Report on an unannounced inspection of

HMP The Verne

by HM Chief Inspector of Prisons

10-21 February 2020

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





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Glossary of terms

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If need an explanation of any other terms, please see the longer glossary in our 'Guide for writing inspection reports', available on our website at: http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Care Quality Commission

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

Certified normal accommodation and operational capacity

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

Challenge, support and intervention plans (CSIPs)

Challenge, support and intervention plans (CSIPs) are used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Some prisons also use the CSIP framework to support victims of violence.

Offender management in custody (OMiC)

Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new prison officer key workers. The second phase, core offender management, and the introduction of prison offender managers (POMs) has been introduced gradually, since 2019.

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Glossary of terms	
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Introduction

HMP The Verne, located in Portland in Dorset, was previously an immigration removal centre (IRC). While we inspected The Verne in 2015, this is our first inspection since the establishment was reopened as a category C training prison in July 2018. The Verne now holds prisoners convicted of sexual offences and has been fully occupied since June 2019. This is a positive report: outcomes were good, our highest judgement, in our healthy prison tests of safety and respect, not sufficiently good in purposeful activity and reasonably good in rehabilitation and release planning.

The Verne is a safe prison. We found low levels of violence and self-harm, and few prisoners reported feeling unsafe. When violence or antisocial behaviour did occur, incidents were investigated well and victims received good support. Managers had worked effectively with prisoner peer support workers to promote a safe community ethos. It was this sense of community and the positive relationships between staff and prisoners which encouraged good behaviour. As a consequence, adjudications, segregation and restraint were rarely used.

Relationships between staff and prisoners were among the best we have seen. In our survey, 97% of prisoners reported that most staff treated them with respect, 99% reported having a key worker and 86% of those said their key worker was helpful. Our findings supported this view: we observed respectful interactions and found that staff were knowledgeable about the prisoners in their care. Prisoners were able to contribute to their community in a wide range of peer worker roles and consultation with prisoners was regular and effective. Living conditions were also good: residential units were clean and well equipped. The food was better than we normally see and it was positive that prisoners ate their evening meals in well-resourced dining rooms.

Equality, diversity and faith provision was also good. There were consultation for afor all protected characteristics and a range of events, mainly organised by prisoners, were held throughout the year. In addition, a very active chaplaincy team supported a wide range of activities for prisoners from all faiths as well as those from none.

Healthcare provision was less positive. It had taken too long for NHS commissioners to carry out a health needs assessment to reflect the needs of the population. As a result, the health services team was under-resourced and was unable to meet the needs of the population.

Prisoners were never locked in their rooms and had free access around the site for over nine hours a day. However, there was not enough activity to occupy all prisoners and, in addition, the education curriculum did not meet the needs of the population. This meant too many prisoners were unemployed at the time of the inspection. While behaviour, attitudes to learning and punctuality were good, there needed to be more focus on progressing learners to the next stage of their education and better support for those with additional learning needs

In the area of rehabilitation and release planning, support for prisoners to maintain contact with their family and friends was reasonable but facilities for visitors were basic. We found a well-led offender management unit. Nearly all prisoners had a high-quality assessment and sentence plan and since the introduction of offender management in custody (OMiC), key workers had seen their allocated prisoners, recorded contact well and communicated effectively with the prison offender manager. Public protection procedures were reasonable but there were weaknesses in implementing contact restrictions, which needed to be addressed. The lack of offending behaviour programmes was a gap but was mitigated, in part, by transfers to prisons with appropriate provision. Despite having no resettlement provision, a small but increasing number of prisoners were being released from The Verne. Staff were supporting this group well but this was unsustainable in the long term.

Overall this was a positive inspection of a well-run institution. Since The Verne reopened as a training prison, the Governor has established a culture where staff and prisoners treat each other

Introduction

with respect and legitimate concerns are responded to. However, there needs to be better partnership work and robust challenge of key partners in order to improve healthcare and activities provision.

Peter Clarke CVO OBE QPM

HM Chief Inspector of Prisons April 2020

Fact page

Task of the establishment

HMP The Verne is a male category C training prison, for those convicted of sexual offences.

Certified normal accommodation and operational capacity (see Glossary of terms)

Prisoners held at the time of inspection: 576 Baseline certified normal capacity: 570 In-use certified normal capacity: 570

Operational capacity: 580

Notable features from this inspection

In December 2017, the prison had re-roled from an immigration removal centre to an establishment holding prisoners convicted of sexual offences, reopening in July 2018.

All prisoners had been allocated a key worker and there was a full complement of operational staff.

Nearly all prisoners in our survey said that staff treated them respectfully.

Nearly two-thirds of the population were serving 10 years or more.

Over half of the population were over 50; the oldest prisoner was 87.

Prisoners were never locked in their rooms on the main residential units.

Dorset unit was a mobility and social needs support unit.

Prison status (public or private) and key providers

Public

Physical health provider: Care UK Health and Rehabilitation Services Limited Mental health provider: Care UK Health and Rehabilitation Services Limited

Substance use treatment provider: Care UK Health and Rehabilitation Services Limited

Prison education framework provider: Weston College Community rehabilitation company (CRC): Not applicable

Escort contractor: GeoAmey Custodial Services

Prison group/Department

Avon and South Dorset Prisons Group

Brief history

The citadel, on which HMP The Verne is built, was designed by Captain William Crossman R.E. and built by convicts from the nearby Portland Prison between 1860 and 1872. The Verne was mainly used as an infantry training centre and housed the Royal Engineers until 1948.

On I February 1949, The Verne was handed over to the Prison Commission. Since then, the interior of the citadel has been substantially rebuilt by prison labour and was developed to become a modern, medium security prison for 580 men, with a considerable training programme for medium- and long-term sentenced prisoners.

In September 2013, the Justice Secretary announced that HMP The Verne would change function to become an immigration removal centre. It served in this capacity for four years, until it was announced in October 2017 that it would return to the public-sector prison estate.

The prison reopened in July 2018, reopening in phases to support a population of prisoners convicted of sexual offences. HMP The Verne's full capacity of 580 was met in June 2019.

Short description of residential units

The residential structure consists of three standard residential buildings, a dormitory unit and a segregation unit.

Each residential building is divided into two units, giving a total of six separate residential units (named Arne, Abbotsbury, Bincombe, Blandford, Corfe and Chesil), each with 80 rooms spread across their second and third floors. New receptions are accommodated on Corfe while they undergo an induction programme.

The ground floor of each residential unit consists of an association room, a dining area, office spaces and a communal foyer.

'The dormitories' (named Dorset unit) consists of 10 ground-floor dormitories and is largely used to house residents with mobility issues or other social care needs.

Name of governor/director and date in post

David Bourne (July 2016)

Independent Monitoring Board chair

Chris Miller

Date of last inspection

I-5 October 2012 (as a public-sector prison)

2–13 March 2015 (as an immigration removal centre)

About this inspection and report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Rehabilitation and release planning

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

A5 Our assessments might result in one of the following:

Key concerns and recommendations: identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.

Recommendations: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections.

Examples of good practice: impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.

- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.
- All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017) (available on our website at: https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/). The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection.
- All Details of the inspection team and the prison population profile can be found in the appendices.
- All Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

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Summary

Safety

- The prison was safe, with few incidents of violence or self-harm and little use of force. Prisoners were well supported on arrival, and antisocial behaviour and violence were managed well. The focus on community and positive relationships encouraged good behaviour. The number of adjudications was low, and there was little use of the segregation unit. Security was proportionate, and intelligence was acted on. Prisoners at risk of self-harm were well supported. Outcomes for prisoners were good against this healthy prison test.
- S2 Reception staff dealt with prisoners sensitively on admission, and effective use was made of prisoner orderlies to help new admissions to settle in. First night arrangements were thorough, and prisoners told us that they found this reassuring and helped them to feel safe. The individualised induction process was good practice.
- The prison was calm and well ordered; incidents of violence were rare and few were serious. This was reflected in our survey, where few prisoners reported feeling unsafe. All incidents of antisocial behaviour were investigated thoroughly and victims were supported through well-informed challenge, support and intervention plans (CSIP (see Glossary of terms) and behaviour management plans. The weekly complex case and monthly safer communities meetings were well attended and used productively to maintain a safe environment.
- The prison made effective use of prisoner peer support workers to promote a safe community ethos. Nearly all prisoners were on the highest level of the incentives scheme, and the focus on community and positive relationships encouraged good behaviour. The number of adjudications was far lower than in similar prisons. However, we identified several that should have been dealt with more informally through the incentives scheme. Around a quarter of adjudications were dismissed or not proceeded with and, despite regular scrutiny meetings, this concern had not been not been fully explored.
- Force was rarely used against prisoners, but governance, when needed, was effective at informing future learning. Staff used de-escalation effectively, and only two incidents in the previous six months had resulted in the use of full restraint. Segregation was also rarely used. The regime on the unit was limited, but lengths of stay were short and reintegration planning was effective.
- Security was proportionate, with reasonable freedom of movement within the residential areas. A good flow of security information was processed efficiently, and there was close attention to the specific risks posed by the population, which comprised only prisoners convicted of sexual offences. The availability and use of illicit drugs were low, and mainly related to the diversion of prescribed medication.
- The levels and seriousness of self-harm were relatively low. There were about six incidents of self-harm a month, and most of these involved cuts or lacerations. Prisoners subject to assessment, care in custody and teamwork (ACCT) case management procedures for those at risk of suicide or self-harm were reviewed at the weekly complex case meetings, where informed discussions took place about their welfare. ACCT reviews were well attended and documentation was of a consistently high standard. Prisoners often commented positively at

- post-closure reviews about the way that staff had supported them, and this was reinforced by our conversations with individuals who had previously been subject to ACCT procedures.
- The safeguarding adults policy was comprehensive and there were well established links with the local authority. Staff awareness of formal safeguarding procedures was variable but this was mitigated by the well-developed sense of community within the prison, which meant that prisoners who might not have been coping would be quickly identified.

Respect

- Staff-prisoner relationships were among the best we have seen. Managers had created a sense of community, where legitimate prisoner concerns were listened to and acted on. Living conditions were good; residential units were clean and well equipped, and external areas were attractive and litter free. The quality of the food provided was also good. Systems for consultation and redress worked well. Equality and diversity work had a high profile and there were well-developed forums supporting all the protected characteristics. The chaplaincy provided a good level of religious support, in addition to hosting a wide range of activities for all faiths and none. Health services were under-resourced to meet the needs of the population. Despite some good care, there were significant shortfalls in a number of areas, including mental health. Outcomes for prisoners were good against this healthy prison test.
- Our survey results in relation to respectful and helpful treatment from staff were among the best we have seen. The key worker scheme was effective and almost all prisoners said that they had a member of staff they could turn to for help. Electronic case notes were regular and of good quality. Throughout the inspection, we observed some positive interactions between staff and prisoners. The range of peer support and prisoner representative roles contributed strongly to the community feel of the prison.
- Prisoners lived in decent accommodation with clean, well-equipped rooms. Communal toilets and shower areas were also in good order, and outside areas were tidy and well maintained. Prisoners were positive about the quality and quantity of the food provided. The kitchen was clean and well run, the food service was well supervised and there were good facilities for dining communally.
- Consultation arrangements were effective and there were clear examples of actions being taken to address issues raised. Prisoners told us that they could normally 'get things done', which reduced the need for submitting applications and complaints, and was a reflection on the excellent staff–prisoner relationships that we witnessed. The applications process was effective, and our survey results about ease of access, fairness and the timeliness of responses were positive. Complaints were well managed, and quality assurance both internal and external was robust. In nearly all cases, responses were timely, polite and generally addressed the issues raised.
- There had been energetic development of equality work in the previous six months. For each of the protected characteristics, there was a responsible senior manager, a liaison officer and one or more highly committed prisoner representative. There was analysis of equality data for some characteristics, but not all, and outcomes were not compared over time. There was a range of special events, mainly organised by prisoners and often bringing in outside groups. Forums were held regularly for all protected characteristics. Reports of discrimination incidents were often investigated well, but there were some deficiencies in

- their handling. Our survey showed no evidence of differing perceptions of treatment for any protected group.
- Black and minority ethnic prisoners received good support through a monthly forum and energetic prisoner representatives. Foreign national prisoners also met monthly, and had access to a Home Office immigration team based at the prison. Work with the Gypsy, Roma and Traveller communities was in the early stages of development. The large group of older prisoners was well served with activities and a suitable environment, and there was extensive provision for the large number of prisoners with disabilities, including thorough arrangements for emergency evacuation, although access to the visits hall was problematic. Support was also being developed for younger prisoners. There were excellent arrangements for mutual support among gay and bisexual prisoners, and some high-profile events. There were useful contacts with outside support organisations for this group and also for the transgender prisoners, who, similarly, received appropriate support.
- A united and well-established chaplaincy delivered a good service, and supported a wide range of activities, including many that were open to prisoners of all faiths and none. Outside faith groups were actively involved, and chaplains took a full part in prison life, including support of those at risk of self-harm. There was good provision of one-to-one confidential pastoral support.
- S16 We observed a caring and conscientious health services team delivering some good standards of care. However, many aspects of the service were stretched and underresourced, leading to excessive waiting times in many areas. It had taken too long for commissioners to carry out a health needs assessment to reflect the needs of the population.
- The range of primary care services was appropriate and access to nurses and the GP was good, but waiting times for the optician and podiatrist were too long. The management of long-term conditions and complex health needs was effective. There was a growing need for hospital appointments, and too many were cancelled or rescheduled because there were not enough escort staff or there was not enough escort time allocated to meet the need. Prisoners with social care needs received good support.
- There was insufficient oversight and monitoring of treatment for patients with mental health problems. The risk was further compounded by the lack of permanent staff, which led to inconsistent care planning and contact for patients.
- The need for clinical substance misuse services was low, but treatment was flexible. There was a wide range of psychosocial support and mutual aid peer support. The management of medicines was reasonable, although some governance arrangements needed to be strengthened. Some patients had experienced delays in receiving their repeat prescriptions. Dental services were of a good quality, but patients experienced long delays in accessing treatment.

Purposeful activity

Prisoners were never locked in their rooms and had free access across the site for over nine hours a day. The library and gym were both good facilities. There was not enough activity to occupy prisoners and the education curriculum did not fully meet the needs of the population. In particular, there was too little provision for those with lower levels of English. This meant that too many prisoners were unemployed at the time of the inspection. In individual sessions, tutors and instructors worked well and the use of peer mentors was good. There was not enough focus on progressing learners to the next stage of their

education or employment. Identification of, and support for, those with an additional learning needs was poor. Behaviour, attitudes to learning and punctuality were all very good.

Outcomes for prisoners were not sufficiently good against this healthy prison test.

- Prisoners were not locked in their rooms and had relatively free access across the site for nine and a half hours each day. The regime was well understood, both by staff and prisoners, and ran to time. During our roll checks, large numbers of prisoners were unoccupied. Additional recreation activities were available during the evenings, including reading groups, music groups, recreational gym and chaplaincy groups. Exercise and association areas were clean and well equipped.
- Access to the well-stocked library was very good. There were good links with the education service and other departments to support the development of literacy. Access to the gym was also good, and the programme reflected the needs of the population. After a long spell when the gym could not be used, it was now available again. The external PE facilities were particularly good and well used.
- Leaders and managers had a clear vision for education, skills and work, and had created an environment which was calm, peaceful, inclusive and enabled prisoners to learn new skills. The prison did not have enough activity places for the population. In addition, managers did not offer a curriculum that met the needs of prisoners. This meant that too many prisoners were not allocated to activities. The allocation process was swift but did not take sufficient account of prisoners' career aspirations. Managers had not yet established relationships with employers. Data were not used effectively to improve education, skills and work provision.
- Tutors and instructors had good subject knowledge and used this well to support prisoners to gain new knowledge and skills. Instructors checked prisoners' understanding effectively, to ensure that they were competent to complete new tasks. Tutors provided good support for prisoners undertaking Open University and distance learning courses. Staff used the skills and experience of more qualified prisoners to support those in education classes well.
- S25 Leaders and managers had not focused the curriculum closely enough on the knowledge, skills and behaviour that prisoners needed for the next stage of their education or employment. In industries, work was not ambitious enough for prisoners. Prisoners did not develop enough new knowledge or skills during their work activity, and as a result did not make sustained progress from their starting points. Too few prisoners were being assessed, identified and offered additional learning support.
- Most prisoners were motivated, engaged well in activities and were respectful to each other and staff. They developed their personal, social and vocational skills by supporting other prisoners to learn. Staff did not provide prisoners with sufficient information about their potential next steps. There was insufficient English support for those assessed with low levels of English at entry to the prison. There was insufficient information sharing between teams within the prison.
- S27 Prisoners had a positive attitude to their work. They were proud of the work they had produced, and this had a positive impact on the prison environment. Attendance at sessions and punctuality were both high. Staff did not have high enough aspiration to ensure that prisoners were challenged to reach their full potential.

Rehabilitation and release planning

- Work to support prisoners in maintaining contact with family and friends was reasonable, despite some basic visits facilities. Managers had not yet implemented learning from the reducing reoffending needs analysis. The offender management unit (OMU) was well led and the offender management in custody model had been implemented well. Most prisoners had a high-quality assessment and sentence plan. Provision for indeterminate-sentenced prisoners was developing well. Public protection procedures were good but there were some weaknesses in implementing contact restrictions. Recategorisation processes were efficient but category D prisoners faced long delays in moving to open conditions. The lack of interventions was mitigated, in part, by transfers to prisons with appropriate provision. Planning for the small number of prisoners who had been released from the establishment was good. Outcomes for prisoners were reasonably good against this healthy prison test.
- The visits environment was reasonably welcoming but the facilities provided were fairly basic, although there was a clear action plan for improvement. Visits started on time but there was no visitors centre, which restricted the service that Barnardo's staff could offer. Visitors expressed warm appreciation of the support they received from prison staff. Extended family visits had begun to take place, and both penfriend and official prison visitors schemes had recently started.
- The prison's strategic approach to reducing reoffending was still being developed and work to use the current needs analysis to inform provision needed to be completed. The prison did not have a resettlement function but was releasing a small number of prisoners, despite not being resourced to do so. Work to coordinate resettlement support provided by different prison departments was under way. Interim solutions to cover a shortage of probation officer prison offender managers (POMs) in the offender management unit (OMU) were working well but the staffing shortfall needed to be addressed. The OMU was well led. Nearly all prisoners had a high-quality initial assessment of risk and need, and a sentence plan, but over a quarter had not been reviewed in the previous 12 months. POMs had regular supervision and access to counselling psychologists.
- The cases we inspected showed two distinct phases in the quality of the work. Before the full implementation of the offender management in custody (OMiC) (see Glossary of terms) model in December 2019, there had often been delays in in engaging and maintaining contact with prisoners. Since the introduction of OMiC, key workers had seen their allocated prisoners often and recorded the content of that contact very well. Their work was well focused, supportive, and individualised. Communication between key workers and POMs was good, and most prisoners we spoke to were complimentary about key workers and POMs.
- The prison was sighted on the needs of prisoners serving indeterminate sentences. Managers had plans to introduce a forum for them, and to review every prisoner serving an indeterminate sentence, to ensure that they had a clear progression route.
- The interdepartmental risk management team had good oversight of public protection work. Multi-agency public protection arrangements (MAPPA) cases were managed well. Processes to assess child contact restrictions were effective but there were some weaknesses in implementing these restrictions within the prison. Arrangements to conduct and review telephone and mail monitoring were managed well.

- Recategorisation processes were prompt, but prisoners experienced delays in transferring to the open estate. Managers had not yet made any use of release on temporary licence to mitigate this.
- The prison did not offer any accredited offending behaviour programmes, despite prisoners being transferred there before completing necessary interventions. Links with prisons that offered accredited interventions were developing, and 45 prisoners had been transferred to complete a programme over the previous six months. There was good provision for prisoners with drug or alcohol misuse issues, with successful engagement of prisoners achieved in the cases we inspected. There was no specialist advice or support available for prisoners with finance or benefits needs.
- Despite the lack of community rehabilitation company provision, the small number of prisoners approaching release were positive about the support they were receiving from their POMs. Release plans were suitable. There were appropriate arrangements for the day of release.

Key concerns and recommendations

Key concern: Many aspects of the health service were stretched and under-resourced to meet the needs of an ageing population with increasing and complex health issues. This had resulted in excessive waiting times to see the podiatrist and the optician, with the longest wait for these services at over 20 weeks. At the time of the inspection, 97 patients were waiting for dental treatment, with the longest wait over 22 weeks. It had taken too long for commissioners to carry out a health needs assessment to ensure that the services provided reflected the needs of the population.

Recommendation: Health service provision should reflect the needs of the population, and be resourced sufficiently to ensure community-equivalent access to podiatry, optician and dental services.

Key concern: There was a growing need for hospital appointments and too many were delayed or rescheduled. There were four escort sessions each weekday, between 9–11am and 2–3pm, but appointments outside of these times could not be facilitated, which was too restrictive. This was compounded by too many appointments being rescheduled through lack of available escort staff or hospital cancellations, leading to approximately 23% of all external appointments over the previous six months being delayed. Consequently, some patients waited too long for important appointments, with potentially serious implications for their health.

Recommendation: Patients should be able to attend their hospital appointments in a timely fashion.

Key concern: The oversight and systems to monitor treatment for patients with mental health problems were inadequate. It was not clear how it would be determined who would see which patients, and when. The risk was further compounded by the lack of permanent staff, which led to inconsistent outcomes for patients and limited treatment options. There was no learning disabilities or specialist dementia support for the ageing population, despite an identified need.

Recommendation: Prisoners should have access to a well-organised mental health service that is fully resourced to offer an appropriate range of treatment options, including specialist services, to meet the needs of the population, including specialist services.

Key concern: Prison managers did not offer a curriculum that met the needs of the prison population. This prevented some prisoners from participating in education, skills and work.

Recommendation: The curriculum should be regularly reviewed, to ensure that the needs of the population are met.

Key concern: Staff did not use relevant information about prisoners' previous education and work experience, their aspirations and length of stay to inform achievable personal learning plans. In addition, they did not assess prisoners for any additional learning support. This meant that support was not provided to those who had additional learning needs.

Recommendation: Analysis of need should ensure that additional learning requirements are identified and appropriate support is offered.

Key concern: There was a lack of information sharing between the careers service and the prison. This resulted in prison managers not having accurate data on prisoners' needs, which prevented them from evaluating the impact of the curriculum on education, skills and work.

Recommendation: Information should be shared appropriately between the careers service and the prison, and the curriculum evaluated to ensure its effectiveness.

Key concern: The OMU had less than half the permanent probation officer resource it should have had to deliver the OMiC model effectively. Interim measures to deal with this shortfall had been working fairly well, but a lot of contact between POMs and prisoners was based on processes that required completion rather than work to address offending behaviour. This, and the projected increases in work in areas such as parole hearings, meant that a full complement of permanent probation officers was needed to ensure that the OMU remained effective.

Recommendation: The offender management unit should have the full complement of permanent probation officer prison offender managers needed to deliver the offender management in custody model effectively.

Key concern: Most prisoners had an assessment of risk and need, but over a quarter had not been reviewed in the previous year, including 11% which had not been reviewed in line with Her Majesty's Prison and Probation Service requirements. This compromised the prison's ability to provide these prisoners with the appropriate interventions to reduce their risk and progress through their sentence.

Recommendation: All prisoners should have an up-to-date assessment of risk and need.

Key concern: There were some weaknesses in how decisions about public protection restrictions on prisoners were applied in the prison. It was not clear that all staff understood their role in ensuring public protection. Outgoing post was not routinely and consistently checked against lists of people that prisoners could not have contact with, and we found one prisoner displaying photographs that they should not have had, without any challenge from staff.

Recommendation: Public protection decisions made for each prisoner should be understood by all staff and rigorously adhered to.

Key concern: The prison was not resourced to provide resettlement services but had done so in a small number of cases, and more prisoners were expected to be released in 2020. There were no specialist services for accommodation or finance and benefits advice, and as

the establishment accepted prisoners from anywhere in England and Wales, some would be released to locations a long way from the prison.

Recommendation: The prison should have the resettlement services it needs to prepare prisoners for release.

Section 1. Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes:

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

- 1.1 The establishment was a national resource, in a relatively remote location, which meant that new prisoners sometimes had to travel long distances to get there, although they usually arrived before 4pm. Over the previous six months, there had been, on average, four new admissions each week; however, the prison had recently reached full capacity, so this number had reduced, and no admissions took place during the inspection. Staff and prisoners raised no concerns about the escort arrangements.
- 1.2 The reception area was bright, spacious and welcoming, and procedures were individualised and thorough. Interviews with reception officers and health services staff were carried out in private, and information about risk was identified and shared efficiently. Many prisoners told us that, in contrast to what they had experienced elsewhere, staff at the establishment were non-judgemental and that they had found the friendly and helpful approach they experienced from reception staff reassuring. In our survey, 99% of respondents said that they had been treated well or very well in reception.
- 1.3 After the initial booking-in process had been completed, new prisoners were offered a hot drink and a sandwich, and were promptly introduced to the Insiders (prisoners who introduce new arrivals to prison life). The Insiders were well prepared for this task and helped to reinforce the positive first impression given to new arrivals.
- 1.4 New arrivals who were not subject to restrictions were permitted to telephone their families, and for the remaining group, staff made calls on their behalf. All new prisoners were issued with a 'residents handbook', which provided a clear, well-written guide about how the prison worked.
- 1.5 Rooms on the first night centre were clean and well prepared. The necessary additional overnight checks were carried out on new admissions, although this was not popular with some prisoners because it was disruptive, requiring room doors to be opened during the night. In our survey, 98% of respondents, more than at similar prisons (83%), said that they had felt safe on their first night.
- The induction process had been designed thoughtfully to help prisoners to adjust to the relatively 'open' nature of the regime at the establishment. The first week consisted of a 'paced', general introduction, orientation and some tours. Depending on the date of arrival, this could be completed within a few days, after which the prisoners' handbook supported new arrivals to become accustomed to life at the establishment. The second week was more structured, and covered all areas of prison life. Information was delivered by officers, specialist staff and orderlies, and, depending on the numbers involved, could be done on a group or individual basis. Prisoners carried an 'induction passport', in which they ticked off every subject area as they completed it, which helped to provide a feeling of independence and to instil a sense of responsibility.

1.7 The whole process was characterised by a tailored approach, based on prisoners' individual needs. This worked well, and in our survey 88% of respondents who had had an induction said that it had covered everything they needed to know about the prison.

Good practice

1.8 The induction process had been designed thoughtfully, providing newly arriving prisoners with the information they required, and was characterised by a tailored approach, based on their individual needs.

Managing behaviour

Expected outcomes:

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

Encouraging positive behaviour

- 1.9 The prison was calm and well ordered. In our survey, respondents were more positive than at similar prisons about nearly all aspects of safety, and only 15% said that they had ever felt unsafe at the establishment, compared with 36% elsewhere. Only 6% said that they currently felt unsafe.
- 1.10 There were few incidents of violence; during the previous six months, there had been one assault on staff, six on prisoners and 10 fights. Few incidents were of a serious nature, with just two recorded over this period.
- 1.11 The management of violence reduction was well developed. The prison had developed an overarching safety strategy which was underpinned by a local violence reduction policy. The latter was well informed by data from a local survey, which prison managers conducted annually to understand prisoners' perceptions of violence, including the triggers for specific situations such as the accrual of debt. Local policy was further supported by a monthly safer communities meeting and a weekly complex case meeting, both of which were well attended, and chaired by either the head of safety or deputy governor. A violence reduction action plan was used to monitor and track the outcomes of identified actions regularly, all of which contributed to maintaining a safe environment.
- 1.12 All incidents of antisocial behaviour were investigated thoroughly. The prison used the challenge, support and intervention plan (CSIP) (see Glossary of terms) case management system as a basis for challenging antisocial or violent behaviour. This process was supplemented by using local behaviour monitoring, to ensure that low-level incidents were dealt with and that victims received appropriate support to address their individual concerns.
- 1.13 The prison made effective use of prisoner peer support workers to promote a safe community ethos. In addition to trained Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners; see also paragraph 1.28), there were peer support workers to support local violence reduction initiatives, and four prisoners had recently been introduced as 'safer trustees', seeking ideas from the wider prison community and giving feedback to senior managers, to ensure that prisoners could contribute to local safety initiatives.

1.14 Prisoners were incentivised to behave well by the sense of community that managers had created. The safe environment, good relationships and well-equipped, clean living conditions, with good time out of cell (see sections on living conditions and time out of cell), all contributed towards positive behaviour. Nearly all prisoners were on enhanced privileges, and for the few prisoners who had regressed to basic, reviews were prompt, with appropriate targets set to encourage progression.

Adjudications

- 1.15 During the previous six months, there had been only 137 adjudications, which was far lower than in similar prisons. The adjudication documentation that we examined was of a good standard, and enquiries into charges were thorough.
- 1.16 Adjudication standardisation meetings were held quarterly, and the deputy governor conducted regular quality assurance of completed hearings. However, around a quarter of charges, including more serious allegations that had been referred to the independent adjudicator, had been dismissed or not proceeded with. We also identified several charges for minor allegations that could have been dealt with more appropriately through the incentives scheme. Neither concern had been fully explored at the standardisation meetings, and risked undermining the positive ethos of the prison, if prisoners felt that poor behaviour did not have appropriate consequences.

Recommendation

1.17 The proportion of adjudications dismissed or not proceeded with should be examined, and the number reduced over time.

Use of force

1.18 As a result of the generally safe environment, force was rarely used against prisoners, but for the few cases that did occur, governance was appropriate. In the previous six months, there had been just 10 incidents involving the use of force, which was much lower than we find elsewhere. Only two incidents had resulted in the use of full restraint. In all the incidents that we reviewed, video footage and staff statements evidenced effective communication with prisoners and use of de-escalation. The good staff–prisoner relationships (see section on staff–prisoner relationships) clearly contributed to the safe environment and lack of need for force to be used.

Segregation

- 1.19 Segregation was rarely used, with only 29 prisoners segregated in the previous six months. Most uses of segregation were to separate prisoners before adjudication, as there were no lockable cells available elsewhere in the prison.
- 1.20 Cells on the segregation unit had been redecorated recently and were well equipped, but the unit was small and did not allow for positive interactions between segregated prisoners and unit staff. For those who were segregated, the regime was limited to daily telephone calls, exercise and a shower. However, reintegration planning was effective, which meant that lengths of stay on the unit were short, at an average of three days, and for most it was even shorter.

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance use and effective drug supply reduction measures are in place.

- 1.21 Additional fencing had improved security, creating the opportunity for relatively free movement around the main prisoner areas. This open regime facilitated good access to activities and services, and enabled prisoners to take active roles in the prison community, under appropriate supervision and within proper bounds of security. Staff and prisoners valued this controlled informality.
- 1.22 Staff kept a good flow of information coming into the security department, with 1,266 information reports in the previous six months. Information was well processed, analysed and applied. The risks associated with the population, comprising only prisoners convicted of sexual offences, who were generally outwardly compliant, were understood and managed closely by experienced security staff.
- 1.23 At the time of the inspection, illicit drugs did not pose a serious problem in the establishment. In our survey, 6% of respondents said that it was easy to access illicit drugs in the prison, against a comparator of 26%, and only 5% that alcohol was easily accessible, against a comparator of 13%. None of the respondents said that they had developed a problem with illicit drugs at the prison. The mandatory drug testing positive rate was low, at 1.32% over the previous six months. Although the prison was not entirely free of drugs such as cannabis and spice (a new psychoactive substance which induces effects akin to cannabis), most of the evidence for drug misuse concerned the diversion of prescribed medication.

Safeguarding

Expected outcomes:

The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- **1.24** Since the re-role of the prison (see paragraph 4.7), there had been no self-inflicted or natural deaths.
- 1.25 Records showed that the levels and seriousness of self-harm were relatively low. Over the previous six months, 36 assessment, care in custody and teamwork (ACCT) case management documents had been opened, and on average there were about six incidents of self-harm a month, with most involving cuts or lacerations. There had been no 'near misses' recorded, and most cases dealt with under the ACCT procedures appeared to be directly related to preventing self-harm. Most of the documents were opened appropriately, for reasons directly linked to suicide and self-harm.
- 1.26 The circumstances of each of the prisoners on an open ACCT were reviewed at the weekly complex case meeting. It was clear from our observations at this forum, as well as from the minutes of previous meetings, that staff had a good understanding of the individuals

concerned, and that informed discussions took place about how best to support them. An up-to-date personalised report was produced for staff working with each prisoner, identifying if progress had been made, and issues such as 'known triggers' and how best to manage supervision were also covered. This meeting was complemented by the equally well-run monthly safety meeting, where strategic safety issues were discussed and data were analysed.

- 1.27 ACCT documentation was of a consistently high standard. There were good management checks, and a useful guide had been introduced, to help to ensure that that staff completing the records provided all the relevant details. A local guide had also been produced for prisoners about the function of the Listeners, in order to promote their role. In almost all of the ACCT post-closure reviews we examined, prisoners commented positively about the support and care they had received, and this was reinforced by our observations during an ACCT review and from talking to prisoners who had previously been subject to ACCT procedures. ACCT reviews were well attended and usually included a nurse, a member of the chaplaincy and, in about 50% of cases, the prisoner's key worker.
- 1.28 There was a team of 11 Listeners. An up-to-date rota could be found in each of the residential areas, and their photographs were displayed throughout the prison. The Listeners felt well supported by prison staff and the Samaritans, but said that they sometimes felt underused. The Listener representative attending the monthly safety meeting had recently raised this issue, and there had been a constructive discussion about it.

Protection of adults at risk (see Glossary of terms)

- **1.29** There was a comprehensive safeguarding adults policy, which helpfully described how to identify prisoners who might experience exploitation, neglect or abuse.
- 1.30 The governor, or a representative, attended quarterly meetings of the Dorset Safeguarding Adults Board (DSAB) committee, and there was reference to the relevant work carried out at the prison in the DSABs annual report for 2018/19.
- 1.31 No safeguarding referrals had been made to the local authority, and staff we spoke to had limited knowledge and understanding about formal safeguarding practice and procedures. However, this weakness was mitigated by the well-developed sense of community within the prison, and we were confident that prisoners who were not coping would be identified quickly by staff or other prisoners and brought to the attention of the weekly complex case meeting (see paragraph 1.11).
- **1.32** The local authority had offered to provide safeguarding training to prison staff; although no arrangements had yet been made, we encouraged the prison to pursue this.

ection 1. Safety	
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Section 2. Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes:

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

- 2.1 Staff-prisoner relationships were very good, and our survey results in relation to respectful and helpful treatment from staff were among the best we have seen. Almost all respondents said that they had a personal officer and that there was a member of staff they could turn to for help. Throughout the inspection, we observed positive interactions, with staff and prisoners going out of their way to help each other. Almost all prisoners we spoke to had positive stories to tell about their day-to-day experience of staff at the establishment.
- 2.2 The key worker scheme was well embedded, and all prisoners had an identified key worker, who met them regularly to offer support and guidance. The electronic records we viewed demonstrated the effectiveness of this scheme, with regular and qualitative entries painting a good picture of the prisoner's custodial journey at the prison. Staff demonstrated a good knowledge of those in their care.
- 2.3 There was a range of peer support roles, including classroom assistants and social care assistants, and prisoner representatives attended the wide range of forums, all of which contributed strongly to the community feel of the prison.

Daily life

Expected outcomes:

Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

2.4 Despite some of the buildings dating back to the late 19th century, the residential accommodation was well maintained and the overall living environment was warm and reasonably comfortable. Most prisoners occupied single rooms, which were clean, tidy and well equipped. There were 10 double rooms, which were fully occupied at the time of the inspection. These were rather cramped and provided the poorest accommodation, and prisoners we spoke to who were located there were keen to move into single rooms as soon as a vacancy became available. All prisoners had keys to their rooms and, although not everyone had a lockable cupboard, there were small safes in each room where personal possessions could be held securely. Dorset unit was well looked after, and the wooden cubicles provided a degree of privacy.

- 2.5 Each of the living units had a communal dining area, a small kitchenette and a games room, all of which were adequately equipped. Communal toilets and shower areas were in at least reasonable condition and some of them were immaculate.
- 2.6 Officers encouraged prisoners to take pride in looking after their living conditions, and had created a sense of shared responsibility. We found no graffiti or offensive displays, and living areas were bright and well decorated. Prisoners could wear their own clothes, and most did. The laundry arrangements worked well and we received relatively few complaints about the handling of prisoners' individual property. These findings were reflected in some exceptionally positive and consistent survey results about prisoners' experience of daily life. For example, 99% of prisoners said that they could shower every day, and 96% that communal/shared areas were normally clean.
- 2.7 The external areas and grounds were well maintained, and contributed to a relaxed environment.

Residential services

- In our survey, far more prisoners than at similar prisons said that the quality of the food provided was good (90% versus 74%) and that they received enough to eat (88% versus 57%), both of which were impressive. The portion sizes we observed were good. The fourweek menu was varied and catered appropriately for the many prisoners with special dietary needs. The midday meal comprised a cold sandwich/baguette-based meal, and the main meal of the day was served communally on each wing in the early evening (see Appendix IV). However, breakfast packs were too meagre and many prisoners told us that because of this, and their relatively poor quality, they bought alternative breakfast food from the prison shop. A cooked breakfast was provided at weekends, which prisoners appreciated. A small kitchen on each wing afforded the facility for self-catering, although take-up was minimal.
- 2.9 Around 15 prisoners worked in the kitchen alongside staff each day, and a produced a wide range of food. Each prisoner had an individual learning and performance record but, beyond basic food hygiene certificates, there were no formal qualifications available.
- **2.10** The kitchen and serveries were clean and well ordered, with appropriate levels of supervision by staff. Comments about the food were discussed at the monthly catering consultation meetings.
- 2.11 The prison shop was managed under the national contract, with weekly deliveries to the prison. Newly arrived prisoners could wait up to 11 days to place their first order but the majority arrived with sufficient goods from their previous prison to tide them over, and emergency grocery packs were also available. In our survey, most prisoners (76%) said that the shop sold everything they needed. Consultation about the shop was regular and responsive.
- 2.12 A wide range of catalogues was available, to enable prisoners to order items such as clothing, hobby craft materials, gifts and electrical items. Most of these orders were placed online, which had caused the prison unforeseen logistical problems. This had been addressed locally by allocating additional staffing to the process.

Recommendation

2.13 Prisoners working in the kitchen should be able to attain vocational qualifications.

Prisoner consultation, applications and redress

- 2.14 Consultation across the prison was sound, with many forums to enable prisoners to express their views and raise issues with prison staff. Minutes of meetings we reviewed and conversations with prisoners and staff evidenced the effectiveness of these forums in improving the environment and living experience of everyone at the prison.
- 2.15 Throughout the inspection, prisoners told us that they felt that they could 'get things done', which reduced the need for submitting formal applications and complaints, and was a reflection on the excellent staff–prisoner relationships that we witnessed throughout the inspection (see section on staff–prisoner relationships).
- **2.16** The applications process was effective, and our survey results about ease of access, fairness and the timeliness of responses were positive. A tracking system had recently been introduced but was yet to become embedded across the prison.
- 2.17 Around 600 complaints had been submitted in the previous six months, which was proportionately slightly fewer than at similar prisons. There was good access to the range of complaints forms available, and collection boxes were emptied daily.
- 2.18 The complaints process was well managed. Few responses were late. Monitoring was good and included a wide range of equality data. Quality assurance was particularly strong, with both internal (by the Independent Monitoring Board) and external (by the area performance team) scrutiny. The complaint responses we reviewed were generally good timely, polite and generally addressing the issues raised and in some cases excellent. In our survey, more respondents than elsewhere said that complaints were easy to make, dealt with fairly and answered on time.
- 2.19 There were no formal legal services available, although we saw some reference to informal support in electronic case notes. The library held a range of legal texts, and prisoners could request photocopies of Prison Service Instructions and Orders. Legal visits were usually held on three days per week, including Saturday mornings. This more than met the needs of the population and there were spaces available for the foreseeable future.
- 2.20 Processes to monitor and handle Rule 39 (privileged mail) were comprehensive. All such mail was logged into the prison and, when the sender had not clearly identified it as privileged, or there was obvious damage to the envelope, photocopies were taken of the outer envelope, which was then printed off and given to the prisoner, along with a brief written explanation.

Good practice

2.21 Processes to manage and monitor Rule 39 mail were comprehensive, with written explanations provided to prisoners whenever it was opened in error.

Equality, diversity and faith

Expected outcomes:

There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary of terms) and any other minority characteristics are recognised and addressed. Prisoners are able to practise their

religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

- 2.22 Since the reopening of the prison, leaders had shown a strong commitment to equality and diversity issues, and over the previous six months there had been consistent development across all aspects of equality. For each of the protected characteristics, there was a senior manager with specific responsibility, a volunteer liaison officer from among the uniformed staff, and one or more prisoner representatives. These representatives showed a commitment to their task, and their work had a high profile.
- 2.23 A monthly equality action team meeting was well attended and achieved good results. There was some effective analysis of up-to-date outcomes for those with various protected characteristics, and this was reported and discussed at the meetings, but outcomes were not reviewed consistently across all protected characteristics and over time.
- 2.24 There was regular consultation for all prisoners with protected characteristics. There was also a programme of special events to celebrate and further the equality work, mainly organised by prisoners. Several outside organisations were invited in and took a positive part, including local groups such as Chrysalis, working with transgender people, and the Dorset LGBT Equality Network. There was also some good work in supporting veterans in custody.
- 2.25 There was a steady but diminishing flow of discrimination incident report forms (DIRFs), with 129 submitted in 2019. DIRFs were often investigated well, with courteous replies. However, in too many cases they were either returned as not concerning discrimination (without an explanation, and even when one of the protected characteristics had been ticked on the form), or replies showed no evidence that the prisoner had been spoken to. Analysis of our survey results showed no evidence of differing perceptions of the treatment and conditions for minority groups.

Recommendation

2.26 Equality monitoring should be carried out comprehensively and consistently across the range of protected characteristics, to enable a clear overall picture and tracking of any trends over time.

Protected characteristics

- 2.27 Black and minority ethnic prisoners received good support through a monthly forum and energetic prisoner representatives. The key issue at the time of the inspection was slow progress in providing English language learning for those who did not speak it well; the absence of appropriate teaching was seen as blocking access for some to a range of jobs in the prison which required an accredited qualification at a certain level (see paragraph 3.17). The 57 foreign nationals also met monthly, and had access to a Home Office immigration team based at the prison. There had been attempts to bring together prisoners from the Gypsy, Roma and Traveller communities but these had so far had limited success.
- 2.28 There was a large number of prisoners in the older age groups, with over half of the population over 50 years of age, almost a third over 60 and about 14% over 70, with the oldest prisoner aged 87. There was a range of activities for older prisoners, and a variety of

- provision for those in different age groups; for example, the gym had sessions for the over-40s, over-50s and over-60s (see also paragraph 3.11), and there were representatives for the younger and the middle-aged groups, as well as the over-60s. Some activities were planned and delivered specifically for the small group of younger adults.
- 2.29 A third of our survey respondents identified as having a disability. These prisoners were well provided for (see section on social care), and there were thorough arrangements for evacuation in case of emergency. However, at the time of the inspection both the visitor and prisoner lifts, and also the stairlifts, were out of use, so it was almost impossible for those using a wheelchair to visit the prison. In addition, there was no step-free access to the visits hall for prisoners, although handrails had recently been added to the steps (see also paragraph 4.2).
- 2.30 Gay and bisexual prisoners were given good recognition in the prison community as a whole, mainly because of good leadership from prisoner representatives, as well as support from managers. A Pride event in 2019 was still remembered as being a great success. The small number of transgender prisoners spoke positively of their experience at the establishment, and the help given by Chrysalis (see above).

Good practice

2.31 There was specific provision for a number of different age groups: gym sessions for the over-40s, over-50s and over-60s; and representatives for older prisoners, middle-aged prisoners and the small group of younger prisoners.

Faith and religion

- 2.32 There was a full team of chaplains, who worked together well to serve the needs of the whole community. The three full-time chaplains were experienced and effective, and well respected across the prison. In our survey, 88% of respondents said that their religious beliefs were respected, which was better than the 76% comparator.
- 2.33 The chapel was used for a wide variety of regular activities serving the whole community, including several creative activities that prisoners could engage in regularly, as well as a full range of religious meetings and classes.
- 2.34 The worship facilities were adequate, although there was no toilet in the chapel area, which was a disadvantage when so many who used it were older or had disabilities.
- 2.35 A variety of outside faith groups came into the prison to support the worship and other events. Chaplains took a full part in the wider life of the prison and its management; they were generally present at assessment, care in custody and teamwork (ACCT) case management reviews in support of those at risk of self-harm. One of the full-time chaplains also provided structured one-to-one personal support, with about 80 sessions being delivered each month.

Health, well-being and social care

Expected outcomes:

Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of

provision is similar to that which patients could expect to receive elsewhere in the community.

2.36 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) (see Glossary of terms) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The Care Quality Commission issued 'requirement to improve' notices following the inspection (see Appendix II).

Strategy, clinical governance and partnerships

- 2.37 Care UK Health and Rehabilitation Services Limited ('Care UK'), the main provider of health services since April 2017, subcontracted a range of services, including substance misuse psychosocial services to EDP Drug and Alcohol Services ('EDP') and dental services to Time for Teeth Limited.
- 2.38 We observed a caring and conscientious health services team delivering some good standards of care. However, a lack of resource to meet the needs of an ageing population with increasing and complex health issues had led to excessive waiting times in several parts of the service (see key concern and recommendation S37).
- 2.39 Since the re-role of the prison (see paragraph 4.7), there had been no up-to-date health needs assessment to reflect the current needs of the changed population and inform service provision. However, an assessment had recently started, and was scheduled for completion in April 2020.
- 2.40 The service risk register reflected current risks. The scrutiny of clinical incidents was effective, with good investigation and analysis of trends; these were discussed at strategic and local governance meetings, with lessons learnt shared with staff. A comprehensive audit plan identified key audits undertaken throughout the year, which helped to improve service provision.
- **2.41** A health forum with peer representatives had started and was a promising initiative. Health services staff regularly attended the wider prison community meetings and acted on any issues raised. Monthly feedback from patient questionnaires informed service developments.
- 2.42 Health services staff felt supported, and supervision systems had been reviewed, with a recently refreshed focus on ensuring that they all received appropriate managerial and clinical support.
- 2.43 There was a high rate of compliance with mandatory training, apart from safeguarding training, which was at only 40%; however, a trainer had been booked and sessions had been scheduled. Professional development opportunities were available, and the team received student nurses on placement.
- 2.44 Daily health services staff handover meetings and a weekly clinical multidisciplinary complex case meeting promoted good standards of care. The latter meeting had been extended to include a case review presentation by a team member and a 'bite-sized' learning event, which staff valued as a learning opportunity to enhance their clinical skills.
- 2.45 Health services were delivered in the main health care centre and at a satellite health centre on Dorset unit, which housed prisoners with mobility and social care issues, enabling this group to collect their medication and attend some clinics more easily. Clinical rooms were clean and generally met infection control requirements; there were some minor issues, but the service was addressing these. Clinical equipment was calibrated annually.

- 2.46 Primary care staff, available from 7.30am to 6pm every day, responded to emergencies during these hours and had received intermediate life support training. Well-organised emergency equipment was sited strategically across the prison. Out of hours, officers called either the emergency services for an ambulance, or the NHS III telephone line for health advice, depending on need.
- 2.47 There was a health care complaints system; prisoners were encouraged to raise concerns, some of which were resolved by face-to-face meetings, and they all received an appropriate written response. Many compliments had been received.
- **2.48** All health staff used SystmOne (the electronic clinical record). The records we reviewed demonstrated patients' involvement in their care, and that consent was recorded for treatment and information sharing.

Recommendation

2.49 All staff should be up to date with the required level of safeguarding training.

Promoting health and well-being

- 2.50 The health service was involved in joint initiatives with the prison, using the national calendar of health promotion events, including campaigns such as Movember (raising prostate and testicular cancer awareness) and for mental health awareness.
- 2.51 Information about health services was provided at reception and during induction. Health promotion material was visible throughout the prison, although not enough was displayed in the waiting room on D wing. Patients were given a range of information during consultations. Well-being sessions took a holistic approach.
- 2.52 Age-appropriate community screening programmes and a range of sexual health services were accessible. Barrier protection and harm minimisation advice were available but not advertised. The service had just introduced a 'point of care test', an optional diagnostic test for HIV and hepatitis B and C, and staff had received suitable training for this.
- 2.53 An influenza vaccination programme had good uptake and there was a renewed focus on increasing the uptake of other immunisations and vaccinations. The gym provided specific exercise sessions to promote health and well-being.
- 2.54 'Vape stop' clinics were running, and groups had been established to alleviate the waiting times for this service, which had been too long.
- **2.55** Health services staff described how they had effectively dealt with a recent outbreak of diarrhoea and vomiting, with good liaison with prison staff and Public Health England.
- 2.56 The health care application form included helpful pictorial signs. Professional telephone interpreting services were available when needed.

Primary care and inpatient services

2.57 We did not have the opportunity to observe any health reception processes, but the records we reviewed indicated that health needs, risk and follow-up were determined effectively for

- all newly transferred prisoners. Secondary health screening was completed within a few days after arrival.
- 2.58 Many prisoners we spoke to were satisfied with the standard of health care that they received, particularly from nursing staff and the GP. In our survey, 82% and 73% of respondents, respectively, said that the quality of services from nursing staff and the doctor was good. However, many also expressed concern with the length of time it took to access some services, including the podiatrist, optician and dentist, and the longest waits for these services were over 20 weeks, which was unacceptable (see key concern and recommendation S37).
- 2.59 Nurse-led daily triage clinics effectively supported the well-being of patients. Other nurse-led clinics included wound care, and a foot care clinic run by a health care assistant with additional training was well received. The management of long-term conditions and complex health needs was well led by an advanced nurse practitioner. Regular reviews were provided.
- 2.60 There was a growing need for hospital appointments, and too many were delayed or rescheduled because there was not enough escort time allocated to meet the need. There were four escort sessions each weekday, between 9–I I am and 2–3pm, which meant that appointments outside of these times could not be facilitated. This limited appointment availability and was too restrictive. The situation was compounded by too many appointments being rescheduled through lack of available escort staff or cancellation of appointments by the hospital. Over the previous six months, approximately 23% of all external appointments had been delayed, resulting in some patients waiting too long for important appointments, with potentially serious implications for their health (see key concern and recommendation S38). Other delays were caused by taxis being late and a lack of transport for prisoners using a wheelchair, although the prison had recently sourced a suitable vehicle for them.
- **2.61** The telemedicine system, which facilitated specialist video-link consultations, was used well for conditions such as dermatology and tissue viability, with further plans to increase its use, to lessen the need for external appointments.
- 2.62 There was no established palliative care pathway, but links with end-of-life services were being developed and care on an individual basis would be facilitated.
- **2.63** Few prisoners had been released from the prison since the re-role, but they had received a GP discharge letter, detailing the care they had received and any ongoing medications.

Social care

- 2.64 Prisoners with social care needs were identified and referred to the local authority. A memorandum of understanding was in place between the prison and the local authority, and Care UK delivered social care. A dedicated unit (Dorset unit) offered an accessible environment for prisoners with reduced mobility and social care needs. Those we spoke to on the unit said that it enabled them to improve their health and social well-being.
- 2.65 Three prisoners were receiving a package of care at the time of the inspection. They received excellent care, which was well documented, and nurses were very supportive. Mobility equipment was sourced where required, and the prison was working with local suppliers to identify more suitable bed frames to accommodate appropriate mattresses for prisoners with additional needs.

2.66 Residential support assistants were trained, and overseen, by prison staff to assist patients needing additional support with daily living activities

Mental health care

- 2.67 Care UK delivered an integrated mental health service, five days a week, including self-help guidance, and psychology and one-to-one interventions. A psychologist saw patients one day a week; this had recently increased to two days, to address a backlog of assessments which had built up over the previous 10 months. Two psychology assistants offered one-to-one cognitive behavioural therapy and mood management support, and group work was due to start in March 2020. Locum psychiatry provision was in place; however, this did not provide a consistent service.
- 2.68 Recruitment was a considerable challenge, despite efforts to attract staff. A part-time clinical lead supervised two agency mental health nurses, who were covering the two vacant substantive mental health nurse posts. Caseloads were not allocated to named nurses, and the overall mental health caseload was 79 at the time of the inspection. This did not include 29 patients who were on an active psychology caseload. There was no learning disabilities or specialist dementia support for the ageing population, despite an identified need.
- 2.69 Caseloads and waiting lists on SystmOne were not managed appropriately. We were told that three patients were under the care programme approach (which ensures that patients with mental illness receive continuity of care), but the mental health caseload did not differentiate between primary and secondary care. The risks of patients on the caseload were not monitored or assessed, and it was not clear how it would be determined who would see which patients, and when (see key concern and recommendation S39).
- **2.70** Care planning was recorded in some individual patient records but this was not consistent. The risk associated with this was further exacerbated by the use of temporary staff.
- 2.71 There was an open referral system, and new referrals were discussed at the well-attended weekly multidisciplinary team meeting. Complex case meetings were held by the prison (see above), and mental health staff attended these to support patients in crisis.
- 2.72 The team attended ACCT reviews, where possible, and contributed to the multidisciplinary support offered to prisoners who self-harmed.
- 2.73 One patient had been transferred under the Mental Health Act 1983 to a secure mental health unit in the previous 12 months, and this had taken place within the 14-day transfer guideline.
- **2.74** Approximately 50% of operational prison staff had completed mental health training, which was positive.

Substance misuse treatment

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

2.75 A substance misuse strategy was in place. The substance misuse team contributed to drug strategy meetings, which took place every two months, and received referrals for the few prisoners testing positive for illicit substances.

- 2.76 Demand for clinical interventions was low. There were three patients on opiate substitution treatment, who were well managed, two patients on a methadone reducing regime and one patient stabilising. A non-medical prescriber conducted regular treatment reviews and prescribing was flexible.
- 2.77 EDP provided psychosocial support four days a week, to approximately 40 patients. The team was well led. There had been some staffing vacancies, but three support workers were due to start shortly. The team supported the prison induction, made contact with new arrivals on the first night centre and completed assessments within one week.
- 2.78 Structured one-to-one sessions were supplemented by in-cell packs and self-help workbooks. The range of interventions included the 10-session self-management and recovery training (SMART) Inside Out programme. An active peer mentor scheme supported patients with alcohol and substance misuse issues. Externally facilitated Alcoholics Anonymous groups ran fortnightly.
- 2.79 Psychosocial and clinical services were well integrated. They also shared an office with the mental health team, which supported joint working, and a pathway for this patient group was under review. EDP managers and the clinical prescriber engaged in wider health care and prison meetings, including medicines management meetings.
- 2.80 Pre-release preparation and throughcare arrangements were rarely needed; however, the team was working hard to establish a directory of substance misuse services, to facilitate seamless care for the increasing number of releases planned. The team was able to plan release support well in advance. Harm minimisation advice was provided but naloxone (an opiate reversal agent) was not yet available on release, although training for staff, who would then train prisoners, in how to administer naloxone was scheduled for March 2020.

Medicines optimisation and pharmacy services

- 2.81 Medicines were obtained against legally valid prescriptions from a pharmacy out of the area, via a courier, and received daily from Monday to Saturday. However, there was provision for supply at weekends using FP10 prescriptions to get medicines from a local pharmacy, if necessary, or from the small amount of stock held on-site. This was needed, as it was reported that prisoners had been transferred from other prisons without medication. However, the stock supply was unaudited and there was no record of where, when or for whom it had been used. However, once we had highlighted this, a process was put in place for regular auditing of stock.
- 2.82 Although prescriptions were sent to the external pharmacy electronically, and the health services team marked them with the date that the supply was needed, medicines were not always received on time. On occasion, this had resulted in the team needing to repeat the orders and issue FP10 prescriptions to obtain medicines from local pharmacies, to ensure that patients received their medication. This was under review and had improved recently.
- 2.83 Medicines were prescribed by a regular GP and two non-medical prescribers. Many prisoners were on prescribed medication, and most received it in-possession, following an in-possession risk assessment on arrival. There was a standard in-possession risk assessment policy, but it had not been individualised for the establishment. Once we had identified this, the team made some initial changes to localise the policy, although this needed to be embedded. Some medicines were supplied in daily in-possession bags; this was not compliant with current guidance and was not risk assessed. Patients were supplied with medicines in multi-compartment compliance packs when needed.

- **2.84** The movement of medicines around the prison had not been properly risk assessed, and did not follow national guidance; however, this was rectified during the inspection.
- 2.85 A colour-coded collection system for in-possession medication had been implemented, and had helped to lessen the queues and waiting times for medication. There was good officer support and supervision of medicine queues.
- **2.86** We observed safe administration of medicines by pharmacy and nursing staff. There was no assessment of competence for the registered pharmacy technicians, but when we highlighted this, competency workbooks were started immediately. There were insufficient suitably calibrated glass measures to ensure the accurate measurement of liquid medication.
- 2.87 A pharmacist visited weekly, and led patient-facing clinics. Nurses could administer a range of medication to patients without a prescription, including some under patient group directions (PGDs; these enable nurses to supply and administer prescription-only medicine). These had been signed by the staff using them, who told us that they had received training on the use of PGDs and would not use them unless they were competent to do so; however, the forms had not been signed by the authorising manager to verify this.

Recommendation

2.88 Governance arrangements surrounding the management of medicines should be strengthened, to ensure that processes are robust and safe.

Dental services and oral health

- 2.89 A full range of NHS treatments was provided, with one dental session and one dental therapist session available per week. Applications to the dental team were monitored by the dentist, who triaged applications and booked appointments, to ensure that patients in pain or with more serious dental problems were prioritised.
- 2.90 Prisoners were seen within six weeks of application, and then added to a treatment waiting list. At the time of the inspection, 97 patients were waiting for dental treatment, and the longest wait time was 22 weeks and four days (see key concern and recommendation S37). We were told that concerns about the waiting list had been escalated through contract monitoring meetings, and it was hoped that additional sessions would be commissioned following the upcoming health needs analysis (see above).
- 2.91 Despite the long waiting lists, prisoners could access emergency appointments, which were available twice weekly, if urgent treatment was required. Records were good and the dental suite was well equipped and complied with infection control standards. Clear governance processes covered all aspects of practice, including training, equipment maintenance and waste disposal.

Section 2. Respect	
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Section 3. Purposeful activity

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

Time out of cell

Expected outcomes:

All prisoners have sufficient time out of cell and are encouraged to engage in activities which support their rehabilitation.

- The regime routinely ran to time. Staff and prisoners had a good understanding of regime timings, and in our survey 99% of respondents said that they knew what the unlock and lock-up times were supposed to be. With the exception of the rare occasions when prisoners were subject to segregation, no prisoners were ever locked up, and all enjoyed relatively free access around the site for nine and a half hours each day, including at weekends.
- 3.2 During our roll checks, we found only about 37% of prisoners to be actively involved in learning or work activities, which was too few.
- 3.3 There was sufficient time within the working day for all prisoners to use the well-equipped exercise area and the relatively pleasant environment within the residential compound, for well over an hour each day. Our survey results were particularly positive in relation to access to exercise and association periods.
- 3.4 Association areas were well equipped, and maintained to a high standard. In addition to onwing activities, there was a range of evening activities, such as study groups, religious classes, music groups, evening gym sessions and reading support groups.
- 3.5 Access to the well-stocked library was very good, with 14 sessions per week, including two evening sessions. Almost all of the population had signed up for membership of the service, and in our survey more prisoners than at similar prisons said that they used it at least once a week (76% versus 60%). However only 40% of prisoners on Dorset unit said that that they accessed the library regularly, which needed some investigation. There was no formal monitoring to identify trends of use or identify any groups of prisoners who did not use the library.
- 3.6 There was a reasonable stock of books in languages other than English, and a sufficient range of legal texts. Reference books were also available to support education courses. Links to the education service and other departments were good.
- 3.7 The library ran as a stand-alone facility and was not part of a wider local service. We were assured that there was a sufficient budget to refresh the stock, and prisoners across the site could request specific publications.
- The library ran a wide range of literacy promotion activities throughout the year, including religious and cultural celebrations. There were regular reading groups, and take-up of the 'Six Book Challenge' (an initiative inviting individuals to select six books and record their reading in a diary) was particularly impressive. Many prisoners were registered as mentors for the Shannon Trust (which provides reading plan resources and training to prisons), and we saw one-to-one sessions being run on the wings, to help others to improve their literacy skills.

- In our survey, 41% of respondents said that they could go to the gym twice a week or more. The sports hall had been out of commission since August 2019, and the repairs had just been completed. We were told that this, combined with poor weather over the winter period, had resulted in a decline in the use of both indoor and outdoor facilities by approximately 20%. It was anticipated that uptake would soon improve again.
- 3.10 The PE department was fully staffed and there was a full range of suitable equipment in the small gym hall, as well as reasonable showering and changing facilities. The resources available outside were particularly good, with a full-size grass sports field and an all-weather pitch, as well as extensive outside exercise equipment, all of which were popular with prisoners and we saw being used daily.
- 3.11 The PE programme was well organised, and designed to meet the needs of the population, with sessions for all age groups (see also paragraph 2.28), including a popular chair-based exercise class held on Dorset unit for prisoners with restricted mobility. There were dedicated sessions for workers, the retired and the unemployed, and PE was available in the evenings and at the weekend.
- 3.12 Since March 2019, a total of 24 courses had been run by PE staff in first aid and in nutrition. These programmes included a combination of Regulated Qualifications Framework level 3 and non-accredited courses, with 245 individuals completing them.

Education, skills and work activities (Ofsted)

Expected outcomes:

All prisoners are expected and enabled to engage in education, skills or work activities that promote personal development and employability. There are sufficient, suitable education, skills and work places to meet the needs of the population and provision is of a good standard.

This part of the inspection is conducted and written by Ofsted inspectors using Ofsted's inspection framework, available at https://www.gov.uk/government/publications/education-inspection-framework.

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

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology that it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development, and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the key concerns and recommendations, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Good

Personal development: Good

Leadership and management: Requires improvement

- 3.14 Since the reopening of the establishment as a category C prison in December 2018, leaders and managers had worked hard to establish a range of purposeful activities based on the expected population. They now needed to ensure that the learning, skills and work that they offered met the needs of the current prison population. They had high expectations of what prisoners could achieve during their time at the establishment, and had created an environment which was calm, peaceful, inclusive and enabled prisoners to learn new skills. They had ensured that pay rates were equitable and fair, and provided opportunities for prisoners to move into enhanced roles in work and as peer mentors in education classes.
- 3.15 There were not enough activity places to meet the needs of the population. Prison managers allocated prisoners to activities swiftly, on the basis of the information they had on their prior skills and length of stay. However, in too many instances, they had not given enough consideration to prisoners' aspirations, and therefore had not provided courses to meet these. This meant that there were too many prisoners who were not allocated to activities (see key concern and recommendation S40). Prisoners were able to combine work with education. Leaders had created a culture of trust in which prisoners took responsibility to attend activities independently. Consequently, attendance was consistently high, and most prisoners who were allocated attended activities on time.
- 3.16 Leaders and managers had a clear vision for the curriculum. They had introduced some new courses since the beginning of 2020, such as classes in English for speakers of other languages, and reading programmes, both of which were aimed at those with low levels of literacy. However, they had been too slow to respond to the changing needs of the population. They had recently started to develop partnership arrangements with a national employer, but at the time of the inspection this had not yet benefited prisoners. There were no opportunities for eligible prisoners to undertake work during release on temporary licence (ROTL).
- 3.17 Staff did not use relevant information about prisoners' previous education and work experience, aspirations and length of stay to inform achievable personal learning plans. In addition, they did not assess prisoners for any additional learning support. This meant that there were no suitable education or training options available to prisoners with low-level English skills. In addition, those with specific needs, such as dyslexia, were not identified or provided with the support needed for them to make the most of the opportunities available to them (see key concern and recommendation S41).
- 3.18 Tutors and instructors in education, vocational training and work had good subject knowledge. Instructors checked prisoners' understanding effectively, to ensure that they were competent to complete new tasks. This helped prisoners to gain useful and relevant knowledge and skills. For example, in gardening, they learnt not only how to use machinery safely, but also about biodiversity. In English lessons, they learnt about the importance of grammar, in order to write letters accurately. While prisoners could undertake a range of level 2 qualifications that helped prepare them for employment on release, in too many

instances there were not enough courses available to those who were not able to access these qualifications. Most prisoners achieved their qualifications. However, in too many work areas, such as gardening, textiles and the kitchens, prisoners did not gain accredited qualifications. In addition, the technical and personal development skills that prisoners developed from working in these areas were not recorded or recognised sufficiently well.

- 3.19 Most tutors and instructors planned the activities across work and vocational training in a logical order that enabled prisoners to build upon and consolidate previously acquired knowledge and skills. For example, in level 2 bicycle maintenance, prisoners developed their knowledge from working on basic mechanical brakes to more specialised complex hydraulic braking systems. They practised their skills until they were competent and able to complete the task within industry-standard timescales.
- 3.20 Tutors provided good support to the large number of prisoners who were undertaking Open University or distance learning courses. Staff used the skills and experience of more qualified prisoners to support those in education classes well. This helped prisoners to build their confidence and gain a collaborative approach to learning. However, tutors and instructors did not provide them with feedback that helped them to improve their knowledge and skills. Prisoners produced work to at least the standard required.
- 3.21 Prisoners took pride in their work. For example, in art, prisoners' work was often displayed around the prison, and the prisoners responsible for the gardens were proud of their work in keeping the grounds immaculate. However, in too many instances staff did not challenge prisoners to produce work of an even higher standard.
- 3.22 Staff supported prisoners well to develop their understanding of how to maintain a healthy lifestyle. In gardening, prisoners learnt about growing vegetables for use in the kitchens. Staff in the gym worked well with prisoners, offering them nutrition courses to help them to maintain their health.
- 3.23 The work activities that instructors planned were not demanding enough for prisoners. Although some prisoners built knowledge and acquired new skills, such as understanding the importance of timing to commercial gardening and operating machinery within waste management, in too many cases work was routine or did not fully occupy prisoners for the working day. For example, many cleaners completed their work before the end of morning activity, and had little to do during the afternoon activity period.
- 3.24 Staff and prisoners contributed to creating a positive learning environment. Prisoners behaved respectfully towards each other and staff, and responded positively to feedback. There were no examples of the use of inappropriate language, either within education, skills and work or around the prison. Prisoners displayed excellent attitudes to learning in all areas of training, education and work activities.
- 3.25 Staff ensured that prisoners in vocational training and work areas, such as waste management and the wood mill, knew how to keep themselves safe. They used safe working practices and wore the correct personal protective equipment in work areas.
- 3.26 Prisoners had a clear understanding of the importance of the skills they had developed. However, they were not aware of how these skills would help them on release. For example, prisoners in painting and decorating valued the skills they had developed but were cynical about the employment opportunities available to them because of the nature of their offences. In addition, where there were opportunities for them to gain employment, prison staff had yet to establish qualifications in these areas.
- 3.27 In education classes, prisoners developed a good understanding of values of tolerance and respect, and equality of opportunity. For example, in graphics lessons, prisoners learned

- about the importance of diversity in advertising. This enabled them to develop advertisements for trainers which did not show the sole of an individual's foot, as this would have been considered offensive is certain cultures.
- 3.28 Leaders and managers had a good understanding of the strengths and weaknesses of the provision, and met often to discuss this. However, they did not use data well enough to assure the quality of the provision. For example, governance meetings, including the quality improvement group, did not focus on the quality of delivery of teaching and learning. In addition, the data on individual courses, such as allocations, attendance and achievements, were not of high enough quality. As a result, leaders and managers did not have a good enough overview of the quality of the provision.
- 3.29 Staff were supported to improve their practice with regular professional development. They attended events to update them on developments in their vocational areas for example, the use of biodiversity in gardening, and in the waste management industry and were able to introduce these developments into their work areas.
- 3.30 The virtual campus (internet access for prisoners to community education, training and employment opportunities) was used well to support prisoners engaged in Open University and distance learning but was not used to support those approaching release, to undertake job searches or produce a CV.
- 3.31 The careers service provider had only recently started to work with the prison. Information sharing between teams within the prison was inadequate, which meant that staff did not have good enough information on prisoners' career needs. The provision was not strategically managed or coherently delivered, which meant that prison managers did not have accurate data on the needs of prisoners. As a result, leaders and managers were not able to evaluate fully the effectiveness of the curriculum (see key concern and recommendation S42).

Section 3. Purposeful activity	

Section 4. Rehabilitation and release planning

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

Children and families and contact with the outside world

Expected outcomes:

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

- 4.1 Visitors, prisoners and our observations confirmed that visits started on time. However, there was no visitors centre for those arriving, many of whom had travelled long distances. Visitors could wait in a small area in the gatehouse; there were lockers there but most were out of use. There were plans to reopen a building outside the gate as a visitors' centre.
- 4.2 The visits hall was in reasonable condition, with appropriate furniture and the services usually available in such facilities, although at a basic level. There was a clear action plan for improvement, and managers had reasonable confidence that this would be implemented. There was a small refreshment bar, improved during the inspection by the installation of better equipment to produce hot drinks, and for keeping food hot. This facility was able to use the resources of the 'Jailhouse Café', located outside the gate. A children's play area provided toys mainly for young children, although relatively few visited. There was no lift or stairlift for access to the visits hall, which was on the first floor (see also paragraph 2.29).
- 4.3 Barnardo's provided a support service to visitors as they arrived, and in caring for children in the visits hall, although there was no children's play worker at the time of the inspection. However, all of the visitors we spoke to praised the attitudes of prison staff, and we observed good supervision in the visits hall, with an approach that was informal, welcoming and built positive relationships with many of the regular visitors, without compromising safety and security.
- In our survey, more respondents than at similar prisons said that staff encouraged them to keep in touch with family and friends (61% versus 48%). As there was little structured work to support family life or to help prisoners develop skills and maturity in their family roles and relationships, this illustrated the positive and helpful approach taken by staff in informal ways. However, there were some new initiatives in this respect: penfriends had recently been introduced through the New Bridge charity, and the chapel had begun to organise a volunteer prison visitor scheme for those who received no visits otherwise. Another welcome new initiative was a programme of extended family visits (more relaxed visits where prisoners are able to move around the visits hall and take part in activities with their family); one had already taken place and eight more were planned for the coming year.
- 4.5 Prisoners' mail was handled efficiently, and this was reflected in our survey, with fewer respondents than elsewhere reporting problems with sending and receiving mail. However, there were weaknesses in the implementation of contact restrictions (see paragraph 4.20).

Almost all of our survey respondents said that they could use a telephone every day. However, some prisoners told us that waiting times to use the telephones increased during busy times, such as during the evenings. In addition, the number of payphones on some wings fell slightly short of the standard ratio of one per 20 prisoners, although the open regime meant that, for many, there was access throughout the day.

Recommendation

4.6 The prison should provide visits facilities which are accessible, and which make adequate provision for families, and for all visitors who have travelled long distances.

Reducing risk, rehabilitation and progression

Expected outcomes:

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

- 4.7 The prison had been re-roled in July 2018, from an immigration removal centre to a category C prison, and now received only prisoners convicted of sexual offences. Reducing reoffending work for the new population was still in development. Once the prison had received a full population, it had begun a needs analysis but this had not yet been used to inform the approach to preventing prisoners from reoffending. Work to use the results needed to be completed, so that it informed the prison's approach to preventing prisoners from reoffending. Currently, the prison did not have an action plan covering all areas of reducing reoffending work, and a formal meeting to oversee the work had only recently met for the first time. Although the prison did not have a resettlement function, it had released a small number of prisoners in the previous six months and was aware of several others who would reach their release date within the next year (see also paragraph 4.26). Work to identify and coordinate the resettlement-focused work carried out by different prison departments was under way.
- 4.8 Nearly two-thirds of the population had sentences of 10 years or more, and another 4% were serving indeterminate sentences, with 11 serving an indeterminate sentence for public protection (IPP). Three-quarters of the population were assessed as posing a high or very high risk of harm.
- 4.9 The prison had introduced the offender management in custody (OMiC) (see Glossary of terms) model in December 2019; at the time of the inspection, this was well advanced, although undermined by a lack of permanent probation officer resources in the offender management unit (OMU). The unit should have had seven probation officers working as prison offender managers (POMs), to manage high- and very-high-risk prisoners; however, there were only 2.8 full-time-equivalent probation officers in this role. Interim arrangements pending the recruitment of more probation officers included the temporary promotion of four prison officers to POM roles and the use of four probation officers based in an off-site 'hub' which supported three prisons (see key concern and recommendation S43).
- 4.10 The four hub probation officers managed high- and very-high-risk prisoners with parole and release dates several years in the future. The four temporary prison officer POMs, along with 2.8 permanent prison officer POMs, dealt with applications from prisoners to see their POM, gathered information for processes such as recategorisation reviews, and managed caseloads of medium-risk prisoners. These arrangements were effective as an interim measure but the

full complement of permanent probation officers was needed to ensure that the full benefits of OMiC were realised, and that prisoners who posed a high risk of harm were managed, and seen regularly, by staff with suitable training in risk management. The increasing number of prisoners reaching their parole eligibility dates placed an additional strain on the available on-site probation officers to complete the required reports for the parole board (see key concern and recommendation S43).

- **4.11** Each POM had a caseload of about 70 prisoners. Caseloads in the case administration team, which also had vacancies, were at about 110 per administrator. The OMU received good leadership from its management team, comprising a senior probation officer, an operational prison manager and a non-operational prison manager, who worked well together. Each POM had supervision from the senior probation officer, and access to sessions with a clinical psychologist. The prison's forensic psychologists had provided workshops on working with prisoners convicted of sexual offences.
- 4.12 Nearly all prisoners had an initial assessment of risk and need in place, but over a quarter had not been reviewed in the previous year; this included 11% which had not been reviewed in the timeframes required by Her Majesty's Prison and Probation Service (see key concern and recommendation S44). Assessments of risk and need were good in the cases we reviewed, with relevant sentence and risk management plans in place, which POMs focused on in their contact with prisoners.
- 4.13 The quality of work in the OMU had improved since the introduction of OMiC. Before this, there had been delays in engaging and maintaining contact with prisoners, both of which had now been strengthened. Most prisoners we spoke to were positive about contact with their key worker and POM, and described POMs as responsive to requests to see them. However, much of the POM contact with prisoners was to complete processes needed during their sentence for example, for parole hearings, child contact requests or recategorisation reviews rather than focused work to address offending behaviour. Communication between key workers and POMs was good, and electronic case notes indicated that regular, supportive engagement between prisoners and their key workers was taking place, which helped to inform POM work. In most cases when it was needed, communication with the external community offender manager was also good.
- 4.14 Managers were aware of the differing needs presented by prisoners serving an indeterminate sentence. These prisoners were case managed by probation POMs. The on-site psychologists were linked with a national team supporting indeterminate-sentenced prisoners who were over tariff, so that recommendations on progression could be made. Two IPP prisoners were receiving this enhanced case management support. All IPP prisoners had recently been reviewed by the prison, to ensure that they had a progression pathway at the establishment. There were plans to do the same with prisoners serving life sentences. The prison had not run any forums or other events for indeterminate-sentenced prisoners but had advanced plans to do so.
- 4.15 There were good processes for tracking and monitoring prisoners eligible for consideration for parole. No prisoners had been eligible for release on home detention curfew, owing to their offence type and sentence length. The prison had not yet made any use of release on temporary licence (ROTL), and was in the process of determining how this could safely be offered to the small number of prisoners who might be suitable.

Recommendation

4.16 A comprehensive reducing reoffending strategy should be developed, supported by a detailed action plan which is monitored and updated regularly.

Good practice

4.17 Prison offender managers had regular access to clinical supervision from a psychologist as well as supervision from a senior probation officer.

Public protection

- **4.18** The nature of the offences committed by prisoners at the establishment meant that they were all were subject to multi-agency public protection arrangements (MAPPA), and 80% were subject to child contact restrictions. At the time of the inspection, seven prisoners were subject to telephone and mail monitoring for public protection reasons. Reviews for this were timely and monitoring was up to date.
- 4.19 The interdepartmental risk management team (IRMT) meeting took place monthly and had good multidisciplinary attendance. Its remit included mail and PIN telephone monitoring, child contact restrictions and release arrangements. Additionally, any prisoner could be referred to the meeting for discussion. Minutes of the meetings showed that detailed information was used to inform the decisions made.
- 4.20 The IRMT had good oversight of decisions about prisoners' contact with children. It considered new applications for contact, requests for changes to current levels of contact and appeals. However, there were some weaknesses in how staff were applying these restrictions in the prison. Prisoners' outgoing letters were not routinely and consistently checked to ensure that they were not addressed to people they were not allowed to contact. In addition, one prisoner had photographs of child relatives on display in his room, when they were not allowed to have these, without any challenge from staff. These issues were indicative of public protection not being seen by the whole staff group as an integral part of their work. Managers responded swiftly when we raised these concerns with them (see key concern and recommendation S45).
- 4.21 The IRMT meeting was effective in establishing risk management arrangements for prisoners about to be released. Prisoners were initially referred to the meeting eight months before their release. A decision was made there about their MAPPA management level, to inform POMs' discussions with community offender managers as release plans were made. The IRMT retained oversight of these prisoners, reviewing the arrangements made for their release.

Categorisation and transfers

4.22 Recategorisation reviews were timely, and processes well managed. In the cases we checked, decisions had been reasonable but subsequent transfers had not been sufficiently timely. At the time of the inspection, there were 11 prisoners who had been approved for category D and were waiting to move to an open prison, one of whom had been waiting for nearly 14 months. We were told that there had not been any moves to open prisons since November 2019. These delays were often due to a lack of places in open prisons for prisoners convicted of sexual offences. There were no ROTL opportunities to mitigate this (see paragraph 4.15).

Recommendation

4.23 Prisoners should have prompt moves to category D prisons once they have been assessed as suitable for open conditions.

Interventions

Expected outcomes:

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

- 4.24 The establishment did not offer any accredited offending behaviour programmes, even though many prisoners had been transferred there before completing a programme that they needed. The prison had identified that 128 prisoners were eligible to complete an accredited programme. An analysis of the need for interventions had been completed, from which a strategy and action plan had been developed. As part of this, the establishment was developing effective links with prisons that delivered relevant accredited programmes, to enable prisoners to access these interventions. In the previous six months, 45 prisoners who had been assessed as needing, and being suitable for, one of the programmes delivered elsewhere had been transferred, often with a commitment that they would return to The Verne after completing it. There was nothing yet in place at the prison to reinforce learning from accredited programmes. This had been addressed in the interventions action plan, and training for POMs to deliver a toolkit of exercises with prisoners who had completed the Horizon (designed for medium-risk adult men who have been convicted of a sexual offence) or Kaizen (for high- or very-high-risk adult men who have been convicted of a sexual offence) programmes had been arranged for April 2020.
- **4.25** There was good provision for prisoners with drug or alcohol misuse issues, and the cases we looked at showed successful engagement from them.
- 4.26 Few prisoners had been released from the establishment, with only five in the previous six months, although there was potential for the number to increase in the coming months (see paragraph 4.7), which managers were preparing for. Some would be released at the end of their sentence, which meant that there would be limited community involvement in planning for their release. We heard some reservations from staff and managers about how transfers to resettlement prisons for local release would be managed, given that The Verne accepted prisoners from all areas of England and Wales, and that the prison estate was being reconfigured. No prisoners had been moved to other prisons for local release in the previous six months (see key concern and recommendation \$46).
- 4.27 There was no specialist accommodation service available (see key concern and recommendation S46) but, of the five prisoners who had been released (see above), four had gone to approved premises and one to a permanent home address. The prison had links with a local approved premise, staff from which had agreed to talk to prisoners who had questions about having to live at this type of accommodation.
- **4.28** Finance, benefit and debt provision was underdeveloped. Prisoners could not open bank accounts ready for release, or obtain advice about pensions or benefits entitlements. There was no source of support for prisoners who had themselves previously been victims of sexual or domestic abuse (see key concern and recommendation S46).

Release planning

Expected outcomes:

The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 4.29 The Verne was not a resettlement prison and had no community resettlement company (CRC) resource. It had begun discussions with the CRC at a nearby prison and was also in contact with the local Circles (an independent charity which provides 'circles of support and accountability' for people convicted of sexual offences) provider, to develop 'through-the-gate' support for prisoners released locally (see key concern and recommendation \$46).
- 4.30 In the cases we reviewed of prisoners nearing release, POMs had provided suitable levels of resettlement support and engaged well with community offender managers to ensure that suitable release plans were in place. The few prisoners nearing release were positive about the input they had from their POM and were aware of the plans in place, or being made, for their release.
- **4.31** On the day of release, prisoners who were not being met at the gate were taken to the local train station to start their journey to their agreed accommodation.

Section 5. Summary of key concerns, recommendations and good practice

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

Key concerns and recommendations

5.1 Key concern (S37): Many aspects of the health service were stretched and under-resourced to meet the needs of an ageing population with increasing and complex health issues. This had resulted in excessive waiting times to see the podiatrist and the optician, with the longest wait for these services at over 20 weeks. At the time of the inspection, 97 patients were waiting for dental treatment, with the longest wait over 22 weeks. It had taken too long for commissioners to carry out a health needs assessment to reflect the needs of the population. (Directed to: HMPPS and NHS England)

Recommendation: Health service provision should reflect the needs of the population, and be resourced sufficiently to ensure community-equivalent access to podiatry, optician and dental services.

5.2 Key concern (S38): There was a growing need for hospital appointments and too many were delayed or rescheduled. There were four escort sessions each weekday, between 9–11am and 2–3pm, but appointments outside of these times could not be facilitated, which was too restrictive. This was compounded by too many appointments being rescheduled through lack of available escort staff or hospital cancellations, leading to approximately 23% of all external appointments over the previous six months being delayed. Consequently, some patients waited too long for important appointments, with potentially serious implications for their health. (Directed to: HMPPS and NHS England)

Recommendation: Patients should be able to attend their hospital appointments in a timely fashion.

5.3 Key concern (S39): The oversight and systems to monitor treatment for patients with mental health problems were inadequate. It was not clear how it would be determined who would see which patients, and when. The risk was further compounded by the lack of permanent staff, which led to inconsistent outcomes for patients and limited treatment options. There was no learning disabilities or specialist dementia support for the ageing population, despite an identified need. (Directed to: the governor)

Recommendation: Prisoners should have access to a well-organised mental health service that is fully resourced to offer an appropriate range of treatment options, including specialist services, to meet the needs of the population, including specialist services.

5.4 Key concern (S40: Prison managers did not offer a curriculum that met the needs of the prison population. This prevented some prisoners from participating in education, skills and work. (Directed to: the governor)

Recommendation: The curriculum should be regularly reviewed, to ensure that the needs of the population are met.

Key concern (S41): Staff did not use relevant information about prisoners' previous education and work experience, their aspirations and length of stay to inform achievable personal learning plans. In addition, they did not assess prisoners for any additional learning support. This meant that support was not provided to those who had additional learning needs. (Directed to: the governor)

Recommendation: Analysis of need should ensure that additional learning requirements are identified and appropriate support is offered.

5.6 Key concern (S42): There was a lack of information sharing between the careers service and the prison. This resulted in prison managers not having accurate data on prisoners' needs, which prevented them from evaluating the impact of the curriculum on education, skills and work. (Directed to: the governor)

Recommendation: Information should be shared appropriately between the careers service and the prison, and the curriculum evaluated to ensure its effectiveness.

5.7 Key concern (S43): The OMU had less than half the permanent probation officer resource it should have had to deliver the OMiC model effectively. Interim measures to deal with this shortfall had been working fairly well, but a lot of contact between POMs and prisoners was based on processes that needed to be completed rather than work to address offending behaviour. This, and the projected increases in work in areas such as parole hearings, meant that a full complement of permanent probation officers was needed to ensure that the OMU remained effective. (Directed to: HMPPS)

Recommendation: The offender management unit should have the full complement of permanent probation officer prison offender managers needed to deliver the offender management in custody model effectively.

5.8 Key concern (S44): Most prisoners had an assessment of risk and need, but over a quarter had not been reviewed in the previous year, including 11% which had not been reviewed in line with Her Majesty's Prison and Probation Service requirements. This compromised the prison's ability to provide these prisoners with the appropriate interventions to reduce their risk and progress through their sentence. (Directed to: the governor)

Recommendation: All prisoners should have an up-to-date assessment of risk and need.

5.9 Key concern (S45): There were some weaknesses in how decisions about public protection restrictions on prisoners were applied in the prison. It was not clear that all staff understood their role in ensuring public protection. Outgoing post was not routinely and consistently checked against lists of people that prisoners could not have contact with, and we found one prisoner displaying photographs that they should not have had, without any challenge from staff. (Directed to: the governor)

Recommendation: Public protection decisions made for each prisoner should be understood by all staff and rigorously adhered to.

5.10 Key concern (S46): The prison was not resourced to provide resettlement services but had done so in a small number of cases, and more prisoners were expected to be released in 2020. There were no specialist services for accommodation or finance and benefits advice, and as the establishment accepted prisoners from anywhere in England and Wales, some would be released to locations a long way from the prison. (Directed to: HMPPS)

Recommendation: The prison should have the resettlement services it needs to prepare prisoners for release.

General recommendations

- **5.11** General recommendation (1.17): The proportion of adjudications dismissed or not proceeded with should be examined, and the number reduced over time. (Directed to: the governor)
- **5.12** General recommendation (2.13): Prisoners working in the kitchen should be able to attain vocational qualifications. (Directed to: the governor)
- **5.13** General recommendation (2.26): Equality monitoring should be carried out comprehensively and consistently across the range of protected characteristics, to enable a clear overall picture and tracking of any trends over time. (Directed to: the governor)
- **5.14** General recommendation (2.49): All staff should be up to date with the required level of safeguarding training. (Directed to: the governor)
- **5.15** General recommendation (2.88): Governance arrangements surrounding the management of medicines should be strengthened, to ensure that processes are robust and safe. (Directed to: the governor)
- **5.16** General recommendation (4.6): The prison should provide visits facilities which are accessible, and which make adequate provision for families, and for all visitors who have travelled long distances. (Directed to: the governor)
- **5.17** General recommendation (4.16): A comprehensive reducing reoffending strategy should be developed, supported by a detailed action plan which is monitored and updated regularly. (Directed to: the governor)
- **5.18** General recommendation (4.23): Prisoners should have prompt moves to category D prisons once they have been assessed as suitable for open conditions. (Directed to: HMPPS)

Examples of good practice

- **5.19** Good practice example (1.8): The induction process had been designed thoughtfully, providing newly arriving prisoners with the information they required, and was characterised by a tailored approach, based on their individual needs.
- **5.20** Good practice example (2.21): Processes to manage and monitor Rule 39 mail were comprehensive, with written explanations provided to prisoners whenever it was opened in error.
- **5.21** Good practice example (2.31): There was specific provision for a number of different age groups: gym sessions for the over-40s, over-50s and over-60s; and representatives for older prisoners, middle-aged prisoners and the small group of younger prisoners.
- **5.22** Good practice example (4.17): Prison offender managers had regular access to clinical supervision from a psychologist as well as supervision from a senior probation officer.

Section 5. Summary of key concerns, recommendations and good practice	

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas Deputy Chief Inspector

Angus Mulready-Jones Team leader Ian Dickens Inspector Hayley Edwards Inspector Martin Kettle Inspector Paddy Doyle Inspector lan Macfadyen Inspector Paul Rowlands Inspector Angela Johnson Inspector Shannon Sahni Researcher Joe Simmonds Researcher Patricia Taflan Researcher Chole Moore Researcher

Maureen Jamieson Health and social care inspector

Sue Melvin Pharmacist

Dayni Johnson Care Quality Commission inspector

Steve Lambert Ofsted inspector
Bob Cowdry Ofsted inspector
Dianne Poppit Ofsted inspector
Saul Pope Ofsted inspector

Section 6 – Appendix I: Inspection team	

Appendix II: Care Quality Commission Requirement Notice



Requirement Notices

Provider: Care UK Health & Rehabilitation Services Limited

Location: HMP The Verne **Location ID**: 1-4098964378

Regulated activities: Treatment of disease, disorder or injury, Diagnostic and

screening procedures

Action we have told the provider to take

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

Regulation 17 – Good governance

Regulation 17(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met:

There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

The oversight and systems to monitor treatment for patients with mental health problems were inadequate.

- There were multiple waiting lists for the mental health team on the electronic patient record system, some of these we were told were not in use.
- There was one caseload of 79 patients, none of whom had an allocated key worker.
- There was no process to monitor or review patients on the caseload; Two of the three staffing posts within the mental health team were covered by agency staff which further compounded the risk.
- Care plans were not completed consistently. Those that were completed were stored within the care records rather than on a separate care plan template making audit difficult.

Section 6 – Appendix II: Care Quality Commission Requirement Notice

Appendix III: Prison population profile

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

Status	18-20-year-olds	21 and over	%
Sentenced	0	560	97.2
Recall	0	16	2.8
Convicted unsentenced	0	0	0
Remand	0	0	0
Civil prisoners	0	0	0
Detainees	0	0	0
Total	0	576	100

Sentence	18-20-year-olds	21 and over	%
Unsentenced	0	0	0
Less than six months	0	0	0
six months to less than 12 months	0	0	0
12 months to less than 2 years	0	I	0.2
2 years to less than 4 years	0	16	0.5
4 years to less than 10 years	0	169	29.
10 years and over (not life)	0	366	63.5%
ISPP (indeterminate sentence for public protection)	0	13	2.3%
Life	0	11	4.2%
Total	0	576	100

Age	Number of prisoners	%
Please state minimum age here:	22	
Under 21 years	0	0
21 years to 29 years	47	8.2
30 years to 39 years	81	14.0
40 years to 49 years	117	20.3
50 years to 59 years	144	25.0
60 years to 69 years	108	18.8
70 plus years	79	13.7
Please state maximum age here:	87	
Total	576	100

Nationality	18-20-year-olds	21 and over	%
British	0	519	90.1
Foreign nationals	0	56	9.7
Not stated / Identified	0	1	0.2
Total	0	576	100

Security category	18-20-year-olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	0	0	0
Category A	0	0	0
Category B	0	0	0
Category C	0	556	96.5
Category D	0	20	3.5
Other	0	0	0
Total	0	576	100%

Ethnicity	18-20-year-olds	21 and over	%
White			
British	0	404	70.1
Irish	0	6	1.0
Gypsy/Irish Traveller	0	16	2.8
Other white	0	18	3.1
Mixed			
White and black Caribbean	0	7	1.2
White and black African	0	0	0
White and Asian	0	3	0.5
Other mixed	0	6	1.0
Asian or Asian British			
Indian	0	13	2.3
Pakistani	0	9	1.6
Bangladeshi	0	10	1.7
Chinese	0	I	0.2
Other Asian	0	10	1.7
Black or black British			
Caribbean	0	28	4.9
African	0	24	4.2
Other black	0	8	1.4
Other ethnic group			
Arab	0	0	0
Other ethnic group	0	10	1.7
Not stated	0	3	0.5
Total	0	576	100

Religion	18-20-year-olds	21 and over	%
Baptist	0	4	0.7
Church of England	0	148	25.7
Roman Catholic	0	68	11.8
Other Christian denominations	0	99	17.2
Muslim	0	42	7.3
Sikh	0	6	1.0
Hindu	0	7	1.2
Buddhist	0	22	3.8
Jewish	0	3	0.5
Other	0	19	3.3
No religion	0	158	27.5
Total	0	576	100

Other demographics	18-20-year-olds	21 and over	%
Veteran (ex-armed services)	0	39	100
Total	0	39	100

Sentenced prisoners only

Sentenced prisoners only					
Length of stay	18-20-year-	18-20-year-olds		21 and over	
	Number	%	Number	%	
Less than I month	0	0	6	1.0	
I month to 3 months	0	0	14	2.4	
3 months to 6 months	0	0	42	7.3	
6 months to 1 year	0	0	249	43.2	
I year to 2 years	0	0	265	46.1	

2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	0	0	576	100

Sentenced prisoners only

	18-20-year-olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	0	0
Total	0	0	100

Main offence	18-20-year-olds	21 and over	%
Violence against the person	0	0	0
Sexual offences	0	576	100
Burglary	0	0	0
Robbery	0	0	0
Theft and handling	0	0	0
Fraud and forgery	0	0	0
Drugs offences	0	0	0
Other offences	0	0	0
Civil offences	0	0	0
Offence not recorded /holding	0	0	0
warrant	U	U	U
Total	0	576	100

Section 6 – Appendix III: Prison population profile	

Appendix IV: Photographs



Dining hall

Section 6 – Appendix IV: Photographs	

Appendix V: Prisoner survey methodology and results

Prisoner survey methodology

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

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

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

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

Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-Nomis prisoner population printout ordered by cell location. Using a robust statistical formula HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment (95% confidence interval with a sampling error of 7%; the formula assumes a 75% response rate (65% in open establishments). In smaller establishments we may offer a questionnaire to the entire population.

Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity. (For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/.) Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 10 February 2020, the prisoner population at HMP The Verne was 578. Using the sampling method described above, questionnaires were distributed to 193 prisoners. We received a total of 179 completed questionnaires, a response rate of 93%. Five prisoners declined to participate in the survey and nine questionnaires were either not returned at all, or returned blank.

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP The Verne. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared (using the Chi-square test, or Fisher's exact test if there are fewer than five responses in a group). Missing responses have been excluded from all analyses.

Full survey results

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

Responses from HMP The Verne 2020 compared with those from other HMIP surveys Note: These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

• Survey responses from HMP The Verne in 2020 compared with survey responses from other training prisons (for prisoners convicted of a sexual offence) inspected since September 2017.

Comparisons between different residential locations within HMP The Verne 2020

• Responses of prisoners on the mobility and social needs support unit (Dorset unit) are compared with those from the rest of the establishment.

Comparisons between self-reported sub-populations of prisoners within HMP The Verne 2020

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

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

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group. A minimum of 10 responses which must also represent at least 10% of the total response.

In the comparator analyses, statistically significant differences are indicated by shading. A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, p<0.01 is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance. Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

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

Survey summary

Background information

1.1	What wing or houseblock are you currently living on? Arne Unit Abbotsbury Unit Bincombe Unit Blandford Unit Corfe Unit Chesil Unit	28 (16%) 22 (12%) 25 (14%) 27 (15%) 24 (13%) 27 (15%)
	Dorset Unit	26 (15%)
1.2	How old are you? Under 21 21 - 25 26 - 29	0 (0%) 8 (4%)
	30 - 39 40 - 49 50 - 59 60 - 69 70 or over	8 (4%) 19 (11%) 39 (22%) 42 (24%) 30 (17%) 32 (18%)
1.3	What is your ethnic group? White - English/ Welsh/ Scottish/ Northern Irish/ British White - Irish White - Gypsy or Irish Traveller White - any other White background Mixed - White and Black Caribbean Mixed - White and Black African Mixed - White and Asian Mixed - any other Mixed ethnic background Asian/ Asian British - Indian Asian/ Asian British - Pakistani Asian/ Asian British - Bangladeshi Asian/ Asian British - Chinese Asian - any other Asian Background Black/ Black British - Caribbean Black/ Black British - African Black - any other Black/ African/ Caribbean background Arab Any other ethnic group	126 (70%) 5 (3%) 8 (4%) 3 (2%) 0 (0%) 1 (1%) 2 (1%) 3 (2%) 1 (1%) 0 (0%) 3 (2%) 7 (4%) 5 (3%) 7 (4%) 0 (0%) 3 (2%)
1.4	How long have you been in this prison? Less than 6 months 6 months or more	7 (4%) 172 (96%)
1.5	Are you currently serving a sentence? Yes Yes - on recall No - on remand or awaiting sentence No - immigration detainee	169 (95%) 7 (4%) 0 (0%) 1 (1%)

1.6 How long is your sentence?

Less than 6 months	0 (0%)
6 months to less than I year	I (I%)
I year to less than 4 years	24 (14%)
4 years to less than 10 years	62 (36%)
10 years or more	80 (46%)
IPP (indeterminate sentence for public protection)	3 (2%)
Life	3 (2%)
Not currently serving a sentence	I (I%)

Arrival and reception

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

Yes	65 (37%)
No	102 (58%)
Don't remember	10 (6%)

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

Less than 2 hours	134 (76%)
2 hours or more	31 (18%)
Don't remember	12 (7%)

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

Yes	16/ (94%)
No	2 (1%)
Don't remember	8 (5%)

2.4 Overall, how were you treated in reception?

Very well	131 (74%)
Quite well	45 (25%)
Quite badly	I (I%)
Very badly	0 (0%)
Don't remember	0 (0%)

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

Problems getting phone numbers	18 (10%)
Contacting family	16 (9%)
Arranging care for children or other dependants	I (I%)
Contacting employers	l (l%)
Money worries	21 (12%)
Housing worries	9 (5%)
Feeling depressed	30 (17%)
Feeling suicidal	6 (3%)
Other mental health problems	19 (11%)
Physical health problems	22 (13%)
Drug or alcohol problems (e.g. withdrawal)	4 (2%)
Problems getting medication	26 (15%)
Needing protection from other prisoners	2 (1%)
Lost or delayed property	28 (16%)
Other problems	11 (6%)
Did not have any problems	79 (45%)

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

Yes	73 (44%)
No	15 (9%)
Did not have any problems when I first arrived	79 (47%)

First night and induction

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

Tobacco or nicotine replacement	59 (33%)
Toiletries / other basic items	124 (70%)
A shower	133 (75%)
A free phone call	36 (20%)
Something to eat	158 (89%)
The chance to see someone from health care	120 (67%)
The chance to talk to a Listener or Samaritans	65 (37%)
Support from another prisoner (e.g. Insider or buddy)	89 (50%)
Wasn't offered any of these things	6 (3%)

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

Very clean	94 (53%)
Quite clean	80 (45%)
Quite dirty	4 (2%)
Very dirty	0 (0%)
Don't remember	0 (0%)

3.3 Did you feel safe on your first night here?

Yes	174 (98%)
No	4 (2%)
Don't remember	0 (0%)

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

	i es	INO	Don t
			remember
Access to the prison shop / canteen?	85 (51%)	66 (39%)	17 (10%)
Free PIN phone credit?	37 (25%)	94 (62%)	20 (13%)
Numbers put on your PIN phone?	100 (63%	47 (29%)	13 (8%)

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

Yes	154 (87%)
No	22 (12%)
Have not had an induction	I (I%)

On the wing

4.1 Are you in a cell on your own?

Yes	150 (85%)
No, I'm in a shared cell or dormitory	27 (15%)

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

Yes	25 (15%)
No	6 (4%)
Don't know	9 (5%)
Don't have a cell call bell	131 (77%)

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

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	170	5	0
	(97%)	(3%)	(0%)
Can you shower every day?	177	1	0
, ,	(99%)	(1%)	(0%)
Do you have clean sheets every week?	Ì 175	2	Ì
,	(98%)	(1%)	(1%)
Do you get cell cleaning materials every week?	154	18	4
, ,	(88%)	(10%)	(2%)
Is it normally quiet enough for you to relax or sleep at night?	`149 [′]	`23 ´	Ì
, 1	(86%)	(13%)	(1%)
Can you get your stored property if you need it?	`89 ´	`18 [′]	`62 [´]
, , , , , , ,	(53%)	(11%)	(37%)

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

Very clean	92 (52%)
Quite clean	77 (44%)
Quite dirty	7 (4%)
Very dirty	I (I%)

Food and canteen

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

Very good	57 (32%)
Quite good	101 (57%)
Quite bad	15 (9%)
Very bad	3 (2%)

5.2 Do you get enough to eat at mealtimes?

Always	/8 (44%)
Most of the time	78 (44%)
Some of the time	19 (11%)
Never	3 (2%)

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

Yes	133 (76%)
No	40 (23%)
Don't know	2 (1%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	1/2 (9/%)
No	5 (3%)

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

Yes	171 (97%)
No	5 (3%)

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

Yes	125 (70%)
No	53 (30%)

6.4	How helpful is your personal or named officer?	
•••	Very helpful	92 (52%)
	Quite helpful	58 (33%)
	Not very helpful	20 (11%)
	Not at all helpful	3 (2%)
	Don't know	
		1 (1%)
	Don't have a personal / named officer	2 (1%)
6.5	How often do you see prison governors, directors or senior managers prisoners?	talking to
	Regularly	43 (24%)
	Sometimes	72 (40%)
	Hardly ever	55 (31%)
	Don't know	9 (5%)
		(444)
6.6	Do you feel that you are treated as an individual in this prison?	133 /759/\
	Yes	132 (75%)
	No	45 (25%)
6.7	Are prisoners here consulted about things like food, canteen, health causing issues?	are or
	Yes, and things sometimes change	108 (60%)
	Yes, but things don't change	49 (27%)
	No	10 (6%)
	Don't know	12 (7%)
	DOIL CINION	12 (770)
Faith		
7. I	What is your religion?	
	No religion	56 (32%)
	Christian (including Church of England, Catholic, Protestant and all other	56 (32%) 94 (54%)
	Christian (including Church of England, Catholic, Protestant and all other	
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	94 (54%) 3 (2%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu	94 (54%) 3 (2%) 1 (1%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish	94 (54%) 3 (2%) 1 (1%) 3 (2%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%)
7.2	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh Other Are your religious beliefs respected here?	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%) 11 (6%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh Other Are your religious beliefs respected here? Yes	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%) 11 (6%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh Other Are your religious beliefs respected here? Yes No	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%) 11 (6%) 106 (60%) 4 (2%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh Other Are your religious beliefs respected here? Yes	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%) 11 (6%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh Other Are your religious beliefs respected here? Yes No	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%) 11 (6%) 106 (60%) 4 (2%)
7.2	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh Other Are your religious beliefs respected here? Yes No Don't know Not applicable (no religion)	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%) 11 (6%) 106 (60%) 4 (2%) 10 (6%) 56 (32%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh Other Are your religious beliefs respected here? Yes No Don't know Not applicable (no religion) Are you able to speak to a Chaplain of your faith in private, if you wan	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%) 11 (6%) 106 (60%) 4 (2%) 10 (6%) 56 (32%) t to?
7.2	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh Other Are your religious beliefs respected here? Yes No Don't know Not applicable (no religion) Are you able to speak to a Chaplain of your faith in private, if you wan Yes	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%) 11 (6%) 106 (60%) 4 (2%) 10 (6%) 56 (32%) t to? 104 (59%)
7.2	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh Other Are your religious beliefs respected here? Yes No Don't know Not applicable (no religion) Are you able to speak to a Chaplain of your faith in private, if you wan Yes No	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%) 11 (6%) 106 (60%) 4 (2%) 10 (6%) 56 (32%) t to? 104 (59%) 8 (5%)
7.2	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh Other Are your religious beliefs respected here? Yes No Don't know Not applicable (no religion) Are you able to speak to a Chaplain of your faith in private, if you wan Yes No Don't know	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%) 11 (6%) 106 (60%) 4 (2%) 10 (6%) 56 (32%) t to? 104 (59%) 8 (5%) 7 (4%)
7.2	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh Other Are your religious beliefs respected here? Yes No Don't know Not applicable (no religion) Are you able to speak to a Chaplain of your faith in private, if you wan Yes No	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%) 11 (6%) 106 (60%) 4 (2%) 10 (6%) 56 (32%) t to? 104 (59%) 8 (5%)
7.2	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh Other Are your religious beliefs respected here? Yes No Don't know Not applicable (no religion) Are you able to speak to a Chaplain of your faith in private, if you wan Yes No Don't know	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%) 11 (6%) 106 (60%) 4 (2%) 10 (6%) 56 (32%) t to? 104 (59%) 8 (5%) 7 (4%)
7.2 7.3	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh Other Are your religious beliefs respected here? Yes No Don't know Not applicable (no religion) Are you able to speak to a Chaplain of your faith in private, if you wan Yes No Don't know Not applicable (no religion)	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%) 11 (6%) 106 (60%) 4 (2%) 10 (6%) 56 (32%) t to? 104 (59%) 8 (5%) 7 (4%) 56 (32%)
7.2 7.3	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh Other Are your religious beliefs respected here? Yes No Don't know Not applicable (no religion) Are you able to speak to a Chaplain of your faith in private, if you wan Yes No Don't know Not applicable (no religion) Are you able to attend religious services, if you want to?	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%) 11 (6%) 106 (60%) 4 (2%) 10 (6%) 56 (32%) t to? 104 (59%) 8 (5%) 7 (4%) 56 (32%)
7.2 7.3	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh Other Are your religious beliefs respected here? Yes No Don't know Not applicable (no religion) Are you able to speak to a Chaplain of your faith in private, if you wan Yes No Don't know Not applicable (no religion) Are you able to attend religious services, if you want to? Yes No	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%) 11 (6%) 106 (60%) 4 (2%) 10 (6%) 56 (32%) t to? 104 (59%) 8 (5%) 7 (4%) 56 (32%)
7.2 7.3	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) Buddhist Hindu Jewish Muslim Sikh Other Are your religious beliefs respected here? Yes No Don't know Not applicable (no religion) Are you able to speak to a Chaplain of your faith in private, if you wan Yes No Don't know Not applicable (no religion) Are you able to attend religious services, if you want to? Yes	94 (54%) 3 (2%) 1 (1%) 3 (2%) 6 (3%) 0 (0%) 11 (6%) 106 (60%) 4 (2%) 10 (6%) 56 (32%) t to? 104 (59%) 8 (5%) 7 (4%) 56 (32%)

Contact with family and friends

8. I	Have staff here encouraged	i you to kee	ep in touch	n with your	family / friends?	
	Vaa				IAE	11

Yes 105 (61%) No 67 (39%)

8.2 Have you had any problems with sending or receiving mail (letters or parcels)?

Yes	52 (30%)
No	123 (70%)

8.3 Are you able to use a phone every day (if you have credit)?

Yes	164 (94%)
No	10 (6%)

8.4 How easy or difficult is it for your family and friends to get here?

Very easy	9 (5%)
Quite easy	36 (21%)
Quite difficult	48 (28%)
Very difficult	55 (32%)
Don't know	24 (14%)

8.5 How often do you have visits from family or friends?

More than once a week	2 (1%)
About once a week	12 (7%)
Less than once a week	78 (45%)
Not applicable (don't get visits)	80 (47%)

8.6 Do visits usually start and finish on time?

Yes	79 (89%)
No	10 (11%)

8.7 Are your visitors usually treated respectfully by staff?

Yes	82 (94%)
No	5 (6%)

Time out of cell

9.1 Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?

Yes, and these times are usually kept to	160 (92%)
Yes, but these times are not usually kept to	12 (7%)
No	2 (1%)

9.2 How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?

Less than 2 hours	9 (5%)
2 to 6 hours	49 (28%)
6 to 10 hours	71 (41%)
10 hours or more	41 (24%)
Don't know	2 (1%)

9.3	How long do you usually spend out of your cell on a typi	cal Saturday or Sunday?
	Less than 2 hours	12 (7%)
	2 to 6 hours	61 (35%)
	6 to 10 hours	57 (33%)
	10 hours or more	40 (23%)
	Don't know	3 (2%)
9.4	How many days in a typical week do you have time to decell, use the wing phones etc.)?	o domestics (shower, clean
	None	I (I%)
	I or 2	10 (6%)
	3 to 5	14 (8%)
	More than 5	150 (86%)
	Don't know	0 (0%)
9.5	How many days in a typical week do you get association	if you want it?
7.5	None	0 (0%)
	I or 2	4 (2%)
	3 to 5	5 (3%)
	More than 5	164 (94%)
	Don't know	2 (1%)
	Don't know	2 (170)
9.6	How many days in a typical week could you go outside for	
	None	0 (0%)
	l or 2	1 (1%)
	3 to 5	6 (3%)
	More than 5	171 (96%)
	Don't know	0 (0%)
9.7	Typically, how often do you go to the gym?	
	Twice a week or more	73 (41%)
	About once a week	18 (10%)
	Less than once a week	20 (11%)
	Never	66 (37%)
9.8	Typically, how often do you go to the library?	
	Twice a week or more	108 (62%)
	About once a week	22 (13%)
	Less than once a week	38 (22%)
	Never	7 (4%)
9.9	Does the library have a wide enough range of materials	to meet your needs?
	Yes	96 (55%)
	No	73 (41%)
	Don't use the library	7 (4%)
Applica	ations, complaints and legal rights	
10.1	Is it easy for you to make an application?	
	Yes	161 (91%)
	No	4 (2%)
	Don't know	11 (6%)
	DOIT CKILOW	11 (0%)

10.2 If you have made any applications here, please answer the questions below:

	Yes	No	Not made
			any
			applications
Are applications usually dealt with fairly?	131 (77%)	24 (14%)	15 (9%)
Are applications usually dealt with within 7 days?	119 (70%)	35 (21%)	15 (9%)

10.3 Is it easy for you to make a complaint?

Yes	149 (84%)
No	7 (4%)
Don't know	21 (12%)

10.4 If you have made any complaints here, please answer the questions below:

	Yes	No	Not made
			any
			complaints
Are complaints usually dealt with fairly?	67 (39%)	25 (15%)	78 (46%)
Are complaints usually dealt with within 7 days?	63 (37%)	29 (17%)	78 (46%)

10.5 Have you ever been prevented from making a complaint here when you wanted to?

Yes	16 (9%)
No	101 (59%)
Not wanted to make a complaint	55 (32%)

10.6 In this prison, is it easy or difficult for you to...

	Easy	Difficult	Don't	Don't need
			know	this
Communicate with your solicitor or legal representative?	82 (47%)	11 (6%)	33 (19%)	47 (27%)
Attend legal visits?	52 (32%)	5 (3%)	46 (28%)	59 (36%)
Get bail information?	7 (4%)	8 (5%)	42 (27%)	101 (64%)

Have staff here ever opened letters from your solicitor or legal representative when you were not present?

Yes	38 (22%)
No	84 (49%)
Not had any legal letters	49 (29%)

Health care

11.1 How easy or difficult is it to see the following people?

	Very easy	Quite easy	Quite difficul	t Very difficul	tDon't know
Doctor	11 (6%)	74 (42%)	63 (36%)	26 (15%)	3 (2%)
Nurse	30 (17%)	104 (59%)	34 (19%)	3 (2%)	4 (2%)
Dentist	16 (9%)	36 (21%)	47 (27%)	39 (22%)	36 (21%)
Mental health workers	14 (9%)	32 (20%)	18 (11%)	20 (12%)	80 (49%)

11.2 What do you think of the quality of the health service from the following people?

	Very good	Quite good	Quite bad	Very bad	Don't know	
Doctor	40 (23%)	88 (50%)	22 (13%)	18 (10%)	8 (5%)	
Nurse	41 (24%)	101 (58%)	20 (11%)	9 (5%)	3 (2%)	
Dentist	43 (25%)	56 (32%)	10 (6%)	11 (6%)	55 (31%)	
Mental health workers	19 (11%)	34 (20%)	8 (5%)	15 (9%)	91 (54%)	

II.3 Do you have any mental health problems?

Yes 49 (28%) No 127 (72%)

11.4 Have you been helped with your mental health problems in this prison?

 Yes
 35 (20%)

 No
 14 (8%)

 Don't have any mental health problems
 127 (72%)

11.5 What do you think of the overall quality of the health services here?

Very good	20 (11%)
Quite good	88 (50%)
Quite bad	41 (23%)
Very bad	21 (12%)
Don't know	7 (4%)

Other support needs

12.1 Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?

Yes	57 (32%)
No	120 (68%)

12.2 If you have a disability, are you getting the support you need?

Yes	33 (19%)
No	18 (11%)
Don't have a disability	120 (70%)

12.3 Have you been on an ACCT in this prison?

Yes	15 (9%)
No	152 (91%)

12.4 If you have been on an ACCT in this prison, did you feel cared for by staff?

Yes	9 (5%)
No	4 (2%)
Have not been on an ACCT in this prison	152 (92%)

12.5 How easy or difficult is it for you to speak to a Listener, if you need to?

Very easy	77 (44%)
Quite easy	35 (20%)
Quite difficult	I (I%)
Very difficult	0 (0%)
Don't know	61 (35%)
No Listeners at this prison	I (Ì%)

Alcohol and drugs

13.1 Did you have an alcohol problem when you came into this prison?

Yes	10 (6%)	
No	166 (949	%)

13.2 Have you been helped with your alcohol problem in this prison?

Yes	10 (6%)	
No	0 (0%)	
Did not / do not have an alcohol problem	166 (94%)	

13.3	Did you have a drug problem when you came into this prison (including illicit drugs
	and medication not prescribed to you)?

Yes 13 (7%) No 164 (93%)

13.4 Have you developed a problem with illicit drugs since you have been in this prison?

Yes 0 (0%) No 177 (100%)

Have you developed a problem with taking medication not prescribed to you since you have been in this prison?

Yes 2 (1%) No 174 (99%)

Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?

Yes	12 (7%)
No	I (1%)
Did not / do not have a drug problem	162 (93%)

13.7 Is it easy or difficult to get illicit drugs in this prison?

Very easy	5 (3%)
Quite easy	6 (3%)
Quite difficult	6 (3%)
Very difficult	13 (8%)
Don't know	143 (83%)

13.8 Is it easy or difficult to get alcohol in this prison?

Very easy	I (I%)
Quite easy	8 (5%)
Quite difficult	3 (2%)
Very difficult	13 (8%)
Don't know	148 (86%)

Safety

76

14.1 Have you ever felt unsafe here?

Yes	26 (15%)
No	149 (85%)

14.2 Do you feel unsafe now?

Yes	10 (6%)
No	162 (94%)

Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply.)

Verbal abuse	31 (18%)
Threats or intimidation	20 (12%)
Physical assault	9 (5%)
Sexual assault	3 (2%)
Theft of canteen or property	4 (2%)
Other bullying / victimisation	16 (9%)
Not experienced any of these from prisoners here	134 (79%)

14.4 If you were being bullied / victimised by other prisoners here, would you report it?

Yes 137 (80%) No 35 (20%)

Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply.)

Verbal abuse	21 (12%)
Threats or intimidation	16 (9%)
Physical assault	5 (3%)
Sexual assault	2 (1%)
Theft of canteen or property	I (I%)
Other bullying / victimisation	15 (9%)
Not experienced any of these from staff here	138 (82%)

14.6 If you were being bullied / victimised by staff here, would you report it?

Yes	142 (83%)
No	30 (17%)

Behaviour management

15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?

Yes	104 (60%)
No	44 (26%)
Don't know what the incentives / rewards are	24 (14%)

Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?

Yes	107 (62%)
No	28 (16%)
Don't know	22 (13%)
Don't know what this is	16 (9%)

15.3 Have you been physically restrained by staff in this prison in the last 6 months?

Yes	 •	•	•	0 (0%)
No				176 (100%)

If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?

Yes	0 (0%)
No	0 (0%)
Don't remember	0 (0%)
Not been restrained here in last 6 months	176 (100%)

Have you spent one or more nights in the segregation unit in this prison in the last six months?

Yes	I (I%)
No	173 (99%)

If you have spent one or more nights in the segregation unit in this prison in the last six months please answer the questions below:

	Yes	No
Were you treated well by segregation staff?	I (100%)	0 (0%)
Could you shower every day?	I (100%)	0 (0%)
Could you go outside for exercise every day?	I (100%)	0 (0%)
Could you use the phone every day (if you had credit)?	I (100%)	0 (0%)

Education, skills and work

16.1 Is it easy or difficult to get into the following activities in this prison?

	Easy	Difficult	Don't know	Not available
				here
Education	85 (52%)	43 (27%)	32 (20%)	2 (1%)
Vocational or skills training	61 (38%)	51 (32%)	46 (29%)	l (l%)
Prison job	58 (35%)	71 (43%)	34 (21%)	2 (1%)
Voluntary work outside of the prison	2 (1%)	16 (10%)	41 (26%)	99 (63%)
Paid work outside of the prison	I (I%)	15 (9%)	41 (25%)	105 (65%)

If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't he	pNot done this
Education	78 (50%)	48 (31%)	31 (20%)
Vocational or skills training	71 (46%)	26 (17%)	57 (37%)
Prison job	54 (35%)	63 (41%)	38 (25%)
Voluntary work outside of the prison	10 (7%)	12 (8%)	128 (85%)
Paid work outside of the prison	11 (7%)	12 (8%)	131 (85%)

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

Yes	109 (64%)
No	36 (21%)
Not applicable (e.g. if you are retired, sick or on remand)	24 (14%)

Planning and progression

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

Yes	121 (71%)
No	49 (29%)

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

Yes	97 (81%)
No	5 (4%)
Don't know what my objectives or targets are	18 (15%)

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

Yes	74 (64%)
No	23 (20%)
Don't know what my objectives or targets are	18 (16%)

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

	Yes, this	No, this did	n't Not done
	helped	help	/don't know
Offending behaviour programmes	13 (13%)	3 (3%)	85 (84%)
Other programmes	17 (17%)	4 (4%)	77 (79%)
One to one work	16 (16%)	2 (2%)	84 (82%)
Being on a specialist unit	0 (0%)	2 (2%)	93 (98%)
ROTL - day or overnight release	0 (0%)	I (I%)	97 (99%)

Preparation for release

16.1 Do you expect to be released in the next 3 months:	18.1	Do you expect to be released in the next 3 months?
---	------	--

Yes	6 (3%)
No	166 (94%)
Don't know	5 (3%)

18.2 How close is this prison to your home area or intended release address?

Very near	2 (33%)
Quite near	0 (0%)
Quite far	I (17%)
Very far	3 (50%)

Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?

Yes	3 (50%)
No	3 (50%)

18.4 Are you getting help to sort out the following things for when you are released?

Yes, I'm	No, but	No, and I
getting help	I need help	don't need
with this	with this	help with this
2 (40%)	0 (0%)	3 (60%)
0 (0%)	0 (0%)	5 (100%)
0 (0%)	0 (0%)	5 (100%)
0 (0%)	I (20%)	4 (80%)
0 (0%)	I (20%)	4 (80%)
I (20%)	0 (0%)	4 (80%)
I (20%)	0 (0%)	4 (80%)
0 (0%)	I (20%)	4 (80%)
0 (0%)	I (17%)	5 (83%)
	getting help with this 2 (40%) 0 (0%) 0 (0%) 0 (0%) 0 (0%) I (20%) I (20%) 0 (0%)	getting help with this with this 2 (40%) 0 (0%) 0 (0%) 0 (0%) 0 (0%) 0 (0%) 0 (0%) 0 (0%) 1 (20%) 1 (20%) 0 (0%) 1 (20%) 0 (0%) 1 (20%) 0 (0%) 1 (20%) 0 (0%) 1 (20%) 0 (0%) 1 (20%)

More about you

19.1 Do you have children under the age of 18?

Yes	66 (38%)
No	109 (62%)

19.2 Are you a UK / British citizen?

Yes	161 (92%)
No	14 (8%)

19.3 Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?

Yes	9 (5%)
No	166 (95%)

19.4 Have you ever been in the armed services (e.g. army, navy, air force)?

Yes	32 (18%)
No	142 (82%)

19.5 What is your gender?

/ · · · · / · · · · · · · · · · · ·	
Male	174 (98%)
Female	I (I%)
Non-binary	0 (0%)
Other	2 (1%)

19.6 How would you describe your sexual orientation?

Straight / heterosexual	155 (90%)
Gay / lesbian / homosexual	9 (5%)
Bisexual	7 (4%)
Other	2 (1%)

19.7 Do you identify as transgender or transsexual?

Yes	2 (1%)
No	170 (99%)

Final questions about this prison

20.1 Do you think your experiences in this prison have made you more or less likely to offend in the future?

More likely to offend	I (I%)
Less likely to offend	110 (67%)
Made no difference	52 (32%)

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

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

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

Shadin	g is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		
	Blue shading shows results that are significantly more negative than the comparator		
	Orange shading shows significant differences in demographics and background information		
	No shading means that differences are not significant and may have occurred by chance	ver	
	Grey shading indicates that we have no valid data for this question	and o	Under 50
	* less than 1% probability that the difference is due to chance	20 9	Ď
	Number of completed questionnaires returned	104	74

DEM	OGRAPHICS AND OTHER BACKGROUND INFORMATION		
1.2	Are you under 25 years of age?		11%
	Are you 70 years of age or older?	31%	
1.3	Are you from a black and minority ethnic group?	15%	27%
7.1	Are you Muslim?	4%	3%
11.3	Do you have any mental health problems?	17%	44%
12.1	Do you consider yourself to have a disability?	34%	30%
19.2	Are you a foreign national?	3%	14%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	8%
ARRI	VAL AND RECEPTION		
2.3	When you were searched in reception, was this done in a respectful way?	92%	97%
2.4	Overall, were you treated very / quite well in reception?	100%	99%
2.5	When you first arrived, did you have any problems?	52%	60%
	For those who had any problems when they first arrived:		<u>I</u>
2.6	Did staff help you to deal with these problems?	85%	80%
FIRS	NIGHT AND INDUCTION		
3.3	Did you feel safe on your first night here?	97%	99%
3.5	Have you had an induction at this prison?	99%	100%
	For those who have had an induction:		,
3.5	Did your induction cover everything you needed to know about this prison?	85%	90%
ON T	HE WING		
4.2	Is your cell call bell normally answered within 5 minutes?	10%	21%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	95%	100%
	- Can you shower every day?	99%	100%
	- Do you have clean sheets every week?	97%	100%
	- Do you get cell cleaning materials every week?	81%	96%
	- Is it normally quiet enough for you to relax or sleep at night?	83%	91%
	- Can you get your stored property if you need it?	54%	51%
			<u> </u>

Shadin	g is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		
	Blue shading shows results that are significantly more negative than the comparator		
	Orange shading shows significant differences in demographics and background information		
	No shading means that differences are not significant and may have occurred by chance	ver	
	Grey shading indicates that we have no valid data for this question	and ov	Under 50
	* less than 1% probability that the difference is due to chance	20 2	Š
	Number of completed questionnaires returned	104	74

FOOI	O AND CANTEEN		
5.2	Do you get enough to eat at meal-times always / most of the time?	86%	89%
5.3	Does the shop / canteen sell the things that you need?	75%	79%
RELA	TIONSHIPS WITH STAFF		
6. I	Do most staff here treat you with respect?	99%	95%
6.2	Are there any staff here you could turn to if you had a problem?	98%	96%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	68%	73%
6.6	Do you feel that you are treated as an individual in this prison?	71%	79%
FAIT	- 1		
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	87%	90%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	86%	90%
CON	TACT WITH FAMILY AND FRIENDS		
8.1	Have staff here encouraged you to keep in touch with your family / friends?	56%	68%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	31%	28%
8.3	Are you able to use a phone every day (if you have credit)?	93%	96%
	For those who get visits:		
8.7	Are your visitors usually treated respectfully by staff?	93%	95%
TIME	OUT OF CELL		
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	7%	1%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	20%	29%
	For those who use the library:		
9.9	Does the library have a wide enough range of materials to meet your needs?	63%	47%
APPL	ICATIONS, COMPLAINTS AND LEGAL RIGHTS		
10.1	Is it easy for you to make an application?	89%	96%
	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	85%	84%
10.3	Is it easy for you to make a complaint?	84%	85%
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly?	72%	74%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	10%	19%

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	Blue shading shows results that are significantly more negative than the comparator		
	Orange shading shows significant differences in demographics and background information		
	No shading means that differences are not significant and may have occurred by chance	ver	0
	Grey shading indicates that we have no valid data for this question	and o	7.
	* less than 1% probability that the difference is due to chance	20	Unde
	Number of completed questionnaires returned	104	74

HEAL	TH CARE		
11.1	Is it very / quite easy to see:		
	- Doctor?	53%	40%
	- Nurse?	79%	73%
	- Dentist?	32%	28%
	- Mental health workers?	24%	32%
	For those who have mental health problems:		<u> </u>
11.4	Have you been helped with your mental health problems in this prison?	65%	75%
11.5	Do you think the overall quality of the health services here is very / quite good?	67%	52%
ОТН	ER SUPPORT NEEDS		<u>-</u>
	For those who have a disability:		
12.2	Are you getting the support you need?	63%	67%
SAFE	тү		
14.1	Have you ever felt unsafe here?	18%	11%
14.2	Do you feel unsafe now?	7%	4%
14.3	Not experienced bullying / victimisation by other prisoners	82%	74%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	82%	76%
14.5	Not experienced bullying / victimisation by members of staff	81%	83%
14.6	If you were being bullied / victimised by staff here, would you report it?	84%	80%
BEHA	VIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	59%	61%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	59%	66%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0%	0%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	1%	0%
EDUC	CATION, SKILLS AND WORK		
16.3	Do staff encourage you to attend education, training or work?	72%	80%
PLAN	INING AND PROGRESSION		
17.1	Do you have a custody plan?	65%	81%
-	For those who have a custody plan:		
17.3	Are staff helping you to achieve your objectives or targets?	60%	68%
PREP	ARATION FOR RELEASE		
	For those who expect to be released in the next 3 months:		
18.3	Is anybody helping you to prepare for your release?	50%	50%
FINA	L QUESTION ABOUT THIS PRISON		
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	65%	71%

Comparison of survey responses from different residential locations

In this table responses from the mobility and social needs support unit (Dorset unit) are compared with those from rest of the establishment.

Shadin	g is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		<u> </u>
	Blue shading shows results that are significantly more negative than the comparator		establishment
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	No shading means that differences are not significant and may have occurred by chance	unit	
	Grey shading indicates that we have no valid data for this question	rset u	st of the
	* less than 1% probability that the difference is due to chance	۵	Rest
	Number of completed questionnaires returned	26	153

DEM	OGRAPHICS AND OTHER BACKGROUND INFORMATION		
1.2	Are you under 21 years of age?	0%	0%
	Are you 25 years of age or younger?	0%	5%
	Are you 50 years of age or older?	89%	53%
	Are you 70 years of age or older?	46%	13%
1.3	Are you from a black and minority ethnic group?	0%	24%
1.4	Have you been in this prison for less than 6 months?	8%	3%
1.5	Are you currently serving a sentence?	100%	99%
	Are you on recall?	4%	4%
1.6	Is your sentence less than 12 months?	0%	1%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	2%
7.1	Are you Muslim?	0%	4%
11.3	Do you have any mental health problems?	23%	29%
12.1	Do you consider yourself to have a disability?	54%	29%
19.1	Do you have any children under the age of 18?	20%	41%
19.2	Are you a foreign national?	0%	9%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	4%	5%
19.4	Have you ever been in the armed services?	40%	15%
19.5	Is your gender female or non-binary?	4%	1%
19.6	Are you homosexual, bisexual or other sexual orientation?	17%	9%
19.7	Do you identify as transgender or transsexual?	0%	1%
ARRI	VAL AND RECEPTION		
2.1	Were you given up-to-date information about this prison before you came here?	32%	38%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	64%	78%
2.3	When you were searched in reception, was this done in a respectful way?	88%	95%
2.4	Overall, were you treated very / quite well in reception?	100%	99%

Shadir	ng is used to indicate statistical significance*, as follows:		
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	Blue shading shows results that are significantly more negative than the comparator		hmer
	Orange shading shows significant differences in demographics and background information		tablis
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	Grey shading indicates that we have no valid data for this question	rset u	st of t
	* less than 1% probability that the difference is due to chance	Do	Re
	Number of completed questionnaires returned	26	153

2.5	When you first arrived, did you have any problems?	76%	52%
2.5	Did you have problems with:		
	- Getting phone numbers?	20%	9%
	- Contacting family?	12%	9%
	- Arranging care for children or other dependents?	0%	1%
	- Contacting employers?	0%	1%
	- Money worries?	24%	10%
	- Housing worries?	8%	5%
	- Feeling depressed?	28%	15%
	- Feeling suicidal?	0%	4%
	- Other mental health problems?	12%	11%
	- Physical health problems?	16%	12%
	- Drugs or alcohol (e.g. withdrawal)?	0%	3%
	- Getting medication?	12%	15%
	- Needing protection from other prisoners?	4%	1%
	- Lost or delayed property?	16%	16%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	71%	86%
FIRS	T NIGHT AND INDUCTION		
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	24%	35%
	- Toiletries / other basic items?	36%	75%
	- A shower?	56%	78%
	- A free phone call?	12%	22%
	- Something to eat?	92%	88%
	- The chance to see someone from health care?	52%	70%
	- The chance to talk to a Listener or Samaritans?	20%	39%
	- Support from another prisoner (e.g. Insider or buddy)?	40%	52%
	- None of these?	8%	3%
3.2	On your first night in this prison, was your cell very / quite clean?	96%	98%
3.3	Did you feel safe on your first night here?	96%	98%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen?	42%	52%
	- Free PIN phone credit?	14%	26%
	- Numbers put on your PIN phone?	43%	66%
3.5	Have you had an induction at this prison?	96%	100%
	For those who have had an induction:		1
3.5	Did your induction cover everything you needed to know about this prison?	72%	90%

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	Blue shading shows results that are significantly more negative than the comparator		hmen
	Orange shading shows significant differences in demographics and background information		tablish
	No shading means that differences are not significant and may have occurred by chance	unit	he es
	Grey shading indicates that we have no valid data for this question	rset u	it of t
	* less than 1% probability that the difference is due to chance	Doi	Res
	Number of completed questionnaires returned	26	153

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ON T	THE WING		
4.1	Are you in a cell on your own?	19%	96%
4.2	Is your cell call bell normally answered within 5 minutes?	4%	17%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	85%	99%
	- Can you shower every day?	96%	100%
	- Do you have clean sheets every week?	89%	100%
	- Do you get cell cleaning materials every week?	58%	93%
	- Is it normally quiet enough for you to relax or sleep at night?	63%	90%
	- Can you get your stored property if you need it?	32%	56%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	100%	95%
FOO	D AND CANTEEN		
5.1	Is the quality of the food in this prison very / quite good?	69%	93%
5.2	Do you get enough to eat at meal-times always / most of the time?	73%	90%
5.3	Does the shop / canteen sell the things that you need?	65%	78%
RELA	ATIONSHIPS WITH STAFF		
6.1	Do most staff here treat you with respect?	96%	97%
6.2	Are there any staff here you could turn to if you had a problem?	100%	97%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	65%	71%
6.4	Do you have a personal officer?	92%	100%
	For those who have a personal officer:		
6.4	Is your personal or named officer very / quite helpful?	79%	87%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	19%	25%
6.6	Do you feel that you are treated as an individual in this prison?	69%	76%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	92%	87%
	If so, do things sometimes change?	42%	74%
FAIT	'H		
7.1	Do you have a religion?	62%	69%
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	81%	89%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	56%	92%
7.4	Are you able to attend religious services, if you want to?	81%	96%
CON	ITACT WITH FAMILY AND FRIENDS		
8.1	Have staff here encouraged you to keep in touch with your family / friends?	44%	64%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	35%	29%
8.3	Are you able to use a phone every day (if you have credit)?	96%	94%
8.4	Is it very / quite easy for your family and friends to get here?	13%	28%
8.5	Do you get visits from family/friends once a week or more?	4%	9%
	For those who get visits:		
8.6	Do visits usually start and finish on time?	100%	87%
8.7	Are your visitors usually treated respectfully by staff?	100%	93%
		•	

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Orange shading shows significant differences in demographics and background information		tablisl
No shading means that differences are not significant and may have occurred by chance	unit	the es
Grey shading indicates that we have no valid data for this question	rset u	of
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Number of completed questionnaires returned	26	153

TIME	OUT OF CELL		
9.1	Do you know what the unlock and lock-up times are supposed to be here?	96%	99%
	For those who know what the unlock and lock-up times are supposed to be:		
9. I	Are these times usually kept to?	88%	94%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	15%	3%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	46%	20%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	15%	5%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	42%	20%
9.4	Do you have time to do domestics more than 5 days in a typical week?	92%	85%
9.5	Do you get association more than 5 days in a typical week, if you want it?	92%	94%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	100%	95%
9.7	Do you typically go to the gym twice a week or more?	19%	45%
9.8	Do you typically go to the library once a week or more?	40%	80%
	For those who use the library:		
9.9	Does the library have a wide enough range of materials to meet your needs?	46%	59 %
APPI	ICATIONS, COMPLAINTS AND LEGAL RIGHTS		
10.1	Is it easy for you to make an application?	73%	95%
	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	76%	86%
	Are applications usually dealt with within 7 days?	76%	77%
10.3	Is it easy for you to make a complaint?	77%	85%
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly?	71%	73%
	Are complaints usually dealt with within 7 days?	77%	67%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	11%	14%

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	Blue shading shows results that are significantly more negative than the comparator		lishment
	Orange shading shows significant differences in demographics and background information		stablis
	No shading means that differences are not significant and may have occurred by chance	nit	the es
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	* less than 1% probability that the difference is due to chance	Dor	Res
	Number of completed questionnaires returned	26	153

	For those who need it, is it easy to:		
10.6	Communicate with your solicitor or legal representative?	50%	68%
	Attend legal visits?	50%	51%
	Get bail information?	0%	14%
	For those who have had legal letters:		
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	37%	30%
HEA	LTH CARE		
11.1	Is it very / quite easy to see:		
	- Doctor?	50%	48%
	- Nurse?	77%	77%
	- Dentist?	27%	30%
	- Mental health workers?	12%	31%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	69%	73%
	- Nurse?	76%	83%
	- Dentist?	40%	59%
	- Mental health workers?	12%	35%
11.3	Do you have any mental health problems?	23%	29%
	For those who have mental health problems:		
11.4	Have you been helped with your mental health problems in this prison?	60%	73%
11.5	Do you think the overall quality of the health services here is very / quite good?	54%	62%
ОТН	ER SUPPORT NEEDS		
12.1	Do you consider yourself to have a disability?	54%	29%
	For those who have a disability:		
12.2	Are you getting the support you need?	42%	72 %
12.3	Have you been on an ACCT in this prison?	8%	9%
	For those who have been on an ACCT:		
12.4	Did you feel cared for by staff?	0%	75 %
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	46%	67%
ALC	OHOL AND DRUGS		
13.1	Did you have an alcohol problem when you came into this prison?	0%	7%
	For those who had / have an alcohol problem:		
13.2	Have you been helped with your alcohol problem in this prison?		100%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	0%	9%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	0%	0%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	4%	1%
	For those who had / have a drug problem:		
13.6	Have you been helped with your drug problem in this prison?		92%
13.7	Is it very / quite easy to get illicit drugs in this prison?	4%	7%
13.8	Is it very / quite easy to get alcohol in this prison?	0%	6%

Shadi	ng is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		ب
	Blue shading shows results that are significantly more negative than the comparator		establishment
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	No shading means that differences are not significant and may have occurred by chance	unit	_
	Grey shading indicates that we have no valid data for this question	rset u	t of the
	* less than 1% probability that the difference is due to chance	۵	Rest
	Number of completed questionnaires returned	26	153

SAFE	TY		
14.1	Have you ever felt unsafe here?	23%	13%
14.2	Do you feel unsafe now?	15%	4%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	24%	17%
	- Threats or intimidation?	16%	11%
	- Physical assault?	8%	5%
	- Sexual assault?	4%	1%
	- Theft of canteen or property?	4%	2%
	- Other bullying / victimisation?	16%	8%
	- Not experienced any of these from prisoners here	68%	81%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	81%	80%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	16%	12%
	- Threats or intimidation?	8%	10%
	- Physical assault?	12%	1%
	- Sexual assault?	4%	1%
	- Theft of canteen or property?	0%	1%
	- Other bullying / victimisation?	0%	10%
	- Not experienced any of these from staff here	80%	82%
14.6	If you were being bullied / victimised by staff here, would you report it?	85%	82%
BEHA	AVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	50%	62%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	62%	62%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0%	0%
	For those who have been restrained in the last 6 months:		
15.4	Did anyone come and talk to you about it afterwards?		
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	1%
	For those who have spent one or more nights in the segregation unit in the last 6 months:		
15.6	Were you treated well by segregation staff?		100%
	Could you shower every day?		100%
	Could you go outside for exercise every day?		100%
	Could you use the phone every day (if you had credit)?		100%

Shadin	g is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		7
	Blue shading shows results that are significantly more negative than the comparator		stablishment
	Orange shading shows significant differences in demographics and background information		tablis
	No shading means that differences are not significant and may have occurred by chance	ınit	the es
	Grey shading indicates that we have no valid data for this question	rset unit	st of t
	* less than 1% probability that the difference is due to chance	Doi	Re
	Number of completed questionnaires returned	26	153

EDU	CATION, SKILLS AND WORK		
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	33%	56%
	- Vocational or skills training?	13%	43%
	- Prison job?	28%	36%
	- Voluntary work outside of the prison?	0%	2%
	- Paid work outside of the prison?	0%	1%
16.2	In this prison, have you done the following activities:		
	- Education?	73%	82%
	- Vocational or skills training?	48%	65%
	- Prison job?	58%	79%
	- Voluntary work outside of the prison?	14%	15%
	- Paid work outside of the prison?	14%	15%
	For those who have done the following activities, do you think they will help you on release:		
	- Education?	38%	66%
	- Vocational or skills training?	40%	77%
	- Prison job?	21%	50%
	- Voluntary work outside of the prison?	0%	53%
	- Paid work outside of the prison?	0%	55%
16.3	Do staff encourage you to attend education, training or work?	60%	77%
PLAN	NNING AND PROGRESSION		
17.1	Do you have a custody plan?	57%	74%
	For those who have a custody plan:		
17.2	Do you understand what you need to do to achieve your objectives or targets?	69%	82%
17.3	Are staff helping you to achieve your objectives or targets?	39%	68%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	9%	17%
	- Other programmes?	9%	23%
	- One to one work?	8%	19%
	- Been on a specialist unit?	0%	2%
	- ROTL - day or overnight release?	0%	1%
	For those who have done the following, did they help you to achieve your objectives or targets:		
	- Offending behaviour programmes?	100%	80%
	- Other programmes?	100%	80%
	- One to one work?	100%	88%
	- Being on a specialist unit?		0%
	- ROTL - day or overnight release?		0%

Shadir	Ing is used to indicate statistical significance*, as follows: Green shading shows results that are significantly more positive than the comparator Blue shading shows results that are significantly more negative than the comparator		establishment
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	No shading means that differences are not significant and may have occurred by chance	unit	he est
	Grey shading indicates that we have no valid data for this question	Dorset u	t of the
	* less than 1% probability that the difference is due to chance	Doi	Rest
	Number of completed questionnaires returned	26	153

PREP	ARATION FOR RELEASE		
18.1	Do you expect to be released in the next 3 months?	0%	4%
	For those who expect to be released in the next 3 months:		
18.2	Is this prison very / quite near to your home area or intended release address?		33%
18.3	Is anybody helping you to prepare for your release?		50%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?		40%
	- Getting employment?		0%
	- Setting up education or training?		0%
	- Arranging benefits?		20%
	- Sorting out finances?		20%
	- Support for drug or alcohol problems?		20%
	- Health / mental Health support?		20%
	- Social care support?		20%
	- Getting back in touch with family or friends?		17%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?		100%
	- Getting employment?		
	- Setting up education or training?		
	- Arranging benefits?		0%
	- Sorting out finances?		0%
	- Support for drug or alcohol problems?		100%
	- Health / mental Health support?		100%
	- Social care support?		0%
	- Getting back in touch with family or friends?		0%
FINA	L QUESTION ABOUT THIS PRISON		
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	60%	69%

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners from black and minority ethnic groups are compared with those of white prisoners Please note that these analyses are based on summary data from selected survey questions only.

Shadin	g is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		
	Blue shading shows results that are significantly more negative than the comparator	ethnic	
	Orange shading shows significant differences in demographics and background information	minority 6	
	No shading means that differences are not significant and may have occurred by chance	_	
	Grey shading indicates that we have no valid data for this question	ck and	hite
	* less than 1% probability that the difference is due to chance	Blac	\$
	Number of completed questionnaires returned	37	142

DEM	OGRAPHICS AND OTHER BACKGROUND INFORMATION		
1.2	Are you under 25 years of age?	11%	3%
	Are you 50 years of age or older?	44%	62%
1.3	Are you from a black and minority ethnic group?		
7.1	Are you Muslim?	18%	0%
11.3	Do you have any mental health problems?	14%	32%
12.1	Do you consider yourself to have a disability?	19%	36%
19.2	Are you a foreign national?	27%	3%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	6%
ARRI	VAL AND RECEPTION		
2.3	When you were searched in reception, was this done in a respectful way?	92%	959
2.4	Overall, were you treated very / quite well in reception?	97%	100
2.5	When you first arrived, did you have any problems?	61%	54
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	72%	869
FIRS	NIGHT AND INDUCTION		•
3.3	Did you feel safe on your first night here?	97%	989
3.5	Have you had an induction at this prison?	100%	999
	For those who have had an induction:		•
3.5	Did your induction cover everything you needed to know about this prison?	83%	899
ON T	THE WING		
4.2	Is your cell call bell normally answered within 5 minutes?	18%	149
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	97%	979
	- Can you shower every day?	100%	999
	- Do you have clean sheets every week?	100%	989
	- Do you get cell cleaning materials every week?	92%	869
	- Is it normally quiet enough for you to relax or sleep at night?	94%	849
	- Can you get your stored property if you need it?	59%	519
			1

Shadin	g is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		
	Blue shading shows results that are significantly more negative than the comparator	ethnic	
	Orange shading shows significant differences in demographics and background information	minority 6	
	No shading means that differences are not significant and may have occurred by chance		
	Grey shading indicates that we have no valid data for this question	ck and	White
	* less than 1% probability that the difference is due to chance	Black	\$
	Number of completed questionnaires returned	37	142

FOOI	O AND CANTEEN		
5.2	Do you get enough to eat at meal-times always / most of the time?	89%	87%
5.3	Does the shop / canteen sell the things that you need?	66%	79%
RELA	TIONSHIPS WITH STAFF		
6.1	Do most staff here treat you with respect?	94%	98%
6.2	Are there any staff here you could turn to if you had a problem?	94%	98%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	73%	70%
6.6	Do you feel that you are treated as an individual in this prison?	69%	76%
FAITI	<u> </u>		
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	87%	89%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	90%	87%
CON	TACT WITH FAMILY AND FRIENDS		
8.1	Have staff here encouraged you to keep in touch with your family / friends?	58%	62%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	24%	31%
8.3	Are you able to use a phone every day (if you have credit)?	92%	95%
	For those who get visits:		
8.7	Are your visitors usually treated respectfully by staff?	93%	95%
TIME	OUT OF CELL		
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	3%	6%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	11%	27%
	For those who use the library:		
9.9	Does the library have a wide enough range of materials to meet your needs?	54%	58%
APPL	ICATIONS, COMPLAINTS AND LEGAL RIGHTS		
10.1	Is it easy for you to make an application?	94%	91%
	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	77%	86%
10.3	Is it easy for you to make a complaint?	75%	87%
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly?	56%	76%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	26%	11%

Shadin	g is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		
	Blue shading shows results that are significantly more negative than the comparator	ethnic	
	Orange shading shows significant differences in demographics and background information	minority 6	
	No shading means that differences are not significant and may have occurred by chance		
	Grey shading indicates that we have no valid data for this question	ck and	Vhite
	* less than 1% probability that the difference is due to chance	Black	₹
	Number of completed questionnaires returned	37	142

HEAI	TH CARE		
11.1	Is it very / quite easy to see:		
	- Doctor?	53%	47%
	- Nurse?	83%	75%
	- Dentist?	29%	30%
	- Mental health workers?	29%	28%
	For those who have mental health problems:		
11.4	Have you been helped with your mental health problems in this prison?	60%	73%
11.5	Do you think the overall quality of the health services here is very / quite good?	68%	59%
ОТН	ER SUPPORT NEEDS		
	For those who have a disability:		
12.2	Are you getting the support you need?	50%	67%
SAFE	тү		
14.1	Have you ever felt unsafe here?	19%	14%
14.2	Do you feel unsafe now?	9%	5%
14.3	Not experienced bullying / victimisation by other prisoners	78%	79%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	77%	80%
14.5	Not experienced bullying / victimisation by members of staff	69%	85%
14.6	If you were being bullied / victimised by staff here, would you report it?	77%	84%
BEH/	AVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	62%	60%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	43%	67%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0%	0%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	3%	0%
EDU	CATION, SKILLS AND WORK		
16.3	Do staff encourage you to attend education, training or work?	74%	76%
PLAN	INING AND PROGRESSION		
17.1	Do you have a custody plan?	63%	73%
	For those who have a custody plan:		
17.3	Are staff helping you to achieve your objectives or targets?	70%	63%
PREP	ARATION FOR RELEASE		
	For those who expect to be released in the next 3 months:		1
18.3	Is anybody helping you to prepare for your release?	100%	40%
FINA	L QUESTION ABOUT THIS PRISON		
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	70%	67%

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners who reported that they had a disability compared with those who did not.
- responses of prisoners who reported that they had mental health problems compared with those who did not.

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

Shading is used to indicate statistical significance*, as follows: Green shading shows results that are significantly more positive than the comparator Blue shading shows results that are significantly more negative than the comparator Orange shading shows significant differences in demographics and background information No shading means that differences are not significant and may have occurred by chance Grey shading indicates that we have no valid data for this question * less than 1% probability that the difference is due to chance Number of completed questionnaires returned 57 120

DEM	OGRAPHICS AND OTHER BACKGROUND INFORMATION		
1.2	Are you under 25 years of age?	5%	3%
	Are you 50 years of age or older?	61%	57%
1.3	Are you from a black and minority ethnic group?	12%	25%
7.1	Are you Muslim?	2%	4%
11.3	Do you have any mental health problems?	50%	18%
12.1	Do you consider yourself to have a disability?		
19.2	Are you a foreign national?	5%	9%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	7%	4%
ARRI	VAL AND RECEPTION		
2.3	When you were searched in reception, was this done in a respectful way?	95%	95%
2.4	Overall, were you treated very / quite well in reception?	100%	99%
2.5	When you first arrived, did you have any problems?	77%	45%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	85%	81%
FIRS	T NIGHT AND INDUCTION		•
3.3	Did you feel safe on your first night here?	96%	98%
3.5	Have you had an induction at this prison?	98%	100%
	For those who have had an induction:		1
3.5	Did your induction cover everything you needed to know about this prison?	84%	89%
ONT	THE WING		
4.2	Is your cell call bell normally answered within 5 minutes?	7%	18%
4.3	On the wing or houseblock you currently live on:		1
	- Do you normally have enough clean, suitable clothes for the week?	98%	97%
	- Can you shower every day?	98%	100%
	- Do you have clean sheets every week?	98%	98%
	- Do you get cell cleaning materials every week?	77%	92%
	- Is it normally quiet enough for you to relax or sleep at night?	78%	90%
	- Can you get your stored property if you need it?	44%	57%

Mental health problems	No mental health problems
49	127
6%	3%
35%	68%
10%	21%
10%	25%
0%	5%
57%	22%
4%	9%
8%	4%
96%	94%
100%	99%
71%	49%
_	_
91%	78%
98%	98%
100%	99%
000/	0.404
90%	86%
19%	13%
98%	97%
100%	99%
98%	98%
86%	88%
	

79%

89%

55%

Shadir	ng is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		
	Blue shading shows results that are significantly more negative than the comparator		ility
	Orange shading shows significant differences in demographics and background information	ity	disability
	No shading means that differences are not significant and may have occurred by chance	disability	have a
	Grey shading indicates that we have no valid data for this question	ď	not h
	* less than 1% probability that the difference is due to chance	Have	Do
	Number of completed questionnaires returned	57	120

Mental health problems	No mental health problems
49	127
88%	87%
88% 77%	87% 75%
77%	75%
77% 96%	75% 98%

FOO	D AND CANTEEN		
5.2	Do you get enough to eat at meal-times always / most of the time?	82%	90%
5.3	Does the shop / canteen sell the things that you need?	76%	75%
RELA	ATIONSHIPS WITH STAFF		
6.1	Do most staff here treat you with respect?	96%	98%
6.2	Are there any staff here you could turn to if you had a problem?	95%	98%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	70%	70%
6.6	Do you feel that you are treated as an individual in this prison?	68%	77%
FAIT	H		<u> </u>
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	84%	90%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	79%	91%
CON	TACT WITH FAMILY AND FRIENDS		•
8.1	Have staff here encouraged you to keep in touch with your family / friends?	53%	64%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	41%	24%
8.3	Are you able to use a phone every day (if you have credit)?	95%	94%
	For those who get visits:		•
8.7	Are your visitors usually treated respectfully by staff?	91%	95%
TIME	OUT OF CELL		
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	11%	3%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	21%	26%
	For those who use the library:		•
9.9	Does the library have a wide enough range of materials to meet your needs?	59%	56%
APPI	LICATIONS, COMPLAINTS AND LEGAL RIGHTS		
10.1	Is it easy for you to make an application?	82%	96%
	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	78%	88%
10.3	Is it easy for you to make a complaint?	82%	85%
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly?	66%	77%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	12%	15%

88%	87%
77%	75%
96%	98%
96%	98%
71%	70%
71%	75%
82%	91%
85%	88%
62%	61%
29%	30%
94%	94%
92%	95%
8%	4%
23%	25%
56%	57%
89%	93%
83%	85%
85%	84%
71%	73%
17%	12%

Shadir	g is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		
	Blue shading shows results that are significantly more negative than the comparator		ility
	Orange shading shows significant differences in demographics and background information	ity	disability
	No shading means that differences are not significant and may have occurred by chance	disability	ave a
	Grey shading indicates that we have no valid data for this question	ď	not have
	* less than 1% probability that the difference is due to chance	Have	Do
	Number of completed questionnaires returned	57	120
		<u></u>	ļ.

HEALTH CARE

OTHER SUPPORT NEEDS

BEHAVIOUR MANAGEMENT

EDUCATION, SKILLS AND WORK

PLANNING AND PROGRESSION

PREPARATION FOR RELEASE

FINAL QUESTION ABOUT THIS PRISON

11.1

11.4

11.5

12.2

14.1

14.2

14.3

14.4

14.5

14.6

15.2

15.3

15.5

16.3

17.1

17.3

18.3

20. I

SAFETY

Green shading shows results that are significantly more positive than the comparator Blue shading shows results that are significantly more negative than the comparator Orange shading shows significant differences in demographics and background information No shading means that differences are not significant and may have occurred by chance Grey shading indicates that we have no valid data for this question * less than 1% probability that the difference is due to chance	Have a disability	Do not have a disability	Mental health problems	No mental health problems
Number of completed questionnaires returned	57	120	49	127
TH CARE				
Is it very / quite easy to see:	2.40/	- 40/	2201	- 40/
- Doctor?	34%	54%	33%	54%
- Nurse?	74%	78%	66%	80%
- Dentist?	28%	31%	21%	34%
- Mental health workers?	24%	29%	42%	22%
For those who have mental health problems:	110/	000/	739/	
Have you been helped with your mental health problems in this prison?	66%	80%	73%	/ FO/
Do you think the overall quality of the health services here is very / quite good?	51%	66%	49%	65%
ER SUPPORT NEEDS				
For those who have a disability: Are you getting the support you need?	65%		64%	68%
TY	3370		0.170	00/0
Have you ever felt unsafe here?	19%	13%	16%	15%
· · · · · · · · · · · · · · · · · · ·	5%	6%	4%	7%
Do you feel unsafe now?				
Not experienced bullying / victimisation by other prisoners	71%	82%	66%	84%
If you were being bullied / victimised by other prisoners here, would you report it?	81%	79%	73%	82%
Not experienced bullying / victimisation by members of staff	78%	83%	78%	83%
If you were being bullied / victimised by staff here, would you report it?	82%	83%	77%	85%
VIOUR MANAGEMENT				
Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	56%	62%	65%	59%
Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	60%	63%	63%	61%
Have you been physically restrained by staff in this prison, in the last 6 months?	0%	0%	0%	0%
Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	1%	0%	1%
ATION, SKILLS AND WORK				
Do staff encourage you to attend education, training or work?	68%	78%	76%	75%
NING AND PROGRESSION				
Do you have a custody plan?	64%	75%	79%	69%
For those who have a custody plan:				
Are staff helping you to achieve your objectives or targets?	55%	68%	62%	65%
ARATION FOR RELEASE				
For those who expect to be released in the next 3 months:				
Is anybody helping you to prepare for your release?	50%	50%	50%	50%
L QUESTION ABOUT THIS PRISON				
Do you think your experiences in this prison have made you less likely to offend in the future?	68%	67%	68%	68%

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of non-heterosexual prisoners are compared with those of heterosexual prisoners

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

Shadin	ng is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		
	Blue shading shows results that are significantly more negative than the comparator		
	Orange shading shows significant differences in demographics and background information	ther	
	No shading means that differences are not significant and may have occurred by chance	Gay/bisexual/other	xual
	Grey shading indicates that we have no valid data for this question	//bise	terose
	* less than 1% probability that the difference is due to chance	Ga)	He
	Number of completed questionnaires returned	18	155

DEM	OGRAPHICS AND OTHER BACKGROUND INFORMATION		
1.2	Are you under 25 years of age?	6%	4%
	Are you 50 years of age or older?	39%	60%
1.3	Are you from a black and minority ethnic group?	6%	23%
7. I	Are you Muslim?	0%	3%
11.3	Do you have any mental health problems?	61%	25%
12.1	Do you consider yourself to have a disability?	44%	30%
19.2	Are you a foreign national?	6%	8%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	11%	5%
ARRI	VAL AND RECEPTION		
2.3	When you were searched in reception, was this done in a respectful way?	89%	96%
2.4	Overall, were you treated very / quite well in reception?	100%	99%
2.5	When you first arrived, did you have any problems?	67%	53%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	91%	81%
FIRST	NIGHT AND INDUCTION		
3.3	Did you feel safe on your first night here?	94%	98%
3.5	Have you had an induction at this prison?	100%	99%
	For those who have had an induction:		
3.5	Did your induction cover everything you needed to know about this prison?	89%	88%
ON T	HE WING		
4.2	Is your cell call bell normally answered within 5 minutes?	13%	15%
4.3	On the wing or houseblock you currently live on:		•
	- Do you normally have enough clean, suitable clothes for the week?	100%	97%
	- Can you shower every day?	100%	99%
	- Do you have clean sheets every week?	100%	98%
	- Do you get cell cleaning materials every week?	83%	88%
	- Is it normally quiet enough for you to relax or sleep at night?	75%	87%
	- Can you get your stored property if you need it?	44%	52%

Shadi	ng is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		
	Blue shading shows results that are significantly more negative than the comparator		
	Orange shading shows significant differences in demographics and background information	ther	
	No shading means that differences are not significant and may have occurred by chance	Gay/bisexual/other	exual
	Grey shading indicates that we have no valid data for this question	//bise	terose
	* less than 1% probability that the difference is due to chance	Ga)	Het
	Number of completed questionnaires returned	18	155

FOOE	AND CANTEEN		
5.2	Do you get enough to eat at meal-times always / most of the time?	72%	90%
5.3	Does the shop / canteen sell the things that you need?	78%	76%
RELA	TIONSHIPS WITH STAFF		
6.1	Do most staff here treat you with respect?	100%	97%
6.2	Are there any staff here you could turn to if you had a problem?	100%	97%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	72%	70%
6.6	Do you feel that you are treated as an individual in this prison?	72%	74%
FAITI	1		
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	90%	89%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	80%	88%
CON	FACT WITH FAMILY AND FRIENDS		
8.1	Have staff here encouraged you to keep in touch with your family / friends?	75%	59%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	39%	29%
8.3	Are you able to use a phone every day (if you have credit)?	94%	95%
	For those who get visits:		
8.7	Are your visitors usually treated respectfully by staff?	83%	95%
TIME	OUT OF CELL		
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	24%	3%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	29%	24%
	For those who use the library:		
9.9	Does the library have a wide enough range of materials to meet your needs?	44%	58%
APPL	ICATIONS, COMPLAINTS AND LEGAL RIGHTS		
10.1	Is it easy for you to make an application?	77%	93%
	For those who have made an application:		1
10.2	Are applications usually dealt with fairly?	85%	84%
10.3	Is it easy for you to make a complaint?	94%	83%
	For those who have made a complaint:		1
10.4	Are complaints usually dealt with fairly?	90%	70%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	17%	13%

Shadin	g is used to indicate statistical significance*, as follows:		
	Green shading shows results that are significantly more positive than the comparator		
	Blue shading shows results that are significantly more negative than the comparator		
	Orange shading shows significant differences in demographics and background information	ther	
	No shading means that differences are not significant and may have occurred by chance	xual/other	exual
	Grey shading indicates that we have no valid data for this question	Gay/bisex	Heterosexual
	* less than 1% probability that the difference is due to chance	Ga)	H
	Number of completed questionnaires returned	18	155

ΗΕΔΙ	TH CARE		
11.1	Is it very / quite easy to see:		
	- Doctor?	29%	50%
	- Nurse?	59%	78%
	- Dentist?	18%	31%
	- Mental health workers?	12%	31%
	For those who have mental health problems:		
11.4	Have you been helped with your mental health problems in this prison?	46%	79%
11.5	Do you think the overall quality of the health services here is very / quite good?	33%	64%
ОТН	ER SUPPORT NEEDS		
	For those who have a disability:		
12.2	Are you getting the support you need?	71%	61%
SAFE	тү		
14.1	Have you ever felt unsafe here?	29%	13%
14.2	Do you feel unsafe now?	6%	6%
14.3	Not experienced bullying / victimisation by other prisoners	53%	81%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	72%	80%
14.5	Not experienced bullying / victimisation by members of staff	78%	82%
14.6	If you were being bullied / victimised by staff here, would you report it?	72%	83%
BEHA	AVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	56%	61%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	72%	61%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0%	0%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	0%
EDU	CATION, SKILLS AND WORK		
16.3	Do staff encourage you to attend education, training or work?	79%	75%
PLAN	INING AND PROGRESSION		
17.1	Do you have a custody plan?	59%	72%
	For those who have a custody plan:		
17.3	Are staff helping you to achieve your objectives or targets?	80%	64%
PREP	ARATION FOR RELEASE		
	For those who expect to be released in the next 3 months:		
18.3	Is anybody helping you to prepare for your release?	0%	60%
FINA	L QUESTION ABOUT THIS PRISON		
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	50%	70%

Survey responses compared with those from other HMIP surveys of other training prisons (sex offenders).

In this table summary statistics from HMP The Verne 2020 are compared with the following HMIP survey data:

- Summary statistics from surveys of other training prisons (sex offenders) conducted since the introduction of the new questionnaire in September 2017 (6 prisons). Please note that this does not include all other training (sex offender) prisons.

Shading is used to indicate statistical significance*, as follows: All other training prisons (sex offenders) surveyed since September 2017 Green shading shows results that are significantly more positive than the comparator Blue shading shows results that are significantly more negative than the comparator HMP The Verne 2020 Orange shading shows significant differences in demographics and background information No shading means that differences are not significant and may have occurred by chance Grey shading indicates that we have no valid data for this question * less than 1% probability that the difference is due to chance 1,102

Number of completed questionnaires returned

DEM	OGRAPHICS AND OTHER BACKGROUND INFORMATION		
1.2	Are you under 21 years of age? n=178	0%	0%
	Are you 25 years of age or younger?	5%	8%
	Are you 50 years of age or older?	58%	42%
	Are you 70 years of age or older?	18%	9%
1.3	Are you from a black and minority ethnic group? $n=179$	21%	16%
1.4	Have you been in this prison for less than 6 months? $n=179$	4%	15%
1.5	Are you currently serving a sentence? n=177	99%	99%
	Are you on recall? n=177	4%	4%
1.6	Is your sentence less than 12 months? n=174	1%	1%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)? $n=1.74$	2%	7%
7.1	Are you Muslim? n=174	3%	7%
11.3	Do you have any mental health problems? n=176	28%	44%
12.1	Do you consider yourself to have a disability? $n=177$	32%	38%
19.1	Do you have any children under the age of 18? $n=175$	38%	37%
19.2	Are you a foreign national? n=175	8%	6%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller) n=175	5%	4%
19.4	Have you ever been in the armed services? $n=174$	18%	11%
19.5	Is your gender female or non-binary? $n=177$	2%	1%
19.6	Are you homosexual, bisexual or other sexual orientation? $n=173$	10%	13%
19.7	Do you identify as transgender or transsexual? $n=172$	1%	1%
ARRI	VAL AND RECEPTION		
2.1	Were you given up-to-date information about this prison before you came here? $n=177$	37%	20%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception? $n=177$	76%	62%
2.3	When you were searched in reception, was this done in a respectful way? $n=177$	94%	86%
2.4	Overall, were you treated very / quite well in reception? n=177	99%	92%

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n=number of valid responses to question (HMP The Verne 2020)

HMP The Verne 2020

Lack All other training prisons (sex offenders)

Surveyed since September 2017

2.5	n=number of valid responses to question (HMP The Verne 2020) When you first arrived, did you have any problems? $n=176$	55%	66%
2.5	Did you have problems with:		
	- Getting phone numbers? n=176	10%	20%
	- Contacting family? n=176	9%	19%
	- Arranging care for children or other dependents? $n=176$	1%	1%
	- Contacting employers? n=176	1%	1%
	- Money worries?	12%	14%
	- Housing worries? n=176	5%	7%
	- Feeling depressed? n=176	17%	31%
	- Feeling suicidal?	3%	10%
	- Other mental health problems? n=176	11%	21%
	- Physical health problems? n=176	13%	17%
	- Drugs or alcohol (e.g. withdrawal)?	2%	5%
	- Getting medication? n=176	15%	14%
	- Needing protection from other prisoners? n=176	1%	3%
	- Lost or delayed property? n=176	16%	19%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems? $n=88$	83%	48%
FIRS	NIGHT AND INDUCTION		
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement? n=178	33%	43%
	- Toiletries / other basic items? $n=178$	70%	60%
	- A shower?	75%	45%
	- A free phone call?	20%	45%
	- Something to eat?	89%	79%
	- The chance to see someone from health care? $n=178$	67%	58%
	- The chance to talk to a Listener or Samaritans? $n=178$	37%	35%
	- Support from another prisoner (e.g. Insider or buddy)? $n=178$	50%	39%
	- None of these?	3%	6%
3.2	On your first night in this prison, was your cell very / quite clean? $n=178$	98%	75%
3.3	Did you feel safe on your first night here? $n=178$	98%	83%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen? $n=168$	51%	53%
	- Free PIN phone credit? n=151	25%	33%
	- Numbers put on your PIN phone?	63%	57%
3.5	Have you had an induction at this prison? $n=177$	99%	98%
	For those who have had an induction:		
3.5	Did your induction cover everything you needed to know about this prison? $n=176$	88%	78%

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он т	HE WING		
4.1	Are you in a cell on your own?	85%	56%
4.2	Is your cell call bell normally answered within 5 minutes? $n=171$	15%	51%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week? $n=175$	97%	86%
	- Can you shower every day?	99%	96%
	- Do you have clean sheets every week?	98%	86%
	- Do you get cell cleaning materials every week?	88%	77%
	- Is it normally quiet enough for you to relax or sleep at night? $n=173$	86%	76%
	- Can you get your stored property if you need it? $n=169$	53%	47%
4.4	Are the communal / shared areas of your wing or houseblook normally very / quite clean? $n=177$	96%	84%
FOO	D AND CANTEEN		
5.1	Is the quality of the food in this prison very / quite good? $n=176$	90%	74%
5.2	Do you get enough to eat at meal-times always / most of the time? $n=178$	88%	57%
5.3	Does the shop / canteen sell the things that you need? $n=175$	76%	69%
RELA	TIONSHIPS WITH STAFF		
6.1	Do most staff here treat you with respect? n=177	97%	79%
6.2	Are there any staff here you could turn to if you had a problem? $n=176$	97%	82%
6.3	In the last week, has any member of staff talked to you about how you are getting on? $n=178$	70%	49%
6.4	Do you have a personal officer? n=176	99%	93%
	For those who have a personal officer:		
6.4	Is your personal or named officer very / quite helpful? $n=174$	86%	70%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners? $n=179$	24%	19%
6.6	Do you feel that you are treated as an individual in this prison? $n=177$	75%	52%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues? $n=179$	88%	74%
	If so, do things sometimes change? $n=157$	69%	47%
FAIT	н		
7.1	Do you have a religion? n=174	68%	67%
	For those who have a religion:		
7.2	Are your religious beliefs respected here? $n=120$	88%	76%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to? $n=1/9$	87%	77%
7.4	Are you able to attend religious services, if you want to? $n=121$	94%	93%

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CON	TACT WITH FAMILY AND FRIENDS		
8.1	Have staff here encouraged you to keep in touch with your family / friends? $n=1.72$	61%	48%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)? $n=175$	30%	46%
8.3	Are you able to use a phone every day (if you have credit)? $n=1.74$	94%	97%
8.4	Is it very / quite easy for your family and friends to get here? $n=1.72$	26%	30%
8.5	Do you get visits from family/friends once a week or more? $n=1.72$	8%	12%
·	For those who get visits:		
8.6	Do visits usually start and finish on time? $n=89$	89%	73%
8.7	Are your visitors usually treated respectfully by staff? n=87	94%	89%
TIME	OUT OF CELL		
9.1	Do you know what the unlock and lock-up times are supposed to be here? $n=1.74$	99%	97%
	For those who know what the unlock and lock-up times are supposed to be:		
9.1	Are these times usually kept to? $n=172$	93%	67%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday? $n=172$	5%	6%
	Do you usually spend 10 hours or more out of your cell on a typical weekday? $n=172$	24%	21%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday? $n=173$	7%	11%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday? $n=173$	23%	5%
9.4	Do you have time to do domestics more than 5 days in a typical week? $n=175$	86%	71%
9.5	Do you get association more than 5 days in a typical week, if you want it? $n=175$	94%	78%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to? $n=1.78$	96%	76%
9.7	Do you typically go to the gym twice a week or more? $n=177$	41%	42%
9.8	Do you typically go to the library once a week or more? $n=175$	74%	60%
	For those who use the library:		•
9.9	Does the library have a wide enough range of materials to meet your needs? $n=169$	57%	63%
APPL	ICATIONS, COMPLAINTS AND LEGAL RIGHTS		
10.1	Is it easy for you to make an application? $n=176$	92%	85%
	For those who have made an application:		
10.2	Are applications usually dealt with fairly? $n=155$	85%	70%
	Are applications usually dealt with within 7 days? $n=154$	77%	56%
10.3	Is it easy for you to make a complaint? $n=177$	84%	71%
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly? $n=92$	73%	44%
	Are complaints usually dealt with within 7 days? $n=92$	69%	36%
10.5	Have you ever been prevented from making a complaint here when you wanted to? $n=1.17$	14%	25%

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1,102

	For those who need it, is it easy to:	/		
10.6	Communicate with your solicitor or legal representative?	n=126	65%	54%
	Attend legal visits?	n=103	51%	53%
	Get bail information?	n=57	12%	19%
	For those who have had legal letters:			
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=122	31%	49%
HEAL	TH CARE			
11.1	Is it very / quite easy to see:			
	- Doctor?	n=177	48%	54%
	- Nurse?	n=175	77%	74%
	- Dentist?	n=174	30%	36%
	- Mental health workers?	n=164	28%	36%
11.2	Do you think the quality of the health service is very / quite good from:			
	- Doctor?	n=176	73%	75 %
	- Nurse?	n=174	82%	80%
	- Dentist?	n=175	57%	55%
	- Mental health workers?	n=167	32%	37%
11.3	Do you have any mental health problems?	n=176	28%	44%
	For those who have mental health problems:			
11.4	Have you been helped with your mental health problems in this prison?	n=49	71%	57%
11.5	Do you think the overall quality of the health services here is very / quite good?	n=177	61%	70%
ОТН	ER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	n=177	32%	38%
	For those who have a disability:			
12.2	Are you getting the support you need?	n=5 I	65%	49%
12.3	Have you been on an ACCT in this prison?	n=167	9%	17%
	For those who have been on an ACCT:			
12.4	Did you feel cared for by staff?	n=13	69%	52%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=175	64%	61%
ALCO	OHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	n=176	6%	13%
	For those who had / have an alcohol problem:			
13.2	Have you been helped with your alcohol problem in this prison?	n=10	100%	78%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=177	7%	11%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=177	0%	4%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=176	1%	3%
	For those who had / have a drug problem:			
13.6	Have you been helped with your drug problem in this prison?	n=13	92%	64%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=173	6%	26%
13.8	Is it very / quite easy to get alcohol in this prison?	n=173	5%	13%

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SAFE	TY			
14.1	Have you ever felt unsafe here?	n=175	15%	36%
14.2	Do you feel unsafe now?	n=172	6%	16%
14.3	Have you experienced any of the following from other prisoners here:			
	- Verbal abuse?	n=170	18%	35%
	- Threats or intimidation?	n=170	12%	30%
	- Physical assault?	n=170	5%	14%
	- Sexual assault?	n=170	2%	5%
	- Theft of canteen or property?	n=170	2%	16%
	- Other bullying / victimisation?	n=170	9%	20%
	- Not experienced any of these from prisoners here	n=170	79%	54%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=172	80%	62%
14.5	Have you experienced any of the following from staff here:			
	- Verbal abuse?	n=169	12%	27%
	- Threats or intimidation?	n=169	10%	21%
	- Physical assault?	n=169	3%	5%
	- Sexual assault?	n=169	1%	1%
	- Theft of canteen or property?	n=169	1%	5%
	- Other bullying / victimisation?	n=169	9%	18%
	- Not experienced any of these from staff here	n=169	82%	62%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=172	83%	65%
BEH	AVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=172	61%	50%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=173	62%	52%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=176	0%	4%
	For those who have been restrained in the last 6 months:			
15.4	Did anyone come and talk to you about it afterwards?	n=0		25%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=174	1%	5%
	For those who have spent one or more nights in the segregation unit in the last 6 months:			
15.6	Were you treated well by segregation staff?	n=I	100%	78%
	Could you shower every day?	n=I	100%	68%
	Could you go outside for exercise every day?	n=I	100%	81%
	Could you use the phone every day (if you had credit)?	n=I	100%	69%

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HMP The Verne 2020

All other training prisons (sex offenders)

surveyed since September 2017

EDI I	n=number of valid responses to question (HMP The	e verne 2020)		
	CATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities: - Education?	n=162	53%	66%
		n=159	38%	45%
	- Vocational or skills training?			
	- Prison job?	n=165	35%	60%
	- Voluntary work outside of the prison?	n=158	1%	3%
	- Paid work outside of the prison?	n=162	1%	3%
16.2	In this prison, have you done the following activities:			I
	- Education?	n=157	80%	829
	- Vocational or skills training?	n=154	63%	669
	- Prison job?	n=155	76%	84%
	- Voluntary work outside of the prison?	n=150	15%	209
	- Paid work outside of the prison?	n=154	15%	20%
	For those who have done the following activities, do you think they will help you on release:			
	- Education?	n=126	62%	659
	- Vocational or skills training?	n=97	73%	719
	- Prison job?	n=117	46%	479
	- Voluntary work outside of the prison?	n=22	46%	529
	- Paid work outside of the prison?	n=23	48%	549
16.3	Do staff encourage you to attend education, training or work?	n=145	75%	709
PLAN	INING AND PROGRESSION			
17.1	Do you have a custody plan?	n=170	71%	719
	For those who have a custody plan:			
17.2	Do you understand what you need to do to achieve your objectives or targets?	n=120	81%	829
17.3	Are staff helping you to achieve your objectives or targets?	n=115	64%	569
17.4	In this prison, have you done:			
	- Offending behaviour programmes?	n=101	16%	409
	- Other programmes?	n=98	21%	359
	- One to one work?	n=102	18%	319
	- Been on a specialist unit?	n=95	2%	8%
	- ROTL - day or overnight release?	n=98	1%	5%
	For those who have done the following, did they help you to achieve your objectives or targets:			<u> </u>
	- Offending behaviour programmes?	n=16	81%	82
	- Other programmes?	n=2 I	81%	79
	- One to one work?	n=18	89%	83
	- Being on a specialist unit?	n=2	0%	35
	- ROTL - day or overnight release?	n= I	0%	35

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	n=number of valid responses to question (HMP	The Verne 2020)	T	
PREP	ARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	n=177	3%	7 %
	For those who expect to be released in the next 3 months:			
18.2	Is this prison very / quite near to your home area or intended release address?	n=6	33%	38%
18.3	Is anybody helping you to prepare for your release?	n=6	50%	72%
18.4	Do you need help to sort out the following for when you are released:			
	- Finding accommodation?	n=5	40%	74%
	- Getting employment?	n=5	0%	69%
	- Setting up education or training?	n=5	0%	43%
	- Arranging benefits?	n=5	20%	84%
	- Sorting out finances?	n=5	20%	52%
	- Support for drug or alcohol problems?	n=5	20%	17%
	- Health / mental health support?	n=5	20%	48%
•	- Social care support?	n=5	20%	31%
•	- Getting back in touch with family or friends?	n=6	17%	32%
18.4	Are you getting help to sort out the following for when you are released, if you need it:			
	- Finding accommodation?	n=2	100%	49%
	- Getting employment?	n=0		20%
	- Setting up education or training?	n=0		18%
	- Arranging benefits?	n=1	0%	29%
	- Sorting out finances?	n=1	0%	29%
	- Support for drug or alcohol problems?	n=1	100%	46%
•	- Health / mental health support?	n=I	100%	45%
	- Social care support?	n=I	0%	25%
	- Getting back in touch with family or friends?	n=1	0%	32%
FINA	L QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=163	68%	63%

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