centre complained that the free-flow prisoner movement meant they were taken there up to an hour before their appointments, which wasted time.
- 2.56** Waiting lists remained short and waiting times were very short – for example, just half a day to see a GP, which was exceptional. Out-of-hours medical cover was provided by the in-house GPs and occasionally used; service managers were also on call.
- 2.57** Care for patients with long-term conditions was well organised, and monitored and delivered by the pharmacist, nurses and doctors. Care plans were up to date and reviewed as planned. Although there was no formal assessment of acquired brain injuries, there was planned training to help patients with head injuries.
- 2.58** The inpatient environment had been improved since the last inspection. There was now a clear admission and discharge protocol, and in the last eight months no one had been admitted without clinical need. Because of this, bed occupancy was 51.5% compared with

90% in April 2014. The majority of inpatients, 90%, had mental health needs and the staffing profile reflected this. Inpatients told us that they received good care and support in the unit, and we observed positive interactions with staff. Some care plans for inpatients were generic, while others had been developed for the individual.

- 2.59** Following the introduction of dedicated officer support, the inpatient day was better than in 2013, with access to an appropriate array of unit-based and external therapeutic activities, although this was limited in the evenings. Inpatients ready for transfer back to residential units were assessed by nurses in conjunction with prison staff to ensure that their needs could be met on the wings. The inpatient team made follow-up visits to discharged patients seven days after they left the unit to review the care and support they required, which was commendable.
- 2.60** Access to external health appointments had improved due to careful planning and monitoring by administrative staff; less than one per month was cancelled due to lack of escort staff. Following an external appointment, patients were offered a meeting with a nurse, which enabled action on any care, treatment or follow up required.

Recommendation

- 2.61** **The introduction of health assessment for acquired brain injury should be introduced following head injury training for staff.**

Housekeeping point

- 2.62** Free-flow movement and health centre opening times should be better coordinated to reduce patient waiting times.

Good practice

- 2.63** *Management monitoring and action to ensure short waiting lists, short waiting times and low non-attendance rates meant the service was one of the most efficient we have seen.*
- 2.64** *Nurse follow up of patients' external health appointments ensured coordination and continuity of care.*
- 2.65** *The inpatient team made follow-up visits to discharged patients to review the care and support they required.*

Pharmacy

- 2.66** Pharmacy services were provided by Lloyds Pharmacy, based at HMP Oakwood, and were very good. Patients had access to a registered pharmacist twice a month and a pharmacy technician weekly. The pharmacy service offered medicine use reviews, asthma clinics and advice on smoking cessation, sexual health, and mental health and wellness.
- 2.67** Patient group directions (authorising appropriate health care professionals to supply and administer prescription-only medicine) were used to supply appropriate medications, although they had not been signed by all relevant staff, and those in the drug and alcohol recovery service had expired. More than half of patients, 54%, had medicines in possession; risk assessments were visible at the time of prescribing and updated when appropriate.

Medicine information was available to patients. Patients received their medicines twice daily from treatment rooms on the houses. Night time medication was delivered to patients in their cells by a nurse if required.

- 2.68** All treatment rooms had medicine hatches that opened on to noisy communal areas, with little patient confidentiality and difficulties in communication. Patients did not present their identification when receiving medication, and there was inconsistent supervision of medicine queues. We observed prisoners crowding patients at the hatches, reducing confidentiality still further and posing a risk of bullying for medication or their trading. We saw one nurse skilfully challenge a patient who had 'palmed' his medication after feigning swallowing it – there was no officer to support her in this situation.
- 2.69** Medicines were generally stored well although we saw some immunisations not refrigerated between uses. Medicines fridge temperatures were recorded regularly; some were above the acceptable range of 2-8°C.
- 2.70** The medicines management and therapeutic committee met quarterly and had relevant members, including security, GP and pharmacy staff. There were clear standard operating procedures and an appropriate formulary.

Recommendation

- 2.71** **Medicine administration should be supervised to ensure patient confidentiality and reduce the risk of bullying and trading.** (Repeated recommendation 2.76)

Housekeeping points

- 2.72** Patient group directions should be up to date and signed by all relevant staff.
- 2.73** Maximum/minimum temperatures should be recorded daily for the drug refrigerators, and pharmacy staff should ensure that heat-sensitive items are stored within the 2-8°C range and take corrective action where necessary.
- 2.74** The medicine hatches should facilitate communication with patients.
- 2.75** Prisoner identification cards should be checked when patients collect their medications.

Good practice

- 2.76** *Patients had frequent opportunities to access registered pharmacy staff to consult on their care and make informed choices about medications.*

Dentistry

- 2.77** Prisoners had excellent access to dental checks and appropriate treatment with no waiting list for urgent appointments. Recall of patients for routine checks was under consideration. The dental suite was of the highest quality. Separate decontamination facilities had been installed making the service best practice compliant. Assurance checks and maintenance certifications were up to date.

Good practice

- 2.78** *The installation of separate decontamination facilities had increased patient safety and ensured that the dental suite was best practice compliant.*

Delivery of care (mental health)

- 2.79** Mental health services were very good. Primary mental health services were provided by Staffordshire and Stoke-on-Trent Partnership NHS Trust and secondary in-reach services by South Staffordshire and Shropshire Healthcare NHS Foundation Trust. The two providers worked together closely; staff were co-located, work was integrated and the stepped care pathway was efficient. Urgent referrals were seen within two working days. There was an open referral system to primary mental health and a weekly referral and coordination meeting with the in-reach team.
- 2.80** The primary care team provided assessment, continuing support and solution-based approaches to around 30-35 patients a month; the in-reach team treated around 25 patients a month. Mental health practitioners provided an appropriate mix of individual and group interventions, which compensated for the lack of a prison counselling or improving access to psychological therapies (IAPT) service. There was a programme of mental health awareness training for officers. The chaplaincy offered support for those experiencing loss.
- 2.81** Patients waited up to two months to be transferred out of the prison under the Mental Health Act, well beyond the transfer guideline of 14 days; this was unacceptable.

Recommendation

- 2.82** **Patients requiring a transfer under the Mental Health Act should be transferred expeditiously and within the current transfer guidelines.** (Repeated recommendation 2.91)

Catering

Expected outcomes:

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

- 2.83** *Although prisoners were negative about the food, we found it to be good and varied, and it catered for a range of diets. Breakfast packs were issued too early and lunch was served at the cell door, which was poor practice. Servery management had improved. Consultation arrangements were adequate.*

- 2.84** A published pictorial menu cycle catered for different dietary needs and preferences. There was one hot meal a day and lunch was generally a sandwich. In our survey, only 17% of respondents said the food was good; the main complaint was the small lunch portions. There had been few formal complaints about the food, and we found the quantity and quality of were good.

- 2.85** The breakfast pack was issued at lunch the day beforehand, and lunch was served at the cell door, which was poor practice. Dining in association was only available on the enhanced unit and to a few prisoners on the induction unit. Most prisoners had to eat in their cell, some close to unscreened toilets.
- 2.86** The kitchen was clean and well maintained. Regular cleaning competitions had driven up standards on serveries. Serveries were supervised well and prisoners serving meals were correctly dressed. National vocational qualifications were available to prisoners working in the kitchen.
- 2.87** There was a twice-yearly food survey, which was responsive. Food was discussed at the prisoner council meeting. Food comments books were available on all wings but were rarely used.

Recommendations

- 2.88** **Breakfast should be issued on the day it is to be eaten and lunch should be served at the servery.**
- 2.89** **All prisoners should have the opportunity to dine in association.** (Repeated recommendation 2.100)

Purchases

Expected outcomes:

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

- 2.90** *Prisoners could buy a reasonable range of goods but new arrivals could wait up to two weeks for a full shop order.*

- 2.91** Prisoners could buy a reasonable range of goods from the prison shop to meet diverse needs. The shop list contained over 300 items and was part of the national contract. New arrivals were advanced the cost of a smoker's or grocery pack and received £2 telephone credit, to be paid back at a reasonable rate of 50p a week. New arrivals could wait nearly two weeks for full access to the shop as order forms were collected only on Thursdays; depending on the day they arrived, some prisoners could wait up to 11 days before receiving their first full shop order. Prisoners could also shop from catalogues, and they could order newspapers and magazines.

Recommendation

- 2.92** **All new arrivals should have access to the prison shop within their first 24 hours.** (Repeated recommendation 2.105)

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

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

- 3.1** *Time out of cell had improved. Most prisoners received between four and eight hours out of cell on weekdays and about six hours at weekends, but time out remained poor for a smaller group of unemployed prisoners and those on basic status.*
- 3.2** The published activity schedule for prisoners (the core day) indicated that a fully employed prisoner could achieve just over nine hours out of their cell Monday to Friday and about six at the weekend. This included short periods of association (45 minutes) in the evening on Monday to Thursday and domestic periods every day that were rarely cancelled.
- 3.3** In practice, fully employed prisoners could achieve about eight hours out of cell on weekdays, and enhanced prisoners on J wing received close to nine. However, the average was about four to five hours a day for a significant number of prisoners who worked part time or were temporarily not required for work, and even less for some unemployed prisoners who could receive as little as two hours out of cell on a weekday. Unemployed prisoners who were on basic status received only about 30 minutes a day out of their cell (see paragraph 1.41 and recommendation 1.43).
- 3.4** At roll checks during the morning and afternoons of the core day, we found about a third of the population locked in their cells. This was better than at the previous inspection when similar checks found about 44% locked in their cell.
- 3.5** Unlock times described in the core day were usually adhered to but we found some slippage due to late unlocking, particularly in the evenings. However cancellation of evening association were rare. Prisoners received 30 minutes a day exercise outdoors and an hour at weekends, which was rarely cancelled

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

Learning and skills and work activities

Expected outcomes:

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

3.6 *The number of activity places had increased and was sufficient for the population. The range of courses was generally adequate, and there were additional workplaces in a commercial recycling facility. Strategic planning and partnership working was good, but had not yet impacted fully on attendance and success rates – attendance was not good enough and was particularly poor in classroom subjects. Better quality monitoring had improved the quality of teaching, but some weaknesses in planning and recording progress remained. Success rates had improved, but remained low, and were very poor in functional skills. Library provision was good, but the numbers using it were falling.*

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

<i>Overall effectiveness of learning and skills and work:</i>	<i>Requires improvement</i>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Requires improvement</i>
<i>Quality of learning and skills and work provision:</i>	<i>Requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Requires improvement</i>

Management of learning and skills and work

3.8 The quality of partnership between the prison, the education provider, Milton Keynes College, and the National Careers Service provider, Prospects, had greatly improved since the previous inspection. There were improvements in procedures such as risk assessment of prisoners and allocation to activities. The partnership had also improved strategic planning. The introduction of new courses was carefully considered in the light of labour market information provided by the National Careers Service, and the prison had begun to establish links with local employers to improve the job prospects of prisoners after release.

3.9 The education and vocational training provision from Milton Keynes College required improvement. Many well-conceived plans to tackle weaknesses identified at the previous inspection had not yet had an impact, and key weaknesses remained. Attendance at classes was poor, and the achievements in functional skills required improvement. Basic employability skills were not adequately addressed or recorded. Too many classes were cancelled because of high sickness levels among college staff and a shortage of cover staff.

3.10 Since the previous inspection, quality assurance had been improved, although some aspects remained weak. There had been particular attention to developing the collection and use of data, which were now good. Regular team meetings received and discussed data on aspects of performance, which were used well to arrive at accurate judgements in the college's self-

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

assessment report. However, there were some data gaps – such as insufficient analysis of data on learner progression. Education managers had emphasised staff development and coaching to improve teaching, learning and assessment, and more regular performance management of tutors. The implementation of quality improvement was not consistent. For example, the monitoring of some key processes, such as the use of individual learning plans (ILPs), was variable.

- 3.11** The self-assessment report provided a generally accurate picture of the provision. Good use was made of performance data and the views of stakeholders in reaching judgements, but feedback from learners was not used effectively – although they were asked for their views through twice-yearly questionnaires, there was no identifiable impact on the provision. (See main recommendation S40.)

Recommendation

- 3.12 The procedures to improve the quality of provision should be monitored thoroughly and applied consistently.**

Provision of activities

- 3.13** The number of activity places had increased since the last inspection, with new courses in catering, cycle maintenance and recycling. There were approximately 230 education places and 150 prisoners engaged in prison work, such as orderlies and cleaners. This was adequate for the population of 393. There were plans to create a further 50 activity places in the following quarter. Approximately 80% of the places were allocated. Most prisoners were placed in full-time activities; approximately 35 were only employed part-time, and 30 were unemployed.
- 3.14** The range of activities was adequate for the population. The new plastic recycling facility, introduced in partnership with a local company, provided work and accredited training for up to 24 prisoners. Two small workshops had been introduced to provide activities for more vulnerable prisoners. Vocational courses were offered in construction, computer maintenance and repair, industrial cleaning, catering and barbering. Construction courses were available at level 1 only, which limited opportunities for progression. Education courses were offered up to level 2 in English and maths functional skills, English for speakers of other languages (ESOL), business, cookery, art, customer service and personal finance. The college also provided good support to approximately 30 learners following distance learning courses.
- 3.15** Induction and allocation to activities had improved significantly since the previous inspection. The National Careers Service interviewed each new arrival to produce a careers action plan. Allocation to activities was based on this plan, along with the individual's choice and the outcomes of an initial English and mathematics assessment. The resulting allocations were appropriate, although some learners expressed dissatisfaction with their allocation. There were no procedures to inform prisoners about their allocation or explain why they did not get their first choice.

Recommendation

- 3.16 The prison should improve communication with prisoners to inform them in advance about the course or activity they have been allocated and the reasons why.**

Quality of provision

- 3.17** Teachers and instructors generally developed good relationships with learners. They managed the behaviour of the more challenging learners well, through a balance of persistence, patience and challenge. Learners were encouraged to agree to a set of conduct rules and follow them, and tutors used the group dynamic of the class well to reduce the incidence of disruptive behaviour.
- 3.18** Training workshops were well equipped, and learners generally developed good practical skills. Tutors set the more able learners more challenging tasks or directed them to help others. For example, a learner on the radio production course used his knowledge of sound editing software to help other learners gain this skill. Some tutors used information learning technology innovatively; one had developed an intranet website enabling prisoners to learn about computer maintenance.
- 3.19** In the better classroom sessions, tutors managed class activities well, offering differentiated activities to learners at different levels. Learners developed their written and communication skills to a good standard. However, in a few cases feedback on prisoners' written work was poor; mistakes were not identified and guidance on how to improve not given. Some classes made good use of prisoner peer mentors - for example, in supporting learners who found worksheets or calculations difficult. However, in many cases, this support was not included in the planning of classroom activities, so mentors' efforts were not directed to where they would have most impact.
- 3.20** Tutors' planning and recording of individual learning required improvement. The development of personal employability skills was not recorded. The quality of ILPs was variable. In the better examples, targets were specific and measurable and were monitored to help learners make good progress. In the less good examples, targets were simply taken from qualification aims and were not monitored. Tutors did not consistently use prisoners' initial assessment to set clear learning targets, and there was insufficient attention to learners' personal goals. Some lessons made good use of group profiles, which had useful records of each learner's level and areas for development, to share information between tutors. In other lessons, they were incomplete or out of date.
- 3.21** Teaching of mathematics and English was delivered through classroom provision, so learners who chose practical subjects often did not improve these skills. Some instructors planned the development of functional skills well. For example, in a computer maintenance session, the instructor explained the sequence of mathematical operations used when computers calculate formulas. In other cases, tutors did not identify learners with low functional skills ability, and did not incorporate English and mathematics skills in their teaching. (See main recommendation S41.)
- 3.22** The promotion of diversity in education classes was good, and there were eye-catching displays throughout the education centre about different countries' festivals and celebrations.

Recommendations

- 3.23** **Peer mentors should be managed and promoted effectively and their work should be planned thoroughly to maximise the support they are able to offer other learners.** (Repeated recommendation 3.27)
- 3.24** **The use of individual learning plans should be improved so that learners have clear short- and medium-term targets for progress in both personal and subject-based skills.**

Education and vocational achievements

- 3.25** Learners in vocational training workshops used safe working practices and achieved appropriate standards. In some areas, such as cleaning, barbering, food preparation, radio production and carpentry, they achieved a good standard. For example, in the barbering class, professional haircuts were given in a realistic work environment, replicating salon conditions.
- 3.26** Success rates on vocational courses were reasonably good overall, but there were wide variations between courses. For example, success rates were high on barbering and cleaning services courses, but low on health and safety, and construction. Success rates in functional skills were better than at the previous inspection, but still required improvement. Success rates in English were particularly low and had not improved in the previous two years. In mathematics, results had improved at entry level, but remained low at levels 1 and 2. A minority of prisoners were not convinced of the benefits of developing their English and mathematics skills and were not motivated to engage with lessons. (See main recommendation S41.)
- 3.27** Attendance in most classes was very poor. The college records showed that in the five months to December 2014, only just over half of the allocated activity places were attended. Some of these absences were for good reason, but the majority appeared to be deliberate avoidance of education. (See main recommendation S40.) Attendance at work places was better, averaging 79% over the same period.
- 3.28** Many workshop activities provided opportunities for prisoners to enhance their employability skills. For example, in recycling they worked hard as a team to achieve daily targets for processing and packing waste plastic. In the barbering salon, learners developed customer service skills, worked to tight timescales, and learned about costs and budgets. However, planning to develop these wider employability skills was insufficient and learners' progress was not recorded.

Recommendation

- 3.29** **The prison and the college should focus on developing and recording all the employability skills learners gain through learning and skills and work activities.** (Repeated recommendation 3.31)

Library

- 3.30** The library, managed by Staffordshire County Council, was attractively designed and furnished with a good stock of resources to suit all tastes and interests. Prisoners could access up-to-date legal textbooks and guides, books in a range of foreign languages, easy reads, and books bought in consultation with the education department to match the current curriculum. However, a high level of stock was lost through damage and non-returns. Staff levels were adequate, and a prison orderly provided useful additional support.
- 3.31** Prisoners' use of the library had declined steadily over the past few years. While the total membership remained relatively static at just below half the population, there had been a fall in the numbers of visits to the library and issues per prisoner. There was a shortage of prison officers available to escort prisoners to the library. However, opening hours had recently been extended to include one evening a week for prisoners in full-time work.

- 3.32** Library managers had developed effective links with other departments, particularly with education. Tutors regularly brought groups of prisoners into the library as part of their studies, to familiarise them with the resources and sign them up for membership.
- 3.33** There were good initiatives to promote reading. These included the 'Six Book Challenge', talks by nationally recognised authors, Storybook Dads (enabling prisoners to record a story for their children), and a particularly imaginative community-based reading project, Books Unlocked: Exploring *Pigeon English* (a Man Booker prize novel), which involved linking a prisoner readers' group with reading groups from several secondary schools and local libraries in Staffordshire.
- 3.34** At the time of the inspection, the library's outdated computer facilities were being upgraded with the installation of a 'virtual campus' suite, enabling prisoner access to community education, training and employment opportunities via the internet. This would provide a good study facility and resource to support the well-developed distance learning programme, as well as open up resettlement opportunities

Recommendation

- 3.35** **The prison should improve access to the library by ensuring that prison staff are available to escort prisoners.**

Good practice

- 3.36** *The library took part in an imaginative community-based reading project, linking a readers' group in the prison with those in local libraries and secondary schools.*

Physical education and healthy living

Expected outcomes:

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

- 3.37** *Facilities for physical education (PE) were good, access to the gym had improved, and there was now a range of accredited qualifications for prisoners. The department encouraged participation through promotion of healthy living and opportunities for team sports, as well as special sessions for prisoners with specific needs, and a few prisoners had access to outward-bound activities. However, a significant minority of prisoners still did not take part in PE.*

- 3.38** Prisoners benefited from a range of PE facilities, including a sports hall, two multi-purpose gym rooms with cardiovascular machines, and outdoor football and rugby pitches. The gym was open seven days a week, including evenings. All prisoners had routine access to clean and suitable gym kit. Shower facilities were suitable and incorporated privacy screens. There were nine appropriately qualified and experienced PE staff. The department's self-assessment and improvement action planning was good, and included clear and detailed actions to improve the provision further.

- 3.39** New arrivals received an appropriate induction covering their expected behaviour in the gym and safe use of gym facilities. They completed a health check and were given information about healthy living.
- 3.40** Attendance at PE sessions was good, and participation rates had risen from around 42% to 65% over the last year. The prison had restructured the PE timetable to improve access, and staff had developed measures to improve attendance, including offering an extra gym session to prisoners who attended education. They carefully monitored attendance to identify under-represented groups. There were specific sessions in a satellite multi-purpose gym room for vulnerable prisoners, as well as those who had health needs. Although it was too early to assess the full impact of these initiatives, there were indications that they had attracted prisoners who had not previously used the PE facilities, although a significant minority still did not take part.
- 3.41** Since the last inspection, the department had introduced a range of accredited vocational training courses for the fitness industry. Attendance and success rates on these courses were good. The department continued to provide short courses in manual handling and first aid. PE staff had also developed a range of activities to extend the personal skills of the more able prisoners – for example, release on temporary licence was used to develop teamworking through outward-bound activities. The department encouraged prisoners to take part in charity events, such as ‘Red Nose Day’ and charities supporting victims of crime.

Recommendation

- 3.42** **The prison should continue to develop its PE provision and tracking systems to encourage greater participation by all prisoners in sports activities.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

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

Good planning ensures a seamless transition into the community.

4.1 *The strategic aims of the prison for offender management and resettlement had improved and much of the work was now based on an appropriate prisoner needs analysis. However, there was limited integration across departments, compounded by the regular redeployment of officer offender supervisors.*

4.2 The overall strategic management of offender management and resettlement had improved considerably since the last inspection. The prison now had comprehensive reducing reoffending and offender management strategy documents that covered all aspects of offender management and resettlement, including the work under each resettlement pathway. A comprehensive needs analysis in May 2013, based on questionnaires completed by 343 prisoners, had informed the prison's current strategy. The provision of offending behaviour programmes was based on a further analysis of OASys (offender assessment system) data (see paragraph 4.38), but as there had been backlogs in completions of OASys we were not confident that this analysis was an accurate reflection of the population.

4.3 The reducing reoffending strategy group met monthly and was reasonably well represented by key staff from across the prison, including offender management. Minutes from the meetings indicated a good strategic link between departments, but operationally there continued to be limitations and some indications that the work between departments was not closely aligned. For example, the activities department had introduced the positive initiative of sequencing meetings for prisoners to ensure they took part in appropriate activity at the most appropriate time, but the link with offender management was inconsistent and there were few references to the prisoner's sentence plan. Equally, offender supervisors were not routinely involved in pre-release planning of prisoners (see paragraph 4.27). Staff across the prison did not consistently use the P-Nomis Prison Service IT system to record prisoner contact and help share information.

4.4 These problems were compounded by the substantial and regular diminished staffing in the offender management unit (OMU). In the previous six months, the department had consistently lost more than half of its officer offender supervisor allocation to redeployment elsewhere in the prison. Although this redeployment was to prioritise work around safety and respect, it had affected offender management work. However, in the fortnight before the inspection the situation had improved slightly with about 75% of the allocated staff available. In our survey, only 50% of prisoners, against the 59% comparator, said that they had done something or something had happened to them at Brinsford to make them less likely to offend in the future.

4.5 Although the prison knew who the community rehabilitation company (CRC) provider would be for their area, there was still some confusion about the impact of their involvement and how the work would be taken forward strategically over the coming months.

Recommendations

- 4.6 Offender management and offender supervisors should be appropriately integrated into all key aspects of prisoners' activities.** (Repeated recommendation, 4.7)
- 4.7 The prison should ensure that offender supervisors are consistently available to ensure the needs of all prisoners are met.** (Repeated recommendation 4.17)
- 4.8 All staff should use P-Nomis to record prisoner contact.**

Offender management and planning

Expected outcomes:

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

4.9 *The backlog of OASys assessments had improved but was still significant, and their quality was variable and too often lacked appropriate focus. Quality assurance was inconsistent and there was insufficient focus on harm and reoffending reduction. The role of offender supervisors beyond OASys was limited. Licence release arrangements were reasonable. Some aspects of public protection work were appropriate but the management of multi-agency public protection arrangements (MAPPA) cases was not strong enough.*

- 4.10** During the inspection we were joined by colleagues from HM Inspectorate of Probation who looked in detail at six offender management cases (in scope for offender management) held by community offender managers and six that were the responsibility of the prison service (out of scope). We also looked at a further 15 cases in less detail, mostly prisoners due to be released.
- 4.11** The offender management department consisted of two probation officers and several prison officers with the dual role of wing supervisory officer and offender supervisor. In principle, high and very high risk cases were held by probation staff but in practice this was not consistent and some prison officers were also responsible for a few high risk cases. Since the beginning of January 2015, the prison had been using the new basic custody screening (BCS) on all new arrivals, with subsequent referrals to pathway providers where appropriate. The cases we saw were generally completed to a good standard, although there were variations and no quality assurance to ensure consistency.
- 4.12** The prison continued to struggle with a backlog of OASys assessments and although it had improved slightly since the last inspection, approximately one in five prisoners had no OASys or one that was out of date. We were told that this was a significant improvement on the position six months earlier. The quality of completed OASys varied considerably. Only half of the cases we looked at in detail had sentence plans with objectives that covered key factors associated with the likelihood of reoffending, and the analysis of risk of serious harm was weak in over half of the cases where it was required. (See main recommendation S42.) We were concerned about the number of the prisoners who we spoke to who still did not know whether they had a sentence plan and their targets, although in our survey, more than at our previous inspection knew who their offender supervisor was (56% against 38%). Sentence planning meetings were not held in all the cases we assessed, and where they took place they

were not consistently attended by or had contributions from prison staff other than the offender supervisor. However, contributions from some departments, including the mental health and substance misuse teams, were better. There was little difference in the quality of sentence planning by offender supervisors and community offender managers.

- 4.13** Many prisoners could access useful interventions through education and training or the resettlement pathways, primarily because of the effective induction process. However, the lack of appropriately focused OASys meant that key issues oriented to the reduction of risk of harm and reoffending were not consistently addressed through offender management. (See main recommendation S42.) For example, two of the cases we looked at in detail should have been reviewed because of serious violent behaviour by the prisoners while in custody, but this had not been done. In one further case, a prisoner had attended the thinking skills programme (TSP) through self-referral and without completion of an OASys.
- 4.14** Offender supervisors had relatively little contact with prisoners beyond sentence planning, which had an impact on the effectiveness of offender management. There was little guidance to help offender supervisors determine the cases to prioritise, with some focusing on prisoners close to release and others on their risk of harm. Although probation staff received regular casework supervision from the senior probation officer at the prison four days a week, this was not extended to officer offender supervisors. We did see a few cases where offender supervisors had effective contact with prisoners oriented to addressing and challenging attitudes and behaviour, but this was usually work by probation staff. Elsewhere, offender supervisors were not following the guidance produced by NOMS on the role of offender supervisors.⁶ (See main recommendation S42.)
- 4.15** Arrangements for managing release on temporary licence (ROTL) were generally good, the number of actual events had doubled (from 797 to 1,561). However, it was disappointing that the number of prisoners released on licence was similar to the last inspection (26 against 22 in 2013).
- 4.16** Although home detention curfew (HDC) was reasonably well managed, the number of successful applications remained similar to that in 2013 (42% compared with 40%). There were still the delays we reported on then, primarily due to late reports from the national probation service. There was no agreed protocol to follow up such delays relating to HDC reports, OASys or public protection concerns.

Recommendations

- 4.17** **OASys assessments should be completed within agreed timescales.** (Repeated recommendation 4.18)
- 4.18** **Risk assessment and management should be central to the work of offender supervisors, and there should be a 'whole prison' approach to the management of prisoners' risk.**
- 4.19** **The prison should ensure that delays in reports and contributions from offender managers are chased up consistently to reduce delays in prisoner progress.**

⁶ *Targeting and delivering offender management in custody. Practice guidance for offender supervisors, NOMS, September 2014.*

Public protection

- 4.20** At the time of the inspection, there were 16 prisoners subject to child protection measures and a further 30 subject to monitoring because of harassment. These arrangements were reasonably well managed. However, wider arrangements for the management of public protection were not sufficiently robust and meant that some prisoners, primarily those subject to MAPPA, could be missed. Identification of prisoners subject to MAPPA and high risk cases relied on the correct alerts being flagged on P-Nomis but we found a few cases where this had not happened. The consequence was that cases were not put forward for discussion at the interdepartmental risk management meeting. The MAPPA management level of prisoners was also not routinely clarified with offender managers at the six month pre-release stage.
- 4.21** The monthly interdepartmental risk management meeting was well attended, although not always by offender supervisors, and there were good links with security. Reports prepared by offender supervisors for community MAPPA meetings were generally of a good standard.

Recommendation

- 4.22** **There should be effective management oversight of all public protection arrangements and procedures, and the prison should ensure that all multi-agency public protection arrangements (MAPPA) management levels are identified six months in advance of prisoners' release dates.**

Categorisation

- 4.23** Arrangements to review prisoners' categorisation were generally appropriate. There were relatively few moves from Brinsford, and most were to adult category C prisons or other closed YOIs. In the previous six months, only one prisoner had been transferred to an adult category D prison.

Indeterminate sentence prisoners

- 4.24** At the time of the inspection the prison was holding one potential indeterminate sentence prisoner. A probation officer held regular meetings for any such prisoners, which was a positive initiative.

Reintegration planning

Expected outcomes:

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

4.25 *A recently introduced pre-release screening ensured that all prisoners due for release had the necessary links to resettlement pathways. Although resettlement pathway work was mostly appropriate, offender supervisors and offender managers were rarely involved. Accommodation support was reasonable, and prisoners could obtain support with outstanding debts. The number of prisoners entering training or employment on release was low but the recent appointment of a business and community engagement manager was positive, and there was good use of the 'virtual campus'. The substance misuse team had good community links. Work with children and families had developed considerably and there was a good range of support. Provision to address offending behaviour was underdeveloped.*

4.26 The prison released an average of approximately 60 prisoners a month. They were all seen at about six weeks and then two weeks before release by a business administrator from the OMU for pre-release screenings to identify any outstanding resettlement needs and, where appropriate, make referrals to pathway providers. The model had only been in place for about four weeks before the inspection and it was too early to assess its effectiveness. Nevertheless, all prisoners due for release who we reviewed had been seen and appropriate referrals made. However, some referrals were made to the Department of Works and Pensions (for Jobcentre Plus assessments) at the six-week point, which were unnecessary as these were not usually completed until the last two weeks.

4.27 Pre-release meetings between the offender supervisor, prisoner and offender manager were rare. While pre-release arrangements and offender supervisor involvement were better for high risk prisoners, especially if managed by probation staff, some low and medium risk prisoners had had little or no contact with offender supervisors for months before their release. In one case, a prisoner who had been at the prison for over six months was about to be released without even an OASys assessment completed for him.

Recommendation

4.28 **Offender supervisors should routinely share information with offender managers about prisoners' progress during sentence and plans for release before their release.**

Accommodation

4.29 Accommodation support was provided by the crime reduction charity Nacro and was a generally good service. Nacro workers no longer attended induction as they had one less worker, although the effect of this had been diminished by the introduction of basic custody screening and the pre-release screenings. In our survey, more prisoners than at the previous inspection knew who to speak to about accommodation support, but this was still below the comparator. The prison met its accommodation target of 95%, and those released without fixed accommodation was a relatively low 4%,

Education, training and employment

- 4.30** The prison's links to employers and outside training providers remained weak. In the previous week there were only six prisoners on ROTL placements. The number of prisoners entering training or employment on release was low, averaging 19% for each in the previous month. However, the prison had recently appointed a business and community engagement manager who had begun to develop links with local employers. Recent initiatives included a successful careers event in January 2015, targeted at prisoners with three months or less to serve. Collection of data on the destination of prisoners leaving custody was more systematic than previously and the number of outside work placements was increasing. The new recycling facility had also increased employment opportunities for prisoners with the partner company on their release.
- 4.31** The National Careers Service provided a good service. It saw all new arrivals, and interviews were well conducted and effective in helping prisoners to adopt realistic aspirations and select appropriate activities to help them obtain employment on release. The interviews were used to determine the individual's activity allocation. National Careers Service advisers reviewed progress against these targets at six-month intervals and two weeks before release. They also encouraged prisoners to use the 'virtual campus', giving them internet access to community education, training and employment opportunities, as a tool for learning about the labour market, developing a curriculum vitae, and applying for jobs (see also paragraph 3.37). Brinsford had a high rate of job applications through the virtual campus.

Recommendation

- 4.32** **The prison should make ROTL available to more prisoners to support their progression into education, training and work on release.** (Repeated recommendation 4.41)

Health care

- 4.33** All prisoners were offered a pre-release health assessment and given take-home packs with information about community services, harm minimisation, condoms and medication, if required. Patients were given medication to take home and a letter for the GP, or advice on how to find one. The care programme approach was in place to ensure patients with serious mental illnesses received case management before release and continuity of care thereafter. There was an end-of-life pathway that was rarely used.

Drugs and alcohol

- 4.34** The drug and alcohol recovery service (DARS) had good links to community support for prisoners with substance misuse issues in Birmingham, Wolverhampton and Staffordshire, where the majority of prisoners were released, and beyond. Resettlement opportunities for prisoners who used DARS had also improved through effective family support facilitated by the service.

Finance, benefit and debt

- 4.35** A worker from Citizens Advice attended the prison three times a week and picked up referrals from a variety of sources, including the basic custody and pre-release screenings. The worker had a target of 12 referrals a months. Debt was the primary focus of prisoner

contact, although full details of the nature of meetings were not shared with the prison due to prisoner confidentiality. The prison enabled prisoners to open bank accounts, and the education department offered a 10-week part-time positive finance course. Prisoners were routinely seen by Jobcentre Plus to cover benefits before their release.

Children, families and contact with the outside world

- 4.36** The prison had put considerable effort into work under this pathway in the previous 18 months and there were signs of progress. The range of support included parenting courses delivered by the Safe Ground charity, and Storybook Dads (see paragraph 3.36). There were family days every two months during school holidays, and evening visits once a month. In our survey, more prisoners than at the last inspection said that staff had helped them maintain contact with their friends and family while at Brinsford.
- 4.37** There was a large visitors' centre run by the charity HALOW (Help and Advice Line for Offenders' Wives, partners and family), which offered a range of support and advice, primarily through a part-time family support worker. There were occasionally delays in visits sessions starting but we were told that there was capacity to extend sessions when this happened. Visitors told us that their visits experience was generally positive, and we saw good interactions between staff and visitors. The visits hall was large and bright and could accommodate up to 41 visits. The prison had recently installed a soft play area for small children and had obtained funding for a part-time playworker.

Attitudes, thinking and behaviour

- 4.38** The prison's recent needs analysis indicated the need for programmes to address violent offending and general cognitive deficits. At the time of the inspection, only the thinking skills programme (TSP) was available, although there were plans to incorporate the Resolve programme from April 2015. The focus on resettlement (FOR) programme had recently been decommissioned.
- 4.39** Due to staffing difficulties, only 20 TSP places and a further 28 places on FOR had been delivered in 2014-15. There was little other work. Offender supervisors rarely engaged in offence-focused work and, although there were programmes on substance misuse, there was little to address victim awareness. In the previous six months, nine prisoners had been transferred to other prisons because they were identified as needing sex offender treatment, but only one prisoner had been transferred to address other offending behaviour work. Many prisoners were released having done no work to address their offending behaviour. Despite this, more prisoners than at the last inspection said they had been on an offending behaviour programme at Brinsford.

Recommendation

- 4.40** **There should be a strategy to address the shortfall in offending behaviour provision to meet the needs of the population.**

Section 5. Summary of recommendations and housekeeping points

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

Main recommendations

To the governor

- 5.1 The education provider and the prison should carefully monitor and manage individual prisoner attendance in education and training and ensure a consistent response to prisoner non-attendance. There should be greater use of learners' views in deciding how and what courses to deliver and learners should be encouraged to promote education to others. (S40)
- 5.2 The teaching of English and mathematics should be more engaging and interesting to learners, success rates should be improved, and there should be more opportunities for learners to develop their English and mathematics skills in vocational subjects. Other prison departments should support and encourage prisoners to improve these skills in preparation for resettlement. (S41)
- 5.3 Managers should ensure consistent and effective offender management services to all prisoners. Risk assessment, evaluation and management should be central to the work of offender supervisors and be incorporated into all decisions about prisoners' progress, and there should be a 'whole prison' approach to the management of prisoners' risk. (S42)

Recommendation

To the Prisoner Escort and Custody Services

- 5.4 Prisoners should be transferred to prison shortly after the conclusion of their court appearance. (1.5)

Recommendations

To the governor

Early days in custody

- 5.5 Time out of cell for prisoners on the induction unit should be improved. (1.11)

Bullying and violence reduction

- 5.6 The prison should address the causes behind prisoners' poor perceptions of safety and reduce the number of violent incidents. Monitoring of and interventions for victims and perpetrators of violence should be introduced. (1.19)
- 5.7 The prison should ensure that the reintegration and behavioural support plans for prisoners on the supported living unit are effective in maintaining the improved behaviour of prisoners. (1.20)

Incentives and earned privileges

- 5.8** The regime for prisoners on the basic level should be improved. (1.43)
- 5.9** Planning and interventions to encourage prisoners to engage with the regime should be improved. (1.44)

Residential units

- 5.10** Cell toilets should be adequately screened. (2.9)
- 5.11** The prison should improve daily access to showers and telephones. (2.10)

Equality and diversity

- 5.12** Equality monitoring data should be analysed thoroughly and all patterns or trends fully investigated and addressed. (2.21)
- 5.13** There should be regular consultation with all groups with protected characteristics, and the role of prisoner equality representatives developed further. (2.22)

Faith and religious activity

- 5.14** The chaplaincy should systematically report all concerns about prisoners being pressured to change their faith so that appropriate action can be taken. (2.33)

Health services

- 5.15** Equipment for use in a medical emergency should be in date and ready for use at all times. (2.50)
- 5.16** The staff training needs analysis should address awareness and reporting of adverse incidents, as well as the correct use of child protection measures. (2.51)
- 5.17** The introduction of health assessment for acquired brain injury should be introduced following head injury training for staff. (2.61)
- 5.18** Medicine administration should be supervised to ensure patient confidentiality and reduce the risk of bullying and trading. (2.71, repeated recommendation 2.76)
- 5.19** Patients requiring a transfer under the Mental Health Act should be transferred expeditiously and within the current transfer guidelines. (2.82, repeated recommendation 2.91)

Catering

- 5.20** Breakfast should be issued on the day it is to be eaten and lunch should be served at the servery. (2.88)
- 5.21** All prisoners should have the opportunity to dine in association. (2.89, repeated recommendation 2.100)

Purchases

- 5.22** All new arrivals should have access to the prison shop within their first 24 hours. (2.92, repeated recommendation 2.105)

Learning and skills and work activities

- 5.23** The procedures to improve the quality of provision should be monitored thoroughly and applied consistently. (3.12)
- 5.24** The prison should improve communication with prisoners to inform them in advance about the course or activity they have been allocated and the reasons why. (3.16)
- 5.25** Peer mentors should be managed and promoted effectively and their work should be planned thoroughly to maximise the support they are able to offer other learners. (3.23, repeated recommendation 3.27)
- 5.26** The use of individual learning plans should be improved so that learners have clear short- and medium-term targets for progress in both personal and subject-based skills. (3.24)
- 5.27** The prison and the college should focus on developing and recording all the employability skills learners gain through learning and skills and work activities. (3.29, repeated recommendation 3.31)
- 5.28** The prison should improve access to the library by ensuring that prison staff are available to escort prisoners. (3.35)

Physical education and healthy living

- 5.29** The prison should continue to develop its PE provision and tracking systems to encourage greater participation by all prisoners in sports activities. (3.42)

Strategic management of resettlement

- 5.30** Offender management and offender supervisors should be appropriately integrated into all key aspects of prisoners' activities. (4.6, repeated recommendation, 4.7)
- 5.31** The prison should ensure that offender supervisors are consistently available to ensure the needs of all prisoners are met. (4.7, repeated recommendation 4.17)
- 5.32** All staff should use P-Nomis to record prisoner contact. (4.8)

Offender management and planning

- 5.33** OASys assessments should be completed within agreed timescales. (4.17, repeated recommendation 4.18)
- 5.34** Risk assessment and management should be central to the work of offender supervisors, and there should be a 'whole prison' approach to the management of prisoners' risk. (4.18)
- 5.35** The prison should ensure that delays in reports and contributions from offender managers are chased up consistently to reduce delays in prisoner progress. (4.19)

- 5.36** There should be effective management oversight of all public protection arrangements and procedures, and the prison should ensure that all multi-agency public protection arrangements (MAPPA) management levels are identified six months in advance of prisoners' release dates. (4.22)

Reintegration planning

- 5.37** Offender supervisors should routinely share information with offender managers about prisoners' progress during sentence and plans for release before their release. (4.28)
- 5.38** The prison should make ROTL available to more prisoners to support their progression into education, training and work on release. (4.32, repeated recommendation 4.41)
- 5.39** There should be a strategy to address the shortfall in offending behaviour provision to meet the needs of the population. (4.40)

Housekeeping points

Self-harm and suicide

- 5.40** Access to Listeners and the management of Samaritans telephones should be improved. (1.26)
- 5.41** Attendance at the safer custody meeting should be consistent. (1.27)

Health services

- 5.42** Custody staff should be aware of the location of all automated external defibrillators. (2.52)
- 5.43** Free-flow movement and health centre opening times should be better coordinated to reduce patient waiting times. (2.62)
- 5.44** Patient group directions should be up to date and signed by all relevant staff. (2.72)
- 5.45** Maximum/minimum temperatures should be recorded daily for the drug refrigerators, and pharmacy staff should ensure that heat-sensitive items are stored within the 2-8°C range and take corrective action where necessary. (2.73)
- 5.46** The medicine hatches should facilitate communication with patients. (2.74)
- 5.47** Prisoner identification cards should be checked when patients collect their medications. (2.75)

Examples of good practice

- 5.48** The new reception and first night arrangements were effective at putting new arrivals at their ease, and they were positive about their first night experience at Brinsford, particularly those in prison for the first time. (1.12)
- 5.49** Management monitoring and action to ensure short waiting lists, short waiting times and low non-attendance rates meant the service was one of the most efficient we have seen. (2.63)

- 5.50** Nurse follow up of patients' external health appointments ensured coordination and continuity of care. (2.64)
- 5.51** The inpatient team made follow-up visits to discharged patients to review the care and support they required. (2.65)
- 5.52** Patients had frequent opportunities to access registered pharmacy staff to consult on their care and make informed choices about medications. (2.76)
- 5.53** The installation of separate decontamination facilities had increased patient safety and ensured that the dental suite was best practice compliant. (2.78)
- 5.54** The library took part in an imaginative community-based reading project, linking a readers' group in the prison with those in local libraries and secondary schools. (3.36)

Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Kieron Taylor	Team leader
Andrew Lund	Inspector
Keith McInnis	Inspector
Angus Mulready-Jones	Inspector
Gordon Riach	Inspector
Njilan Morris-Jarra	Researcher
Amy Radford	Researcher
Alissa Redmond	Researcher

Specialist inspectors

Paul Roberts	Substance misuse inspector
Paul Tarbuck	Health services inspector
Sue Melvin	Pharmacist
Jan Fooks-Bale	Care Quality Commission inspector
Stephen Oliver-Watts	Ofsted inspector
Shahram Safavi	Ofsted inspector
Charles Searle	Ofsted inspector
Keith Humphreys	Offender management inspector
Liz Smith	Offender management inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2013, court, escort and transfer process required improvement. Early days arrangements, including assessment and induction were weak; processes were inadequate and potentially unsafe. In our survey too many prisoners reported feeling unsafe during their early days in the prison. Although most had minor consequences, there were far too many violent incidents and we found substantial evidence of under-reporting, too many prisoners felt victimised or unsafe. Arrangements to support prisoners in self-harm crisis were inadequate. Formal safeguarding arrangements were underdeveloped and the management of those with vulnerabilities was incoherent. Security was not proportionate, but the incentives and earned privileges (IEP) scheme was applied fairly. There were many deficiencies across the range of disciplinary procedures. Drug use was too high, but substance misuse support was adequate. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

Comprehensive first night risk assessments should always be completed on the day of arrival. New arrivals should receive a private telephone call and should be located in designated, well prepared cells. Risk assessment and management, staff handover arrangements and support for new arrivals should be improved. (S47)

Achieved

The content and delivery of induction should be improved and all prisoners should complete a full induction and be kept purposefully engaged until allocated to activities. Prisoners should be given proper support and information on their arrival into custody. (S48)

Achieved

The prison should address the causes behind prisoners' poor perceptions of safety and reduce the number of violent incidents. The violence reduction strategy should be reviewed and data collection and analysis improved. There should be a coherent approach to dealing with perpetrators and supporting victims of bullying and violence. (S49)

Partially achieved

The prison should have clear accountable arrangements for the identification of prisoners with vulnerabilities, risks, or who have problems coping. There should be a coherent strategy and approach to managing vulnerable prisoners which affords good care and meaningful support. (S50)

Partially achieved

Recommendations

Person escort records should be completed properly and prisoners should be transferred to prison shortly after the conclusion of their court appearance. (1.4)

Partially achieved

The environment in reception should be improved and the time prisoners spend there should be reduced. (1.15)

Achieved

All staff should receive safer custody training and subsequent refresher training. (1.29)

Not achieved

The quality of ACCT case management documents and support for those in crisis should be improved and prisoners subject to ACCT case management should only be located in the segregation unit in exceptional circumstances. (1.30)

Achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.35)

Achieved

Strip searching of individuals should only take place where intelligence supports such a decision (1.42)

Achieved

The prison should ensure that all intelligence is passed on to the security department, which should ensure that it is processed expeditiously. (1.43)

Achieved

The prison should ensure that the random drug testing target is achieved monthly and that necessary suspicion tests are completed. (1.44, repeated recommendation 3.42)

Achieved

The prison should take a more proactive approach to supply reduction and monitor the effectiveness of supply reduction measures. (1.45)

Achieved

The strategy for managing prisoners who refuse to attend activities should be revised to ensure fairness and focus on encouragement and motivational work. (1.53, repeated recommendation 7.33)

Achieved

Adjudications standardisation meetings and quality assurance processes should be reintroduced; data should be collected and analysed to ensure fairness and accountability and to ensure the prison is better informed regarding discipline. (1.60)

Achieved

The governance of use of force should be improved; all incidents, including the drawing and use of batons, should also be scrutinised by the use of force committee; staff should be required to account for their actions and complete paperwork in a timely manner. (1.66)

Achieved

Special cells should only be used as a last resort and for prisoners on ACCTs in very exceptional circumstances only. Authorisation paperwork should be completed and prisoners should spend the minimum amount of time in special cells and never remain in them once they have calmed down. (1.67)

Achieved

The environment and cells in the segregation unit should be refurbished. (1.72)

Partially achieved

SMARG meetings should take place to analyse trends and patterns to inform the segregation strategy. (1.73)

Achieved

The drug and alcohol strategy document should be updated, contain detailed development targets and be informed by a comprehensive needs analysis. (1.82)

Achieved

Appropriate establishment support should be provided to ensure that drug and alcohol group work modules run on a regular basis and that the drug recovery unit provides a supportive environment to prisoners committed to its aims. (1.83)

Achieved

The drug and alcohol recovery service should develop a mechanism for regular service user feedback to inform future developments. (1.84)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2013, the environment of much of the prison was very poor. Most residential accommodation was squalid, a large number of windows were in a shocking condition and we considered many cells to be unfit for occupation. Interactions between staff and prisoners were mostly positive, but most engagement was superficial. Low staffing levels were affecting many areas. Formal arrangements to promote equality and diversity were poor. Faith provision was good. Complaints procedures were deficient. Legal services provision was generally inadequate. Health care was good overall and some aspects of primary care delivery were very good. Prisoners were negative about the food, but we found provision to be adequate. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

The prison should ensure that conditions in the cells and residential areas are improved and reflect acceptable standards of cleanliness and conditions. Specifically, the communal areas and cells in units 1, 2, 3 and 4 should be fully refurbished and maintained to a good standard; single cells should not be used for double occupancy; cell windows should be replaced immediately; cells should be adequately furnished and contain lockable cupboards; toilets should be deep cleaned regularly and sufficiently screened; and showers should be maintained to a high standard. (S51, repeated recommendations HP56, 2.2, 2.3, 2.13 and 2.19)

Partially achieved

The prison should improve the experience and outcomes for all minority groups representing protective characteristics in the prison. The prison should ensure good quality information gathering and analysis is in place and supported by effective process, structures and interventions that promote equality, improved perceptions and meaningful outcomes for prisoners. (S52)

Partially achieved

Recommendations

Prisoners should be able to access clean prison clothing of an acceptable quality, clean sheets and cell cleaning materials. (2.11)

Achieved

Cell call bells should be answered within five minutes. (2.12)

Achieved

The prison should develop a strategy that encourages more than superficial staff-prisoner engagement and ensure staff are making a greater contribution towards improving prisoners' quality of life. (2.20)

Achieved

The personal officer scheme or similar should be re-launched and entries in wing files should consistently reflect regular interaction with prisoners. (2.21)

Partially achieved

The strategic management of equality and diversity should be improved and the purpose and aims of the equalities committee defined to ensure that the prison is working properly to oversee, analyse and drive forward the strategy. (2.29)

Achieved

Race monitoring data should be analysed thoroughly and any patterns or trends fully investigated. (2.30)

Partially achieved

Prisoner equality representatives should receive appropriate training and clear guidance on the role. (2.31, repeated recommendation 4.5)

Partially achieved

The legal services provision should be improved. (2.49)

Not achieved (recommendation repeated, 2.38)

Custody officers should have access to AEDs for use in an emergency and should be trained how to use them as part of regular emergency first aid training. (2.60)

Partially achieved

Inpatients should have daily access to exercise and fresh air, and access to time unlocked, equivalent to that on the residential units. (2.67, repeated recommendation 5.56)

Achieved

Inpatients should have greater access to meaningful activities and group work. (2.68, repeated recommendation 5.57)

Achieved

Medicine administration should be supervised to ensure patient confidentiality and reduce the risk of bullying and trading. (2.76)

Not achieved (recommendation repeated, 2.72)

The prison should ensure medicines are received at the appropriate time. (2.77)

Achieved

The prison should establish a medicines and therapeutics committee, which should include the pharmacist. (2.78)

Achieved

The dental decontamination room should be installed without delay. (2.83, repeated recommendation 5.49)

Achieved

Custody officers should be trained to recognise prisoners who may be experiencing mental health problems to ensure they are referred to mental health services. (2.89)

Partially achieved

Rooms suitable for mental health therapy should be made available in the health centre. (2.90)

Achieved

Patients requiring a transfer under the Mental Health Act should be transferred expeditiously and within the current transfer guidelines. (2.91)

Not achieved (recommendation repeated, 2.83)

Breakfast should be issued on the day of intended consumption. (2.99)

Not achieved

All prisoners should have the opportunity to dine in association. (2.100, repeated recommendation 8.2)

Not achieved (recommendation repeated, 2.90)

The standard of hygiene and servery management should be consistent. (2.101)

Achieved

All new arrivals should have access to the prison shop within their first 24 hours. (2.105, repeated recommendation 8.12)

Not achieved (recommendation repeated, 2.93)

Purposeful activity

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

At the last inspection, in 2013, far too many prisoners were locked in their cells for long periods with nothing constructive to do. There were too few activity places and we observed available activity places not being taken up. Attendance and punctuality were poor and allocation arrangements inefficient. Induction to education was improving, but most teaching and training were not good enough to meet all prisoners' needs. Educational and vocational achievements varied considerably. The library offered a very good environment but was hardly used. Gym facilities were good and focused on recreational activities but sessions were cancelled too frequently. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

All prisoners should receive adequate time out of cell each day, including better opportunities for daily exercise in the open air, association every evening and improved domestic time in the morning and at meal times. (S53, repeated recommendations HP57, 6.1 and 6.2)

Partially achieved

The prison should ensure there are sufficient activity places to fully occupy all eligible prisoners. The prison should also ensure that all prisoners arrive and leave learning and skills and work activities punctually, to maximise learning. Learning and skills places provided under the OLASS contract should be delivered in full. (S54)

Partially achieved

Recommendations

The prison and the OLASS and National Careers Service providers should develop a strategy focused on delivering relevant learning and skills and work activities to enable prisoners to progress to further training and employment on release. (3.13)

Achieved

The prison should monitor the quality of its learning and skills and work provision and evaluate its impact on supporting prisoners' plans for resettlement. (3.14)

Partially achieved

The OLASS provider should ensure that procedures to improve the quality of teaching and learning are effective. (3.15)

Partially achieved

The prison, OLASS and the National Careers Service providers should ensure that prisoners are allocated to and regularly attend appropriate provision to support their sentence and resettlement plans. (3.19)

Partially achieved

Teachers and trainers in all education and training provision should focus on developing all learners' practical skills and theoretical understanding against clear short- and long-term targets, giving them constructive feedback on the quality of their work during sessions. (3.25)

Partially achieved

Provision in English and mathematics should be set in meaningful contexts to enable learners to apply these skills in vocational and everyday settings. (3.26)

Partially achieved

Peer mentors should be managed and promoted effectively and their work should be planned thoroughly to maximise the support they are able to offer other learners. (3.27)

Partially achieved (recommendation repeated, 3.24)

Prisoners' achievement of qualifications in English and mathematics and full awards in vocational skills should be substantially improved. (3.30)

Partially achieved

The prison and OLASS provider should focus on developing and recording all the employability skills learners gain through learning and skills and work activities. (3.31)

Partially achieved (recommendation repeated, 3.30)

The prison should ensure that all prisoners have access to the library facilities and its activities at least once a week, including in the evenings and at weekends. (3.34)

Achieved

The prison should improve the central allocation process and ensure that staff escorts are available so that more prisoners are able to attend the gym, especially prisoners in full-time work, education or training; sessions should not be cancelled. (3.41)

Achieved

Accredited PE vocational courses should be reintroduced. (3.41)

Achieved

Resettlement

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

At the last inspection, in 2013, resettlement services were poor, uncoordinated and essentially marginal to the prisoner's experience. Strategic management arrangements were inefficient and offender management work failed to meet the needs of most prisoners. Access to release on temporary licence (ROTL) was improving and the prison had some good links with employers. Public protection arrangements were satisfactory. Reintegration pathway provision was fragmented and communication with offender supervisors poor. Work with children and families was inadequate. Outcomes for prisoners were poor against this healthy prison test.

Main recommendation

An up-to-date reducing reoffending strategy and accompanying action plan should be developed, based on a thorough needs analysis and including pre-release planning. It should be implemented and monitored through the reducing reoffending policy committee. Resettlement pathway work and pre-release planning should be better coordinated and routinely available to all prisoners. (S55, repeated recommendation HP58.)

Partially achieved

Recommendations

Offender management and offender supervisors should be appropriately integrated into all key aspects of prisoners' activities. (4.7)

Not achieved (recommendation repeated, 4.6)

Casework reviews and regular professional supervision should be introduced for all offender supervisors to ensure consistent standards of service delivery and effective case management. Such work should be reinforced with regular quality assurance. (4.16)

Not achieved

The prison should ensure that offender supervisors are consistently available to ensure the needs of all prisoners are met. (4.17)

Not achieved (recommendation repeated, 4.7)

OASys assessments should be completed within agreed timescales. (4.18, repeated recommendation 9.16)

Not achieved (recommendation repeated, 4.17)

Custody planning for all prisoners should be provided consistently and all prisoners should be involved in the creation of their sentence plans. (4.19, repeated recommendation 9.30)

Partially achieved

Personal officers should be more involved in custody and sentence planning. (4.20, repeated recommendation 9.32)

Not achieved

All departments working with a prisoner, including their personal officer, employment, training and education providers and drug and alcohol services, should attend sentence planning boards, or at least provide written contributions. (4.21)

Partially achieved

Managers should ensure consistent standards of effective service provision to all prisoners accessing offender management services. Risk assessment, evaluation and management that are focused on the risks of harm and reoffending should be incorporated into all decisions regarding the progress of prisoners at Brinsford. (4.22)

Not achieved

The prison should ensure that risk management issues are appropriately incorporated into all decisions regarding prisoners and that such work should be undertaken in consultation with the identified offender supervisor. (4.28)

Not achieved

Potential indeterminate sentenced prisoners should be monitored and their needs reviewed during remand. (4.31)

Achieved

All prisoners should have pre-release planning to review their custody/sentence plan objectives and ascertain their needs under the resettlement pathways. They should be given appropriate support and specialist interventions to meet identified resettlement and offending behaviour needs. (4.35, repeated recommendation 9.12)

Partially achieved

Work undertaken by resettlement pathway providers should be properly and effectively coordinated with the work of offender supervisors to support release. (4.36)

Partially achieved

The prison should make ROTL available to more prisoners to support their progression into training and work on release. (4.41)

Not achieved (recommendation repeated, 4.32)

The National Careers Service, the prison, including the OMU, and the OLASS provider should ensure that advice is followed up and recorded promptly so that prisoners can be allocated to the most appropriate courses in line with their identified career pathways and plans for resettlement. (4.42)

Partially achieved

The virtual campus should be reinstated to improve prisoners' job search and application skills. (4.43, repeated recommendation 6.16)

Achieved

A children's play area should be available and supervised during all visits sessions. (4.53, repeated recommendation 9.71)

Achieved

Evening visits should be available. (4.54, repeated recommendation 9.65)

Achieved

Prisoners should not have to wear bibs, high visibility clothes or other distinguishing garments during visits. (4.55, repeated recommendation 9.70)

Achieved

Searching areas should have an appropriate degree of privacy to ensure that visitors' property is searched in a religiously and culturally sensitive way. (4.56, repeated recommendation 9.67)

Achieved

The services provided by HALOW should be part of pathway provision and the organisation's staff should be involved in service development plans for family contact. (4.57)

Achieved

An analysis of the accommodation, finance, benefit and debt and family support needs of prisoners should be conducted, and used to inform service planning and monitoring so that all young adults are appropriately supported. (4.58)

Achieved

The offending behaviour needs of all prisoners should be met at the prison or prisoners should be transferred, without delay, to an establishment that can deliver the necessary interventions. (4.62)

Not achieved

Appendix III: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced	238	29	68.3
Recall	25	0	6.4
Convicted unsentenced	25	2	6.9
Remand	65	2	17.1
Detainees	2	1	0.8
Other	2	0	0.5
Total	357	34	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	90	5	24.3
Less than six months	29	0	7.4
Six months to less than 12 months	16	1	4.3
12 months to less than 2 years	47	5	13.3
2 years to less than 4 years	121	15	34.7
4 years to less than 10 years	52	8	15.3
10 years and over (not life)	2	0	0.5
Total	357	34	100

Age	Number of prisoners	%
Under 21 years	357	91.3
21 years to 29 years	34	8.7
Total	391	100

Nationality	18–20 yr olds	21 and over	%
British	323	28	89.8
Foreign nationals	30	6	9.2
Not stated	4	0	1.0
Total	357	34	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	68	4	18.4
Uncategorised sentenced	25	0	6.4
Category B	0	1	0.3
Category C	0	26	6.6
Category D	0	1	0.3
YOI closed	261	2	67.3
YOI open	3	0	0.8
Total	357	34	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British	170	19	48.3
Irish	3	0	0.8
Gypsy/Irish Traveller	11	1	3.1
Other white	7	2	2.3
Mixed			
White and black Caribbean	36	1	9.5

White and black African	2	0	0.5
White and Asian	2	0	0.5
Other mixed	10	0	2.6
Asian or Asian British			
Indian	8	0	2.0
Pakistani	27	2	7.4
Bangladeshi	7	0	1.8
Other Asian	8	1	2.3
Black or black British			
Caribbean	33	3	9.2
African	19	4	5.9
Other black	8	1	2.3
Other ethnic group	4	0	1.0%
Arab	2	0	0.5%
Total	357	34	100

Religion	18–20 yr olds	21 and over	%
Church of England	16	2	4.6
Roman Catholic	43	8	13.0
Other Christian denominations	72	8	20.5
Muslim	79	9	22.5
Sikh	4	0	1.0
Hindu	1	0	0.3
Buddhist	1	0	0.3
Other	2	0	0.5
No religion	134	7	36.1
Not stated	5	0	1.3
Total	357	34	100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	50	12.8	0	0.0
1 month to 3 months	65	16.6	6	1.5
3 months to six months	61	15.6	4	1.0
Six months to 1 year	68	17.4	9	2.3
1 year to 2 years	23	5.9	9	2.3
2 years to 4 years	0	0.0	1	0.3
Total	267	68.3	29	7.4

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0.0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/ restrictions).	119	17	34.8
Total	119	17	34.8

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	35	9.0	0	0.0
1 month to 3 months	26	6.6	2	0.5
3 months to six months	24	6.1	1	0.3
Six months to 1 year	5	1.3	2	0.5
Total	90	23.0	5	1.3

Appendix IV: 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.

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 26 January 2015 the young adult population at HMYOI Brinsford was 397. Using the method described above, questionnaires were distributed to a sample of 198 young adults.

We received a total of 165 completed questionnaires, a response rate of 83%. This included one questionnaire completed via interview. Eleven respondents refused to complete a questionnaire, 21 questionnaires were not returned and one survey was returned blank.

Wing/Unit	Number of completed survey returns
A	17
B	21
C	25
D	16
F	26
H	26
I	5
J	27
M (Health care)	2

Presentation of survey results and analyses

Over the following pages we present the survey results for HMYOI Brinsford.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences⁷ are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

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

The following comparative analyses are presented:

- The current survey responses from HMYOI Brinsford in 2015 compared with responses from young adults surveyed in all other local young offender institutions. This comparator is based on all responses from young adult surveys carried out in two local young offender institutions since April 2011.
- The current survey responses from HMYOI Brinsford in 2015 compared with the responses of young adults surveyed at HMYOI Brinsford in 2013.
- A comparison within the 2015 survey between the responses of white young adults and those from a black and minority ethnic group.
- A comparison within the 2015 survey between the responses of Muslim young adults and non-Muslim young adults.

⁷ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1.2	How old are you?	
	<i>Under 21</i>	151 (92%)
	<i>21 - 29</i>	14 (8%)
	<i>30 - 39</i>	0 (0%)
	<i>40 - 49</i>	0 (0%)
	<i>50 - 59</i>	0 (0%)
	<i>60 - 69</i>	0 (0%)
	<i>70 and over</i>	0 (0%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	110 (68%)
	<i>Yes - on recall</i>	14 (9%)
	<i>No - awaiting trial</i>	20 (12%)
	<i>No - awaiting sentence</i>	17 (10%)
	<i>No - awaiting deportation</i>	1 (1%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	38 (24%)
	<i>Less than 6 months</i>	12 (8%)
	<i>6 months to less than 1 year</i>	19 (12%)
	<i>1 year to less than 2 years</i>	22 (14%)
	<i>2 years to less than 4 years</i>	46 (29%)
	<i>4 years to less than 10 years</i>	20 (13%)
	<i>10 years or more</i>	2 (1%)
	<i>IPP (indeterminate sentence for public protection)</i>	0 (0%)
	<i>Life</i>	1 (1%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship).	
	<i>Yes</i>	11 (7%)
	<i>No</i>	149 (93%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	163 (99%)
	<i>No</i>	2 (1%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	162 (99%)
	<i>No</i>	2 (1%)

Q1.8	What is your ethnic origin?			
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	75 (46%)	<i>Asian or Asian British - Chinese</i>	2 (1%)
	<i>White - Irish</i>	3 (2%)	<i>Asian or Asian British - other</i>	0 (0%)
	<i>White - other</i>	6 (4%)	<i>Mixed race - white and black Caribbean</i>	16 (10%)
	<i>Black or black British - Caribbean</i>	21 (13%)	<i>Mixed race - white and black African</i>	2 (1%)
	<i>Black or black British - African</i>	10 (6%)	<i>Mixed race - white and Asian</i>	1 (1%)
	<i>Black or black British - other</i>	2 (1%)	<i>Mixed race - other</i>	0 (0%)
	<i>Asian or Asian British - Indian</i>	4 (2%)	<i>Arab</i>	1 (1%)
	<i>Asian or Asian British - Pakistani</i>	18 (11%)	<i>Other ethnic group</i>	0 (0%)
	<i>Asian or Asian British - Bangladeshi</i>	2 (1%)		
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?			
	<i>Yes</i>			4 (3%)
	<i>No</i>			156 (98%)
Q1.10	What is your religion?			
	<i>None</i>	60 (37%)	<i>Hindu</i>	0 (0%)
	<i>Church of England</i>	20 (12%)	<i>Jewish</i>	0 (0%)
	<i>Catholic</i>	27 (17%)	<i>Muslim</i>	38 (23%)
	<i>Protestant</i>	2 (1%)	<i>Sikh</i>	4 (2%)
	<i>Other Christian denomination</i>	7 (4%)	<i>Other</i>	2 (1%)
	<i>Buddhist</i>	2 (1%)		
Q1.11	How would you describe your sexual orientation?			
	<i>Heterosexual/ Straight</i>			162 (99%)
	<i>Homosexual/Gay</i>			1 (1%)
	<i>Bisexual</i>			0 (0%)
Q1.12	Do you consider yourself to have a disability? (i.e do you need help with any long term physical, mental or learning needs).			
	<i>Yes</i>			33 (20%)
	<i>No</i>			130 (80%)
Q1.13	Are you a veteran (ex-armed services)?			
	<i>Yes</i>			0 (0%)
	<i>No</i>			159 (100%)
Q1.14	Is this your first time in prison?			
	<i>Yes</i>			80 (49%)
	<i>No</i>			83 (51%)
Q1.15	Do you have children under the age of 18?			
	<i>Yes</i>			44 (27%)
	<i>No</i>			120 (73%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	<i>Less than 2 hours</i>		116 (71%)
	<i>2 hours or longer</i>		40 (24%)
	<i>Don't remember</i>		8 (5%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	116 (70%)
	Yes	22 (13%)
	No	26 (16%)
	Don't remember	1 (1%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	116 (71%)
	Yes	6 (4%)
	No	40 (24%)
	Don't remember	2 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	74 (46%)
	No	73 (45%)
	Don't remember	15 (9%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	136 (83%)
	No	19 (12%)
	Don't remember	8 (5%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	32 (20%)
	Well	64 (39%)
	Neither	45 (27%)
	Badly	10 (6%)
	Very badly	5 (3%)
	Don't remember	8 (5%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me	110 (67%)
	Yes, I received written information	3 (2%)
	No, I was not told anything	46 (28%)
	Don't remember	6 (4%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	133 (82%)
	No	18 (11%)
	Don't remember	12 (7%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	114 (70%)
	<i>2 hours or longer</i>	31 (19%)
	Don't remember	18 (11%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	132 (82%)
	No	22 (14%)
	Don't remember	7 (4%)

Q3.3	Overall, how were you treated in reception?		
	<i>Very well</i>		46 (29%)
	<i>Well</i>		71 (44%)
	<i>Neither</i>		30 (19%)
	<i>Badly</i>		9 (6%)
	<i>Very badly</i>		2 (1%)
	<i>Don't remember</i>		3 (2%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	18 (11%)	<i>Physical health</i> 9 (6%)
	<i>Housing problems</i>	18 (11%)	<i>Mental health</i> 28 (18%)
	<i>Contacting employers</i>	4 (3%)	<i>Needing protection from other prisoners</i> 15 (9%)
	<i>Contacting family</i>	47 (29%)	<i>Getting phone numbers</i> 43 (27%)
	<i>Childcare</i>	2 (1%)	<i>Other</i> 4 (3%)
	<i>Money worries</i>	16 (10%)	<i>Did not have any problems</i> 67 (42%)
	<i>Feeling depressed or suicidal</i>	28 (18%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>		36 (24%)
	<i>No</i>		50 (33%)
	<i>Did not have any problems</i>		67 (44%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>		142 (87%)
	<i>A shower</i>		107 (66%)
	<i>A free telephone call</i>		134 (82%)
	<i>Something to eat</i>		133 (82%)
	<i>PIN phone credit</i>		93 (57%)
	<i>Toiletries/ basic items</i>		120 (74%)
	<i>Did not receive anything</i>		4 (2%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	<i>Chaplain</i>		63 (40%)
	<i>Someone from health services</i>		90 (57%)
	<i>A Listener/Samaritans</i>		22 (14%)
	<i>Prison shop/ canteen</i>		26 (16%)
	<i>Did not have access to any of these</i>		46 (29%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	<i>What was going to happen to you</i>		85 (54%)
	<i>What support was available for people feeling depressed or suicidal</i>		52 (33%)
	<i>How to make routine requests (applications)</i>		61 (39%)
	<i>Your entitlement to visits</i>		71 (45%)
	<i>Health services</i>		72 (46%)
	<i>Chaplaincy</i>		59 (37%)
	<i>Not offered any information</i>		44 (28%)
Q3.9	Did you feel safe on your first night here?		
	<i>Yes</i>		127 (78%)
	<i>No</i>		26 (16%)
	<i>Don't remember</i>		9 (6%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	34 (21%)
	<i>Within the first week</i>	58 (36%)
	<i>More than a week</i>	44 (28%)
	<i>Don't remember</i>	23 (14%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	34 (21%)
	<i>Yes</i>	57 (36%)
	<i>No</i>	41 (26%)
	<i>Don't remember</i>	27 (17%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	21 (14%)
	<i>Within the first week</i>	49 (32%)
	<i>More than a week</i>	58 (38%)
	<i>Don't remember</i>	25 (16%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....					
		Very easy	Easy	Neither	Difficult	Very difficult N/A
	<i>Communicate with your solicitor or legal representative?</i>	9 (6%)	31 (20%)	28 (18%)	42 (27%)	26 (17%) 17 (11%)
	<i>Attend legal visits?</i>	18 (12%)	62 (41%)	26 (17%)	11 (7%)	8 (5%) 25 (17%)
	<i>Get bail information?</i>	4 (3%)	22 (15%)	31 (21%)	24 (16%)	30 (20%) 37 (25%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	<i>Not had any letters</i>					27 (17%)
	<i>Yes</i>					68 (43%)
	<i>No</i>					63 (40%)
Q4.3	Can you get legal books in the library?					
	<i>Yes</i>					29 (19%)
	<i>No</i>					20 (13%)
	<i>Don't know</i>					107 (69%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
		Yes	No	Don't know		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	82 (53%)	73 (47%)	1 (1%)		
	<i>Are you normally able to have a shower every day?</i>	103 (66%)	54 (34%)	0 (0%)		
	<i>Do you normally receive clean sheets every week?</i>	109 (69%)	44 (28%)	6 (4%)		
	<i>Do you normally get cell cleaning materials every week?</i>	70 (46%)	79 (52%)	4 (3%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	22 (14%)	126 (79%)	11 (7%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	76 (49%)	78 (51%)	0 (0%)		
	<i>If you need to, can you normally get your stored property?</i>	38 (25%)	81 (52%)	36 (23%)		
Q4.5	What is the food like here?					
	<i>Very good</i>					1 (1%)
	<i>Good</i>					27 (17%)
	<i>Neither</i>					35 (22%)
	<i>Bad</i>					39 (24%)
	<i>Very bad</i>					58 (36%)

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	11 (7%)
	Yes	64 (41%)
	No	83 (53%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	50 (31%)
	No	43 (27%)
	<i>Don't know</i>	66 (42%)
Q4.8	Are your religious beliefs respected?	
	Yes	80 (50%)
	No	24 (15%)
	<i>Don't know/ N/A</i>	55 (35%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	81 (51%)
	No	12 (8%)
	<i>Don't know/ N/A</i>	65 (41%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	19 (12%)
	<i>Very easy</i>	30 (19%)
	<i>Easy</i>	37 (23%)
	<i>Neither</i>	16 (10%)
	<i>Difficult</i>	17 (11%)
	<i>Very difficult</i>	6 (4%)
	<i>Don't know</i>	34 (21%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	115 (72%)
	No	33 (21%)
	<i>Don't know</i>	12 (8%)
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option.</i>)	
		<i>Not made one</i> <i>Yes</i> <i>No</i>
	Are <i>applications</i> dealt with fairly?	20 (13%) 64 (42%) 68 (45%)
	Are <i>applications</i> dealt with quickly (within seven days)?	20 (14%) 24 (17%) 99 (69%)
Q5.3	Is it easy to make a complaint?	
	Yes	87 (58%)
	No	31 (21%)
	<i>Don't know</i>	33 (22%)
Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option.</i>)	
		<i>Not made one</i> <i>Yes</i> <i>No</i>
	Are <i>complaints</i> dealt with fairly?	63 (41%) 28 (18%) 62 (41%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	63 (43%) 22 (15%) 61 (42%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	32 (22%)
	No	114 (78%)

Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	75 (49%)
	<i>Very easy</i>	3 (2%)
	<i>Easy</i>	11 (7%)
	<i>Neither</i>	24 (16%)
	<i>Difficult</i>	23 (15%)
	<i>Very difficult</i>	16 (11%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	10 (6%)
	<i>Yes</i>	71 (46%)
	<i>No</i>	54 (35%)
	<i>Don't know</i>	20 (13%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	10 (7%)
	<i>Yes</i>	75 (50%)
	<i>No</i>	50 (33%)
	<i>Don't know</i>	16 (11%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	34 (22%)
	<i>No</i>	120 (78%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	100 (65%)
	<i>Very well</i>	8 (5%)
	<i>Well</i>	4 (3%)
	<i>Neither</i>	18 (12%)
	<i>Badly</i>	12 (8%)
	<i>Very badly</i>	11 (7%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	103 (68%)
	<i>No</i>	48 (32%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	97 (65%)
	<i>No</i>	53 (35%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	43 (28%)
	<i>No</i>	112 (72%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	16 (10%)
	<i>Never</i>	37 (24%)
	<i>Rarely</i>	35 (23%)
	<i>Some of the time</i>	44 (29%)
	<i>Most of the time</i>	9 (6%)
	<i>All of the time</i>	13 (8%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	77 (50%)
	<i>In the first week</i>	18 (12%)
	<i>More than a week</i>	30 (19%)
	<i>Don't remember</i>	30 (19%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	77 (53%)
	<i>Very helpful</i>	19 (13%)
	<i>Helpful</i>	23 (16%)
	<i>Neither</i>	10 (7%)
	<i>Not very helpful</i>	7 (5%)
	<i>Not at all helpful</i>	8 (6%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	<i>Yes</i>	67 (44%)		
	<i>No</i>	85 (56%)		
Q8.2	Do you feel unsafe now?			
	<i>Yes</i>	33 (22%)		
	<i>No</i>	117 (78%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	85 (58%)	<i>At meal times</i>	12 (8%)
	<i>Everywhere</i>	19 (13%)	<i>At health services</i>	5 (3%)
	<i>Segregation unit</i>	4 (3%)	<i>Visits area</i>	15 (10%)
	<i>Association areas</i>	21 (14%)	<i>In wing showers</i>	27 (18%)
	<i>Reception area</i>	2 (1%)	<i>In gym showers</i>	10 (7%)
	<i>At the gym</i>	9 (6%)	<i>In corridors/stairwells</i>	20 (14%)
	<i>In an exercise yard</i>	15 (10%)	<i>On your landing/wing</i>	17 (12%)
	<i>At work</i>	6 (4%)	<i>In your cell</i>	10 (7%)
	<i>During movement</i>	32 (22%)	<i>At religious services</i>	4 (3%)
	<i>At education</i>	19 (13%)		
Q8.4	Have you been victimised by other prisoners here?			
	<i>Yes</i>	49 (33%)		
	<i>No</i>	98 (67%)		

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	28 (19%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	23 (16%)
	<i>Sexual abuse</i>	5 (3%)
	<i>Feeling threatened or intimidated</i>	28 (19%)
	<i>Having your canteen/property taken</i>	13 (9%)
	<i>Medication</i>	3 (2%)
	<i>Debt</i>	13 (9%)
	<i>Drugs</i>	9 (6%)
	<i>Your race or ethnic origin</i>	4 (3%)
	<i>Your religion/religious beliefs</i>	4 (3%)
	<i>Your nationality</i>	5 (3%)
	<i>You are from a different part of the country than others</i>	8 (5%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	4 (3%)
	<i>Your age</i>	3 (2%)
	<i>You have a disability</i>	3 (2%)
	<i>You were new here</i>	22 (15%)
	<i>Your offence/ crime</i>	4 (3%)
	<i>Gang related issues</i>	15 (10%)
Q8.6	Have you been victimised by staff here?	
	Yes	52 (35%)
	No	98 (65%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	22 (15%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	11 (7%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	14 (9%)
	<i>Medication</i>	4 (3%)
	<i>Debt</i>	2 (1%)
	<i>Drugs</i>	0 (0%)
	<i>Your race or ethnic origin</i>	8 (5%)
	<i>Your religion/religious beliefs</i>	8 (5%)
	<i>Your nationality</i>	6 (4%)
	<i>You are from a different part of the country than others</i>	2 (1%)
	<i>You are from a traveller community</i>	2 (1%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	2 (1%)
	<i>You were new here</i>	12 (8%)
	<i>Your offence/ crime</i>	7 (5%)
	<i>Gang related issues</i>	6 (4%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	81 (60%)
	Yes	24 (18%)
	No	30 (22%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	25 (16%)	12 (8%)	44 (29%)	27 (18%)	33 (22%)	12 (8%)
	The nurse	19 (13%)	14 (9%)	64 (43%)	18 (12%)	26 (17%)	8 (5%)
	The dentist	32 (21%)	7 (5%)	35 (23%)	19 (13%)	34 (23%)	22 (15%)
Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	21 (14%)	29 (19%)	50 (34%)	25 (17%)	18 (12%)	6 (4%)
	The nurse	15 (10%)	28 (19%)	63 (43%)	24 (16%)	12 (8%)	5 (3%)
	The dentist	47 (31%)	20 (13%)	28 (19%)	19 (13%)	24 (16%)	12 (8%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						13 (9%)
	<i>Very good</i>						19 (13%)
	<i>Good</i>						59 (39%)
	<i>Neither</i>						35 (23%)
	<i>Bad</i>						18 (12%)
	<i>Very bad</i>						7 (5%)
Q9.4	Are you currently taking medication?						
	Yes						40 (26%)
	No						112 (74%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	<i>Not taking medication</i>						112 (73%)
	<i>Yes, all my meds</i>						13 (8%)
	<i>Yes, some of my meds</i>						9 (6%)
	<i>No</i>						19 (12%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						51 (34%)
	No						101 (66%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)						
	<i>Do not have any emotional or mental health problems</i>						101 (67%)
	Yes						24 (16%)
	No						26 (17%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	43 (28%)
	No	108 (72%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	27 (18%)
	No	125 (82%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	26 (18%)
	Easy	11 (7%)
	Neither	12 (8%)
	Difficult	5 (3%)
	Very difficult	14 (9%)
	Don't know	80 (54%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	12 (8%)
	Easy	7 (5%)
	Neither	10 (7%)
	Difficult	5 (3%)
	Very difficult	20 (14%)
	Don't know	94 (64%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	11 (7%)
	No	140 (93%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	7 (5%)
	No	141 (95%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	103 (71%)
	Yes	31 (21%)
	No	12 (8%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	<i>Did not / do not have an alcohol problem</i>	125 (82%)
	Yes	20 (13%)
	No	7 (5%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	114 (78%)
	Yes	24 (16%)
	No	8 (5%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	15 (10%)	9 (6%)	36 (24%)	15 (10%)	42 (28%)	31 (21%)
	Vocational or skills training	28 (19%)	8 (6%)	50 (35%)	19 (13%)	26 (18%)	13 (9%)
	Education (including basic skills)	15 (10%)	26 (18%)	66 (46%)	10 (7%)	18 (13%)	8 (6%)
	Offending behaviour programmes	51 (35%)	6 (4%)	32 (22%)	14 (10%)	21 (14%)	21 (14%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>					44 (30%)	
	Prison job					50 (34%)	
	Vocational or skills training					16 (11%)	
	Education (including basic skills)					56 (38%)	
	Offending behaviour programmes					6 (4%)	

Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	32 (25%)	54 (43%)	25 (20%)	16 (13%)
	Vocational or skills training	35 (32%)	42 (38%)	18 (16%)	15 (14%)
	Education (including basic skills)	18 (15%)	65 (53%)	25 (20%)	14 (11%)
	Offending behaviour programmes	38 (37%)	29 (28%)	15 (15%)	21 (20%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				31 (21%)
	<i>Never</i>				80 (55%)
	<i>Less than once a week</i>				24 (17%)
	<i>About once a week</i>				7 (5%)
	<i>More than once a week</i>				3 (2%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				81 (56%)
	<i>Yes</i>				24 (17%)
	<i>No</i>				40 (28%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				20 (13%)
	<i>0</i>				41 (28%)
	<i>1 to 2</i>				64 (43%)
	<i>3 to 5</i>				13 (9%)
	<i>More than 5</i>				11 (7%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				13 (9%)
	<i>0</i>				41 (28%)
	<i>1 to 2</i>				22 (15%)
	<i>3 to 5</i>				26 (18%)
	<i>More than 5</i>				43 (30%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				8 (5%)
	<i>0</i>				7 (5%)
	<i>1 to 2</i>				10 (7%)
	<i>3 to 5</i>				41 (28%)
	<i>More than 5</i>				81 (55%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)				
	<i>Less than 2 hours</i>				52 (36%)
	<i>2 to less than 4 hours</i>				14 (10%)
	<i>4 to less than 6 hours</i>				17 (12%)
	<i>6 to less than 8 hours</i>				17 (12%)
	<i>8 to less than 10 hours</i>				15 (10%)
	<i>10 hours or more</i>				19 (13%)
	<i>Don't know</i>				12 (8%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	58 (40%)
	No	87 (60%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	81 (55%)
	No	66 (45%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	64 (44%)
	No	83 (56%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	16 (11%)
	<i>Very easy</i>	20 (13%)
	<i>Easy</i>	45 (30%)
	<i>Neither</i>	21 (14%)
	<i>Difficult</i>	27 (18%)
	<i>Very difficult</i>	16 (11%)
	<i>Don't know</i>	5 (3%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	38 (26%)
	Yes	76 (51%)
	No	34 (23%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	72 (49%)
	<i>No contact</i>	37 (25%)
	<i>Letter</i>	13 (9%)
	<i>Phone</i>	4 (3%)
	<i>Visit</i>	28 (19%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	79 (56%)
	No	61 (44%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	38 (26%)
	Yes	52 (35%)
	No	59 (40%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	97 (66%)
	<i>Very involved</i>	9 (6%)
	<i>Involved</i>	21 (14%)
	<i>Neither</i>	8 (5%)
	<i>Not very involved</i>	2 (1%)
	<i>Not at all involved</i>	10 (7%)

Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)			
	<i>Do not have a sentence plan/ not sentenced</i>			97 (66%)
	<i>Nobody</i>			23 (16%)
	<i>Offender supervisor</i>			14 (10%)
	<i>Offender manager</i>			10 (7%)
	<i>Named/ personal officer</i>			11 (7%)
	<i>Staff from other departments</i>			4 (3%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	<i>Do not have a sentence plan/ not sentenced</i>			97 (66%)
	<i>Yes</i>			28 (19%)
	<i>No</i>			7 (5%)
	<i>Don't know</i>			16 (11%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?			
	<i>Do not have a sentence plan/ not sentenced</i>			97 (66%)
	<i>Yes</i>			11 (8%)
	<i>No</i>			18 (12%)
	<i>Don't know</i>			20 (14%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	<i>Do not have a sentence plan/ not sentenced</i>			97 (66%)
	<i>Yes</i>			21 (14%)
	<i>No</i>			11 (7%)
	<i>Don't know</i>			19 (13%)
Q13.10	Do you have a needs based custody plan?			
	<i>Yes</i>			9 (6%)
	<i>No</i>			54 (38%)
	<i>Don't know</i>			79 (56%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	<i>Yes</i>			24 (17%)
	<i>No</i>			119 (83%)
Q13.12	Do you know of anyone in this prison who can help you with the following on release? (please tick all that apply to you.)			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	32 (24%)	37 (27%)	66 (49%)
	Accommodation	33 (25%)	34 (26%)	64 (49%)
	Benefits	36 (28%)	29 (22%)	65 (50%)
	Finances	33 (26%)	25 (20%)	70 (55%)
	Education	37 (28%)	34 (26%)	62 (47%)
	Drugs and alcohol	43 (32%)	39 (29%)	51 (38%)
Q13.13	Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?			
	<i>Not sentenced</i>			38 (26%)
	<i>Yes</i>			56 (38%)
	<i>No</i>			55 (37%)

Appendix V: Photographs from this inspection

Refurbished windows





Refurbished flooring



Refurbished cells



Toilet



Lack of rubbish on ground



Refurbished landing



Reception



Entrance to visits



Visits



First night centre



First night centre association room



Listeners suite, reception



Appendix VI: Photographs from our previous inspection in November 2013

Burnt out windows





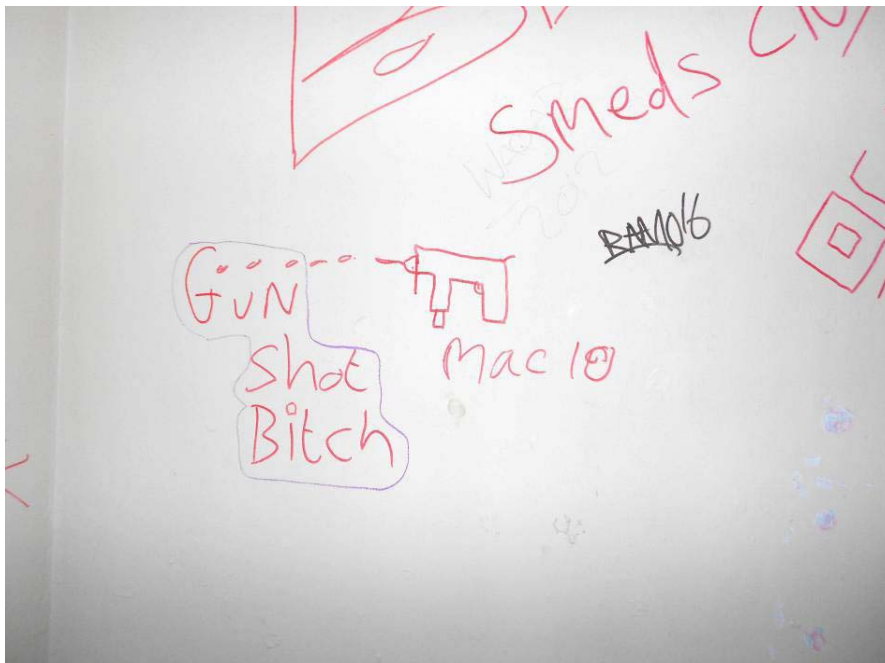
Damaged flooring



Vandalised cell



Graffiti on wall



Toilet



Rubbish on ground



Main comparator and comparator to last time



Prisoner survey responses HMYOI Brinsford 2015

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		HMYOI Brinsford 2015	Young adult local prisons comparator	HMYOI Brinsford 2015	HMYOI Brinsford 2013
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		165	367	165	159
SECTION 1: General information					
1.2	Are you under 21 years of age?	92%	90%	92%	86%
1.3	Are you sentenced?	77%	78%	77%	78%
1.3	Are you on recall?	9%	6%	9%	9%
1.4	Is your sentence less than 12 months?	19%	18%	19%	24%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	1%	0%	2%
1.5	Are you a foreign national?	7%	11%	7%	6%
1.6	Do you understand spoken English?	99%	98%	99%	98%
1.7	Do you understand written English?	99%	97%	99%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	49%	26%	49%	37%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	5%	3%	4%
1.1	Are you Muslim?	24%	15%	24%	18%
1.11	Are you homosexual/gay or bisexual?	1%	3%	1%	5%
1.12	Do you consider yourself to have a disability?	20%	17%	20%	14%
1.13	Are you a veteran (ex-armed services)?	0%	3%	0%	1%
1.14	Is this your first time in prison?	49%	43%	49%	50%
1.15	Do you have any children under the age of 18?	27%	21%	27%	22%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	24%	35%	24%	28%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	45%	50%	45%	44%
2.3	Were you offered a toilet break?	12%	6%	12%	6%
2.4	Was the van clean?	46%	44%	46%	41%
2.5	Did you feel safe?	84%	77%	84%	77%
2.6	Were you treated well/very well by the escort staff?	59%	60%	59%	47%
2.7	Before you arrived here were you told that you were coming here?	67%	61%	67%	64%
2.7	Before you arrived here did you receive any written information about coming here?	2%	6%	2%	4%
2.8	When you first arrived here did your property arrive at the same time as you?	82%	86%	82%	83%
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	70%	68%	70%	51%

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMYOI Brinsford 2015	Young adult local prisons comparator	HMYOI Brinsford 2015	HMYOI Brinsford 2013
	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				
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	82%	82%	78%
3.3	Were you treated well/very well in reception?	73%	71%	73%	61%
	When you first arrived:				
3.4	Did you have any problems?	58%	66%	58%	62%
3.4	Did you have any problems with loss of property?	11%	14%	11%	10%
3.4	Did you have any housing problems?	11%	17%	11%	12%
3.4	Did you have any problems contacting employers?	3%	5%	3%	3%
3.4	Did you have any problems contacting family?	29%	28%	29%	30%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	2%	1%	0%
3.4	Did you have any money worries?	10%	17%	10%	17%
3.4	Did you have any problems with feeling depressed or suicidal?	17%	16%	17%	21%
3.4	Did you have any physical health problems?	6%	8%	6%	7%
3.4	Did you have any mental health problems?	17%	19%	17%	16%
3.4	Did you have any problems with needing protection from other prisoners?	9%	9%	9%	9%
3.4	Did you have problems accessing phone numbers?	27%	23%	27%	22%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	42%	28%	42%	23%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	87%	87%	87%	89%
3.6	A shower?	66%	47%	66%	44%
3.6	A free telephone call?	82%	77%	82%	80%
3.6	Something to eat?	82%	74%	82%	83%
3.6	PIN phone credit?	57%	58%	57%	37%
3.6	Toiletries/ basic items?	74%	61%	74%	63%
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	40%	60%	40%	39%
3.7	Someone from health services?	57%	72%	57%	63%
3.7	A Listener/Samaritans?	14%	18%	14%	12%
3.7	Prison shop/ canteen?	16%	18%	16%	26%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	54%	45%	54%	39%
3.8	Support was available for people feeling depressed or suicidal?	33%	42%	33%	32%

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in green is significantly better				
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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
3.8	How to make routine requests?	39%	42%	39%	31%
3.8	Your entitlement to visits?	45%	43%	45%	46%
3.8	Health services?	46%	53%	46%	46%
3.8	The chaplaincy?	37%	49%	37%	43%
3.9	Did you feel safe on your first night here?	79%	72%	79%	73%
3.10	Have you been on an induction course?	79%	87%	79%	79%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	46%	51%	46%	40%
3.12	Did you receive an education (skills for life) assessment?	86%	81%	86%	75%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	26%	35%	26%	28%
4.1	Attend legal visits?	53%	55%	53%	50%
4.1	Get bail information?	18%	21%	18%	15%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	46%	43%	39%
4.3	Can you get legal books in the library?	19%	23%	19%	12%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	53%	46%	53%	27%
4.4	Are you normally able to have a shower every day?	66%	48%	66%	71%
4.4	Do you normally receive clean sheets every week?	69%	70%	69%	30%
4.4	Do you normally get cell cleaning materials every week?	46%	50%	46%	17%
4.4	Is your cell call bell normally answered within five minutes?	14%	26%	14%	13%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	49%	48%	49%	49%
4.4	Can you normally get your stored property, if you need to?	25%	28%	25%	22%
4.5	Is the food in this prison good/very good?	17%	15%	17%	14%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	40%	45%	40%	37%
4.7	Are you able to speak to a Listener at any time, if you want to?	32%	40%	32%	25%
4.8	Are your religious beliefs are respected?	50%	47%	50%	38%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	59%	51%	37%
4.10	Is it easy/very easy to attend religious services?	42%	51%	42%	32%
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	72%	76%	72%	62%

Main comparator and comparator to last time

Key to tables

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	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	48%	52%	48%	54%
5.2	Do you feel applications are dealt with quickly (within seven days)?	20%	45%	20%	24%
5.3	Is it easy to make a complaint?	58%	63%	58%	51%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	31%	32%	31%	30%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	27%	39%	27%	26%
5.5	Have you ever been prevented from making a complaint when you wanted to?	22%	22%	22%	29%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	9%	20%	9%	11%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	42%	46%	36%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	53%	50%	52%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	22%	21%	22%	22%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	23%	23%	23%	42%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	68%	70%	68%	66%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	65%	70%	65%	66%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	28%	27%	28%	30%
7.4	Do staff normally speak to you most of the time/all of the time during association?	14%	21%	14%	17%
7.5	Do you have a personal officer?	50%	60%	50%	40%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	63%	59%	63%	57%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	44%	42%	44%	41%
8.2	Do you feel unsafe now?	22%	18%	22%	23%
8.4	Have you been victimised by other prisoners here?	33%	31%	33%	29%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	18%	19%	18%	19%
8.5	Hit, kicked or assaulted you?	16%	16%	16%	11%
8.5	Sexually abused you?	3%	3%	3%	5%
8.5	Threatened or intimidated you?	18%	28%	18%	17%
8.5	Taken your canteen/property?	9%	12%	9%	9%

Main comparator and comparator to last time

Key to tables

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8.5	Victimised you because of medication?	2%	3%	2%	3%
8.5	Victimised you because of debt?	9%	10%	9%	7%
8.5	Victimised you because of drugs?	6%	5%	6%	3%
8.5	Victimised you because of your race or ethnic origin?	3%	6%	3%	8%
8.5	Victimised you because of your religion/religious beliefs?	3%	5%	3%	4%
8.5	Victimised you because of your nationality?	3%	5%	3%	5%
8.5	Victimised you because you were from a different part of the country?	5%	9%	5%	6%
8.5	Victimised you because you are from a Traveller community?	1%	2%	1%	1%
8.5	Victimised you because of your sexual orientation?	3%	3%	3%	3%
8.5	Victimised you because of your age?	2%	3%	2%	3%
8.5	Victimised you because you have a disability?	2%	3%	2%	5%
8.5	Victimised you because you were new here?	14%	12%	14%	11%
8.5	Victimised you because of your offence/crime?	3%	6%	3%	4%
8.5	Victimised you because of gang related issues?	10%	8%	10%	8%
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	35%	31%	35%	28%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	15%	15%	15%	16%
8.7	Hit, kicked or assaulted you?	8%	10%	8%	8%
8.7	Sexually abused you?	2%	2%	2%	3%
8.7	Threatened or intimidated you?	9%	15%	9%	13%
8.7	Victimised you because of medication?	3%	2%	3%	1%
8.7	Victimised you because of debt?	1%	4%	1%	2%
8.7	Victimised you because of drugs?	0%	3%	0%	1%
8.7	Victimised you because of your race or ethnic origin?	5%	4%	5%	6%
8.7	Victimised you because of your religion/religious beliefs?	5%	3%	5%	3%
8.7	Victimised you because of your nationality?	4%	3%	4%	4%
8.7	Victimised you because you were from a different part of the country?	1%	5%	1%	4%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.7	Victimised you because of your sexual orientation?	2%	1%	2%	2%
8.7	Victimised you because of your age?	1%	4%	1%	2%

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.7	Victimised you because you have a disability?	1%	2%	1%	1%
8.7	Victimised you because you were new here?	8%	10%	8%	6%
8.7	Victimised you because of your offence/crime?	5%	4%	5%	3%
8.7	Victimised you because of gang related issues?	4%	4%	4%	6%
For those who have been victimised by staff or other prisoners:					
8.8	Did you report any victimisation that you have experienced?	45%	38%	45%	34%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	37%	40%	37%	45%
9.1	Is it easy/very easy to see the nurse?	52%	52%	52%	55%
9.1	Is it easy/very easy to see the dentist?	28%	21%	28%	33%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
9.2	The doctor?	62%	63%	62%	54%
9.2	The nurse?	69%	65%	69%	67%
9.2	The dentist?	47%	45%	47%	45%
9.3	The overall quality of health services?	57%	53%	57%	56%
9.4	Are you currently taking medication?	26%	25%	26%	26%
For those currently taking medication:					
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	54%	54%	54%	46%
9.6	Do you have any emotional well being or mental health problems?	34%	30%	34%	33%
For those who have problems:					
9.7	Are you being helped or supported by anyone in this prison?	48%	57%	48%	53%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	29%	30%	29%	26%
10.2	Did you have a problem with alcohol when you came into this prison?	18%	21%	18%	13%
10.3	Is it easy/very easy to get illegal drugs in this prison?	25%	23%	25%	24%
10.4	Is it easy/very easy to get alcohol in this prison?	13%	11%	13%	9%
10.5	Have you developed a problem with drugs since you have been in this prison?	7%	5%	7%	5%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%	3%	5%	4%
For those with drug or alcohol problems:					
10.7	Have you received any support or help with your drug problem while in this prison?	72%	49%	72%	58%
10.8	Have you received any support or help with your alcohol problem while in this prison?	74%	45%	74%	66%
For those who have received help or support with their drug or alcohol problem:					
10.9	Was the support helpful?	75%	80%	75%	73%

Main comparator and comparator to last time

Key to tables

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SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	30%	32%	30%	13%
11.1	Vocational or skills training?	40%	41%	40%	24%
11.1	Education (including basic skills)?	64%	54%	64%	50%
11.1	Offending behaviour programmes?	26%	30%	26%	16%
Are you currently involved in any of the following activities:					
11.2	A prison job?	34%	40%	34%	21%
11.2	Vocational or skills training?	11%	18%	11%	10%
11.2	Education (including basic skills)?	38%	28%	38%	45%
11.2	Offending behaviour programmes?	4%	5%	4%	4%
11.3	Have you had a job while in this prison?	75%	75%	75%	47%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	57%	52%	57%	46%
11.3	Have you been involved in vocational or skills training while in this prison?	68%	74%	68%	47%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	56%	58%	56%	36%
11.3	Have you been involved in education while in this prison?	85%	84%	85%	79%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	63%	62%	63%	52%
11.3	Have you been involved in offending behaviour programmes while in this prison?	63%	65%	63%	42%
For those who have been involved in offending behaviour programmes while in this prison:					
11.3	Do you feel the offending behaviour programme(s) will help you on release?	45%	43%	45%	34%
11.4	Do you go to the library at least once a week?	7%	27%	7%	3%
11.5	Does the library have a wide enough range of materials to meet your needs?	17%	34%	17%	12%
11.6	Do you go to the gym three or more times a week?	16%	28%	16%	11%
11.7	Do you go outside for exercise three or more times a week?	48%	47%	48%	45%
11.8	Do you go on association more than five times each week?	55%	43%	55%	60%
11.9	Do you spend ten or more hours out of your cell on a weekday?	13%	7%	13%	9%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	40%	37%	40%	29%
12.2	Have you had any problems with sending or receiving mail?	55%	54%	55%	50%
12.3	Have you had any problems getting access to the telephones?	44%	37%	44%	34%

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
12.4	Is it easy/ very easy for your friends and family to get here?	43%	29%	43%	29%
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	69%	74%	69%	62%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	49%	60%	49%	52%
13.2	Contact by letter?	17%	15%	17%	13%
13.2	Contact by phone?	5%	3%	5%	10%
13.2	Contact by visit?	37%	27%	37%	34%
13.3	Do you have a named offender supervisor in this prison?	56%	57%	56%	38%
For those who are sentenced:					
13.4	Do you have a sentence plan?	47%	48%	47%	43%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	60%	56%	60%	53%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	46%	42%	46%	43%
13.6	Offender supervisor?	28%	24%	28%	26%
13.6	Offender manager?	20%	24%	20%	26%
13.6	Named/ personal officer?	22%	15%	22%	7%
13.6	Staff from other departments?	8%	17%	8%	17%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	55%	80%	55%	51%
13.8	Are there plans for you to achieve any of your targets in another prison?	23%	25%	23%	12%
13.9	Are there plans for you to achieve any of your targets in the community?	42%	44%	42%	41%
13.10	Do you have a needs based custody plan?	6%	10%	6%	8%
13.11	Do you feel that any member of staff has helped you to prepare for release?	17%	18%	17%	22%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	36%	40%	36%	27%
13.12	Accommodation?	35%	43%	35%	25%
13.12	Benefits?	31%	38%	31%	36%
13.12	Finances?	26%	26%	26%	20%
13.12	Education?	36%	40%	36%	39%
13.12	Drugs and alcohol?	43%	39%	43%	36%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	50%	59%	50%	50%

Diversity analysis



Key question responses (ethnicity and religion) HMYOI Brinsford 2015

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		79	84	38	124
1.3	Are you sentenced?	71%	83%	79%	75%
1.5	Are you a foreign national?	10%	3%	11%	6%
1.6	Do you understand spoken English?	99%	100%	100%	98%
1.7	Do you understand written English?	99%	100%	100%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			95%	34%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	5%	0%	3%
1.1	Are you Muslim?	46%	3%		
1.12	Do you consider yourself to have a disability?	10%	30%	13%	22%
1.13	Are you a veteran (ex-armed services)?	0%	0%	0%	0%
1.14	Is this your first time in prison?	56%	44%	66%	45%
2.6	Were you treated well/very well by the escort staff?	56%	60%	55%	59%
2.7	Before you arrived here were you told that you were coming here?	71%	63%	63%	68%
3.2	When you were searched in reception, was this carried out in a respectful way?	80%	83%	75%	84%
3.3	Were you treated well/very well in reception?	72%	74%	73%	73%
3.4	Did you have any problems when you first arrived?	49%	68%	50%	60%
3.7	Did you have access to someone from health care when you first arrived here?	54%	58%	54%	57%
3.9	Did you feel safe on your first night here?	77%	79%	82%	78%
3.10	Have you been on an induction course?	81%	76%	81%	78%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	27%	25%	22%	28%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	56%	49%	55%	52%
4.4	Are you normally able to have a shower every day?	65%	66%	61%	67%
4.4	Is your cell call bell normally answered within five minutes?	13%	14%	12%	15%
4.5	Is the food in this prison good/very good?	16%	20%	19%	17%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	40%	41%	33%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	22%	40%	17%	35%
4.8	Do you feel your religious beliefs are respected?	64%	39%	89%	38%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	47%	55%	50%	51%
5.1	Is it easy to make an application?	70%	76%	64%	76%
5.3	Is it easy to make a complaint?	61%	55%	56%	58%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	34%	57%	35%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	52%	44%	52%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	22%	22%	9%	25%
7.1	Do most staff, in this prison, treat you with respect?	70%	66%	70%	68%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	63%	66%	58%	66%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	13%	16%	6%	17%
7.4	Do you have a personal officer?	47%	53%	44%	51%
8.1	Have you ever felt unsafe here?	32%	55%	18%	51%
8.2	Do you feel unsafe now?	20%	23%	13%	24%
8.3	Have you been victimised by other prisoners?	19%	46%	13%	38%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	12%	24%	7%	21%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	1%	4%	0%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	1%	4%	0%	4%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	4%	3%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	4%	0%	3%
8.6	Have you been victimised by a member of staff?	30%	40%	26%	37%
8.7	Have you ever felt threatened or intimidated by staff here?	10%	9%	7%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	5%	3%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	5%	3%	6%
8.7	Have you been victimised because of your nationality? (By staff)	4%	4%	3%	4%
8.7	Have you been victimised because you have a disability? (By staff)	0%	3%	0%	2%
9.1	Is it easy/very easy to see the doctor?	31%	43%	29%	39%
9.1	Is it easy/ very easy to see the nurse?	49%	56%	47%	54%
9.4	Are you currently taking medication?	24%	29%	16%	29%
9.6	Do you feel you have any emotional well being/mental health issues?	20%	47%	16%	38%
10.3	Is it easy/very easy to get illegal drugs in this prison?	14%	36%	18%	27%
11.2	Are you currently working in the prison?	28%	41%	33%	35%
11.2	Are you currently undertaking vocational or skills training?	13%	9%	14%	11%
11.2	Are you currently in education (including basic skills)?	46%	32%	60%	32%
11.2	Are you currently taking part in an offending behaviour programme?	1%	7%	3%	4%
11.4	Do you go to the library at least once a week?	8%	6%	7%	7%
11.6	Do you go to the gym three or more times a week?	14%	18%	10%	18%
11.7	Do you go outside for exercise three or more times a week?	41%	52%	40%	50%
11.8	On average, do you go on association more than five times each week?	46%	65%	52%	57%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	8%	17%	7%	15%
12.2	Have you had any problems sending or receiving mail?	52%	60%	57%	56%
12.3	Have you had any problems getting access to the telephones?	46%	43%	45%	43%

Diversity analysis



Key question responses (disability) HMYOI Brinsford 2015

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		33	130
1.3	Are you sentenced?	77%	77%
1.5	Are you a foreign national?	3%	8%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	100%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	24%	54%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	2%
1.1	Are you Muslim?	16%	26%
1.12	Do you consider yourself to have a disability?	-	-
1.13	Are you a veteran (ex-armed services)?	0%	0%
1.14	Is this your first time in prison?	28%	55%
2.6	Were you treated well/very well by the escort staff?	64%	57%
2.7	Before you arrived here were you told that you were coming here?	51%	71%
3.2	When you were searched in reception, was this carried out in a respectful way?	73%	85%
3.3	Were you treated well/very well in reception?	61%	77%
3.4	Did you have any problems when you first arrived?	73%	55%
3.7	Did you have access to someone from health care when you first arrived here?	47%	59%
3.9	Did you feel safe on your first night here?	66%	82%
3.10	Have you been on an induction course?	85%	77%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	25%	26%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	40%	55%
4.4	Are you normally able to have a shower every day?	50%	69%
4.4	Is your cell call bell normally answered within five minutes?	9%	14%
4.5	Is the food in this prison good/very good?	24%	16%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	24%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	34%	31%
4.8	Do you feel your religious beliefs are respected?	34%	55%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	54%	50%
5.1	Is it easy to make an application?	58%	77%
5.3	Is it easy to make a complaint?	55%	59%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	40%	48%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	54%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	29%	20%
7.1	Do most staff, in this prison, treat you with respect?	60%	70%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	58%	67%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	16%	14%
7.4	Do you have a personal officer?	44%	52%
8.1	Have you ever felt unsafe here?	69%	37%
8.2	Do you feel unsafe now?	40%	17%
8.3	Have you been victimised by other prisoners?	52%	29%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	36%	14%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	7%	3%
8.5	Have you been victimised because of your age? (By prisoners)	3%	2%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.5	Have you been victimised because you have a disability? (By prisoners)	7%	1%
8.6	Have you been victimised by a member of staff?	45%	32%
8.7	Have you ever felt threatened or intimidated by staff here?	13%	9%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	5%
8.7	Have you been victimised because of your nationality? (By staff)	3%	4%
8.7	Have you been victimised because of your age? (By staff)	7%	0%
8.7	Have you been victimised because you have a disability? (By staff)	7%	0%
9.1	Is it easy/very easy to see the doctor?	31%	38%
9.1	Is it easy/ very easy to see the nurse?	48%	54%
9.4	Are you currently taking medication?	47%	21%
9.6	Do you feel you have any emotional well being/mental health issues?	77%	23%
10.3	Is it easy/very easy to get illegal drugs in this prison?	29%	23%
11.2	Are you currently working in the prison?	30%	36%
11.2	Are you currently undertaking vocational or skills training?	3%	13%
11.2	Are you currently in education (including basic skills)?	19%	43%
11.2	Are you currently taking part in an offending behaviour programme?	3%	4%
11.4	Do you go to the library at least once a week?	3%	8%
11.6	Do you go to the gym three or more times a week?	7%	18%
11.7	Do you go outside for exercise three or more times a week?	36%	50%
11.8	On average, do you go on association more than five times each week?	39%	61%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	3%	16%
12.2	Have you had any problems sending or receiving mail?	61%	54%
12.3	Have you had any problems getting access to the telephones?	70%	37%