Report on an announced inspection of

HMP Garth

17 December 2018 – 18 January 2019

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HMP Garth

by HM Chief Inspector of Prisons

17 December 2018–18 January 2019

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





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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Introduction

HMP Garth is a category B training prison situated near Leyland in Lancashire. It was originally opened in 1988, and is now part of the long-term and high-security estate. At the time of this inspection it held just over 800 prisoners, the vast majority of whom were serving sentences of more than 10 years and presented a high risk of harm. Around two-thirds of those prisoners had been convicted of serious violence and a quarter convicted of sexual offences. At the last inspection in 2017 we found that safety at the prison was poor, violence had increased and large numbers of prisoners were living in fear. The problems were compounded by the ready availability of drugs, and although there were some good features, such as the effectiveness of the learning and skills provision, we concluded that the prison was one of the most unsafe we had been to in recent times and that 'violence and drugs dominated the prisoner experience'.

It is pleasing to be able to report that in the space of two years there had been significant improvements at the prison. Although there was still too much violence, it had not risen in line with the overall trend across the prison estate, and credit is due to the staff at Garth for working hard to understand and contain it. There is absolutely no room for complacency, but there were some early encouraging signs of improvement. As with many other prisons, the ready availability of illicit drugs drove much of the violence, and the scale of the challenge in this respect at Garth was daunting. Sixty per cent of prisoners told us it was easy to obtain drugs, 30% were testing positive for drugs and around a quarter had developed a drug habit since entering the prison. There was a drug supply reduction strategy in place and both it and the violence reduction work will need constant review if the progress that has been made is to be maintained.

Our assessments of safety and respect had improved since the last inspection, but there was still much to be done. My confidence that the prison can continue to make progress was strengthened by what I saw and heard during my meeting with the senior management team. It was very clear to me that they worked together in a highly collaborative way to address the serious challenges faced by the establishment. Members of the team, from whatever specialised function, were eager to contribute to what their colleagues were trying to achieve in their particular areas of responsibility. It was heartening to see this approach and to experience the obvious enthusiasm of the team for what they were striving to achieve. After the inspection had concluded I was also not surprised to learn that, in the space of only two years, around half of the recommendations made at the last inspection had been achieved, which is highly creditable given the very real challenges faced by the prison.

For the future, there will need to be a continuing focus on dealing with violence. Far too many prisoners still felt unsafe, and much of the violence was serious. Similarly, the impact of illicit drugs was still severe, and the whole-prison approach to problem solving noted above will be vital to making progress in this regard. Although the assessment of respect had improved, and health care is an important part of that healthy prison test, there was a serious concern around the high cancellation rate of external hospital appointments, with about half of them being consistently cancelled. This placed prisoners at unnecessary risk and needed to be addressed. So too did the issue of managing the potential risks to the public posed by those few prisoners who were released from Garth. Given the profile of the population held in the prison, this was a very serious issue and needed addressing. This report, in Section 4, sets out the details of where the weaknesses rest and what needs to be done to address them.

The leadership of HMP Garth were keen to point out to me that there were early signs of improvement, and it was to their credit that what had been achieved was sufficient to raise our assessments in two of our healthy prison tests. Given the overall context in which establishments such as Garth have been operating over the past few years, this is an achievement that should not be underestimated. For the future, dealing with the twin scourges of drugs and violence will be the key

to making further progress, and I hope that when we next inspect HMP Garth we will be able to report that the momentum we saw on this occasion will have been maintained.

Peter Clarke CVO OBE QPM March 2019
HM Chief Inspector of Prisons

Fact page

Task of the establishment
A category B men's training prison

Certified normal accommodation and operational capacity[1]
Prisoners held at the time of inspection: 816
Baseline certified normal capacity: 810
In-use certified normal capacity: 810
Operational capacity: 830

Notable features from this inspection

Almost all prisoners in HMP Garth were serving prison sentences of longer than 10 years and 89% presented a high risk of harm to others.

Sixty-three per cent of prisoners had been convicted of serious violent offences and almost a quarter had been convicted of sexual offences. Just over a third of prisoners were serving an indeterminate sentence.

In our survey, 60% of prisoners said it was easy to get hold of illicit drugs, and about one in four said they had developed a drug problem while being at HMP Garth.

HMP Garth had a nationally resourced offender personality disorder pathway (OPDP) service operating from The Beacon Unit.

Prison status
Public

Physical health provider: Bridgewater Community Healthcare NHS Foundation Trust
Mental health provider: Greater Manchester Mental Health NHS Foundation Trust
Substance use provider: Greater Manchester Mental Health NHS Foundation Trust, Phoenix Futures
Learning and skills provider: Novus
Escort contractor: GEOAmey

Department
Long-term and high-security estate

Brief history
HMP Garth opened in 1988. A category B men's establishment, it is part of the newly formed long-term and high-security estate directorate, holding a complex population. The population was predominantly made up of convicted adults serving more than four years and those serving indeterminate sentences.

In addition to the mainstream residential accommodation, the prison had a number of specialist units: The Beacon Unit, offering the offender personality disorder pathway service; The Building Hope Unit,

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

a psychologically informed therapeutic environment; a substance misuse therapeutic community and a residential support unit.

Short description of residential units
Residential units:
A wing – residential unit
B wing – residential support unit and The Beacon Unit
C wing – residential unit
D wing – residential unit and The Building Hope Unit
E wing – residential unit and substance misuse therapeutic community
F wing – vulnerable prisoner unit
G wing – vulnerable prisoner unit
Segregation unit.

Name of governor and date in post
Steve Pearson, 10 April 2017

Independent Monitoring Board chair
Frank Holden

Date of last inspection
9–20 January 2017

About this inspection and report

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

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

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

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

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

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

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

- **Outcomes for prisoners are not sufficiently good.**
  There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

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

A5 Our assessments might result in one of the following:

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

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

A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017)*.[2] The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

A10 Details of the inspection team and the prison population profile can be found in the appendices.

A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.[3]

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[2] https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/

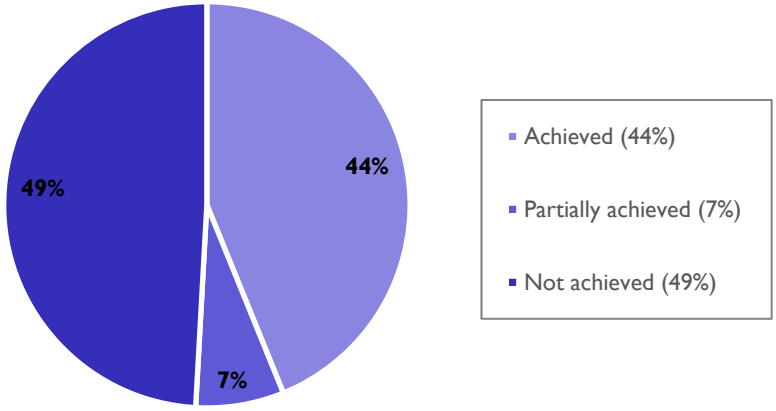
[3] The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

S1 We last inspected HMP Garth in 2017 and made 57 recommendations overall. The prison fully accepted 47 of the recommendations and partially (or subject to resources) accepted nine. It rejected one of the recommendations.

S2 At this follow up inspection we found that the prison had achieved 25 of those recommendations, partially achieved four recommendations and not achieved 28 recommendations.

S3 Figure 1: HMP Garth progress on recommendations from last inspection (n=57).



S4 Since our last inspection outcomes for prisoners stayed the same in Purposeful activity and Rehabilitation and release planning, but had improved in Safety and Respect. Outcomes were reasonably good in each healthy prison area, except for Safety where outcomes were not sufficiently good.

Figure 2: HMP Garth healthy prison outcomes 2017 and 2018[4]



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

Safety

S5 *Arrangements during prisoners' early days at the prison were reasonably good. Too many prisoners in our survey said they felt unsafe. Innovative work to combat violence was being delivered, but levels of violence remained high and some incidents were serious. Oversight of the use of force was good. Some prisoners spent a long time in the segregation unit. It was now monitored and managed well. Although conditions had improved, too many cells remained very dirty. Drugs were easy to get hold of and in our survey, about one in four said they had developed a drug problem while at Garth. The number of self-harm incidents was very high, but those at risk were mostly well cared for.*
Outcomes for prisoners were not sufficiently good against this healthy prison test.

S6 *At the last inspection in 2017 we found that outcomes for prisoners in Garth were poor against this healthy prison test. We made 13 recommendations in the area of safety.[5] At this inspection we found that six of the recommendations had been achieved and seven had not been achieved.*

S7 Prisoners we spoke to said escort staff were polite. The reception was welcoming and processes were thorough. A range of interviews and assessments were undertaken. Those arriving at Garth were allocated to cells in the main residential units and although they were adequately equipped, some we saw were dirty. The induction programme was useful, but some prisoners spent too long locked up while waiting to complete all elements.

S8 Nearly a third of prisoners said they felt unsafe at the time of our survey. Much of the violence and victimisation was related to drug use and associated debts. Despite good leadership, excellent data analysis and some clear action, the level of violence remained high and some incidents were serious. However, the prison's own data suggested that the level of violence was now lower than in some similar category B training prisons. The weekly population management and complex case review meetings were positive initiatives that aimed to reduce violence. A case work approach to managing perpetrators of violence and victims had been introduced and looked promising. Vulnerable prisoners received support in two dedicated units, which had reduced the number who isolated themselves on the main wings. Those who stayed on the wings received individual support plans that were reasonably well managed, but their day-to-day regime remained limited. The Building Hope Unit had been introduced since our previous inspection. Although it was promising, the regime required more structure, more therapeutic interventions and a clearer sense of purpose.

S9 The incentives and earned privileges (IEP) scheme was not applied consistently to address poor behaviour, but we saw it used to encourage prisoners to behave positively.

S10 Adjudications paperwork was reasonably good, but too many cases had been outstanding for long periods and others had not been concluded despite being several months old. Governance of the use of force had improved significantly since the previous inspection and de-escalation was used appropriately. The use of special accommodation was justified in the cases we reviewed. However, prisoners were not given a mattress when they were placed in special accommodation, which was disrespectful.

S11 Segregation was used frequently and the unit was usually full. Some prisoners remained there for a few months, which was too long. Segregation was now well monitored and managed. Although living conditions had improved since the previous inspection, many cells on the lower landing remained dirty and grubby. The large number of prisoners with complex needs

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

and challenging behaviour were now managed much better than previously and support for them had improved. It was good that TVs had been introduced in some cells. The day-to-day regime for prisoners staying in segregation for a long time was too limited and they spent very little time out of their cell.

S12 Security arrangements were proportionate, but we observed a lack of proactive staff supervision in some residential units. A security audit found some procedures were weak, but they were being addressed. Intelligence was now reasonably well managed and disseminated. Security meetings were usually well attended and links with other prison departments, particularly the safer custody team and drug services, had improved significantly.

S13 The prison had a well-thought-out approach to drug supply reduction, but it was still far too easy to obtain illicit drugs at the prison. Over half of respondents in our survey said it was easy to get illicit drugs and about one in four said they had developed a drug problem while being at Garth. The average mandatory drug testing (MDT) rate was also high at 27.4%.

S14 Levels of self-harm were significantly higher than at the last inspection and compared with other category B training prisons. However, a third of all incidents took place in the offender personality disorder pathway unit (The Beacon Unit). Strategic management was better than at our previous inspection and was now reasonably good. The standard of assessment, care in custody and teamwork (ACCT) case management documentation for prisoners at risk of suicide or self-harm was reasonably good and prisoners we spoke to felt well supported. However, ACCT case managers were not consistently involved and did not always attend reviews. Decisions to locate prisoners on an open ACCT in the segregation unit were well recorded and justified.

S15 The prison had a comprehensive safeguarding policy and staff knew whom to contact for assistance with safeguarding issues. The introduction of adult safeguarding support plans was positive.

Respect

S16 Most prisoners said staff treated them with respect. However, we continued to see rules being applied inconsistently. Living conditions remained variable, but some refurbishment was underway. Cell call bells were not always answered promptly. Food and the shop were reasonably good. The application system was not robust and some prisoners had negative perceptions of the complaints process. The prison now gave equality and diversity a higher priority, but more work to develop this area was required. Faith provision remained good. Health care provision had improved and was now reasonably good. However, there were still difficulties in ensuring prisoners could attend hospital appointments. Support for those seeking help with their drug problem was reasonably good. ***Outcomes for prisoners were reasonably good against this healthy prison test.***

S17 At the last inspection in 2017 we found that outcomes for prisoners in Garth were not sufficiently good against this healthy prison test. We made 23 recommendations in the area of respect. At this inspection we found that eight of the recommendations had been achieved, three had been partially achieved and 12 had not been achieved.

S18 In our survey, the vast majority of prisoners said most staff treated them with respect and we saw some positive interactions between prisoners and staff. As at our previous inspection, a number of wing staff applied some basic residential rules inconsistently, which meant some rule-breaking was not challenged. The key worker system functioned well,

despite it being new and still developing. Almost three-quarters of prisoners said there were staff they could turn to for help and more prisoners than in other category B training prisons said a member of staff had checked on them in the previous week.

S19 Outside areas were well maintained. Residential units were variable – there were clear differences between the older and newer units. For example, some communal areas on the older wings were grubby. Most cells had sufficient storage and furniture, which was an improvement since the previous inspection, but in-cell toilets were still inadequately screened. Flooring and some showers were in poor condition, although a refurbishment programme had started. The provision of prison kit had improved, but some wing-based laundry equipment had been broken for a long time. Prisoner information desk (PID) workers provided a good service, but there were not enough of them during the inspection. Access to stored property remained problematic and was not well managed. Responses to cell call bells were not monitored well enough and we saw some delays.

S20 In our survey, 39% of prisoners said the food was very or quite good, but some prisoners we spoke to were negative about both the quantity and standard. The prison had introduced self-catering facilities – they were well used and prisoners valued them. The shop provision was good.

S21 Consultation with prisoners was reasonably good, but more limited than at our previous inspection. The application system remained inadequate and lacked confidentiality. Prisoners we spoke to were negative about the complaints process, but responses we saw were polite.

S22 The strategic management of equality and diversity had improved significantly and a dedicated manager drove the work forward. Prisoner equality representatives were in place and were well supported through a monthly meeting. Discrimination incident reporting form investigations were appropriate, and oversight, which included external advice, was good. Alongside analysing national data, some limited local data analysis was undertaken to determine potential disproportionality in outcomes. Few discrepancies were evident and in our survey, for most protected characteristic groups, there were few significant differences in outcomes between groups of prisoners. Not all groups with protected characteristics had a support forum and, if they did, they generally did not run often enough. Minority groups had variable access to external support agencies. Transgender prisoners received good support, but there were some gaps in the provision for disabled and older people. Not enough was done to identify veterans and support for them was underdeveloped. Telephone interpretation services were not always used when necessary. The chaplaincy was good – it provided a positive range of support and was well integrated across the prison.

S23 Several aspects of health care had improved since the previous inspection, but patients still waited too long for hospital appointments. Governance structures and partnership working were reasonable. Staffing levels had improved, but there were still vacancies. However, in some areas they were offset by regular agency staff and an active recruitment programme. Supervision in the health care waiting room was poor, leaving some prisoners at risk from others. The management of long-term conditions had improved and patients now received regular reviews and a good level of care. Waiting times for some primary care services, including dentistry, were still too long, exacerbated by high non-attendance rates. The integrated mental health team mostly delivered an appropriate range of services. Substance misuse services were reasonably good, prescribing was safe and reviews took place regularly. A good range of psychosocial support was also available. The ethos of the substance misuse therapeutic community was undermined by a lack of dedicated prison officers and some prisoners' use of illicit drugs. Medicines were managed reasonably well and medicines administration had improved since our previous inspection, but governance and oversight needed to be enhanced.

Purposeful activity

S24 *Time out of cell was reasonably good, particularly for those in full-time activities. However, we found too many prisoners locked in their cells during the working day. The gym provision was good, but access to the library had been poor over recent months. Ofsted rated the overall effectiveness of learning and skills as good. There were sufficient activity places, but attendance and punctuality needed to improve. Peer mentors were very effective. The standard of work in education and prison jobs was high, but there were too few accredited courses in some workshops. Some achievement rates, although improving, were not yet high enough.* ***Outcomes for prisoners were reasonably good against this healthy prison test.***

S25 *At the last inspection in 2017 we found that outcomes for prisoners in Garth were reasonably good against this healthy prison test. We made 12 recommendations in the area of purposeful activity. At this inspection we found that eight of the recommendations had been achieved, one had been partially achieved and three had not been achieved.*

S26 Prisoners in purposeful activity spent over 10 hours a day out of their cells during the week, which was good. Although most prisoners were allocated to an activity, we found 30% of prisoners locked in their cells during the working day, which was too high for a training prison. Prisoners had good, predictable access to outside exercise, domestic time and association, despite regular regime curtailments on some weekends. Access to the library had been poor in recent months. Physical education provision was good and many men achieved qualifications.

S27 Leaders and managers recognised the importance of education, training and prison work and their assessment of the standard of the provision was accurate. Effective partnership working across education, training and prison work activities was good. Performance management processes were robust.

S28 Prisoners benefited from a good range of resources, including industry-standard equipment in the workshops. They made effective use of the virtual campus (internet access for prisoners to community education, training and employment opportunities). There were sufficient activity places in education, skills and work for the prison population, including sexual offenders, but attendance and punctuality at education, training and work required improvement. Information gathered about the allocation of prisoners to activities was detailed, although it did not provide sufficient information, for example on the overall number of prisoners participating in full- and part-time activities.

S29 Teaching, learning and assessment were effective on most courses, but in a few lessons, teachers did not sufficiently challenge the most able prisoners. Prisoners on vocational courses and undertaking prison work developed high-level practical skills and essential knowledge that prepared them well for employment. Peer mentors were well qualified. They worked effectively with prisoners across all activities. Staff used resources effectively to enhance learning and training. Most teachers and instructors used individual learning plans effectively to set long-term qualifications-based targets and short-term personal targets with prisoners. Workshop appraisal documents were used successfully to record individuals' progress and development. In a few lessons, teachers were slow to provide prisoners with additional learning needs with effective support.

S30 Prisoners demonstrated exemplary behaviour and were respectful in all activities. They developed confidence and self-esteem and were enthusiastic about their activities. Most of them valued their newly acquired knowledge, skills and understanding. Prisoners achieved a high standard of work across education and prison work. Supervisors did not sufficiently

promote English or maths during workshops. Attendance and punctuality were inconsistent. Too many prisoners were late or did not attend activities.

S31 Prisoners made good progress through qualifications levels in functional skills. Those who accessed higher and degree level programmes completed them successfully. Prisoners had limited access to accredited courses in most workshop areas. The prison celebrated prisoners' achievements, which helped motivate them. Achievement rates, although improving, were not yet high enough, particularly in functional skills.

Rehabilitation and release planning

S32 Provision to help prisoners maintain contact with family was underdeveloped and there were some persistent problems with visits. Strategic management of reducing reoffending was reasonably good. Completed offender assessment system (OASys) reports and plans were reasonably good, but too many had not been reviewed or completed prior to prisoners' arrival. Much of the offender supervisors' contact with prisoners was not sufficiently proactive and did not take place regularly enough. Categorisation reviews were managed well. Contact restrictions were managed appropriately, but planning to manage risk of harm on release was weak. The range of accredited programmes was appropriate, but most of the sexual offenders were unsuitable for them. Some positive alternatives had been introduced. Despite considerable efforts, some men were not transferred to their local prison for release, which significantly hindered their access to basic resettlement help. ***Outcomes for prisoners were reasonably good against this healthy prison test.***

S33 At the last inspection in 2017 we found that outcomes for prisoners in Garth were reasonably good against this healthy prison test. We made nine recommendations in the area of resettlement.[6] At this inspection we found that three of the recommendations had been achieved and six had not been achieved.

S34 Too many prisoners and their families said that visiting sessions often started late and that it was difficult to book visits through the telephone booking line. There had been an increase in the number of family days since our last inspection. However, prisoners needed more support to stay in touch with their family and develop positive relationships.

S35 Most prisoners had been convicted of violent or sexual offences and almost all were serving long sentences of over 10 years. The majority presented a high risk of harm to others. There was a comprehensive strategy and action plan for reducing reoffending, based on a needs analysis. The needs analysis was useful and detailed. Sentence planning boards with community-based offender managers were convened soon after a prisoner's arrival. However, almost 27% of prisoners in the previous six months had arrived without an OASys report and too few assessments had been updated following the transfer. Completed risk assessments and sentence plans we examined were good – they were supported by information from prison-based offender supervisors.

S36 There were not enough probation officers to manage the high risk of harm cases and some prison offender supervisors who managed most of them were not always adequately trained. Levels of ongoing contact with prisoners was inconsistent, often responding to specific events in a prisoner's sentence, rather than being planned. However, newly appointed key workers had good contact with prisoners, which had the potential to promote effective

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

offender management. The psychology team undertook excellent motivational work with some prisoners serving an indeterminate sentence for public protection who were over their tariff.

S37 Restrictions on contact with victims or potential victims were managed appropriately. The monthly inter-departmental risk management team meeting reviewed prisoners due for release in good time, but there was a lack of evidence to show that action set at that meeting was implemented. Information exchange between the prison offender management unit and the National Probation Service (NPS) was inadequate, particularly in relation to risk of harm and ongoing concerning behaviour. Multi-agency risk management planning, coordinated by the NPS to protect the public from harm, was weak and multi-agency public protection arrangement (MAPPA) levels had not been confirmed in most of the small number of cases due for release in the following few months.

S38 Categorisation processes were well managed and decisions were justified. However, too many prisoners, especially sexual offenders, found it difficult to move on to other prisons.

S39 The range of accredited offending behaviour programmes was appropriate for the population. However, those sexual offenders who had not already undertaken an accredited programme had been assessed as unsuitable for them. Some individual and alternative group programmes had been introduced since the previous inspection to bridge this gap. However, we were concerned that some of the prisoners due for release had not undertaken structured offence-focused work.

S40 There was no specialist help with accommodation or finance issues, but appropriate education in financial management was provided.

S41 The Beacon Unit continued to be an impressive facility supporting prisoners with a history of challenging behaviour, serious offending and personality disorders.

S42 Resettlement prisons were contacted in good time for prisoners to be transferred so they could access resettlement services prior to their release. However, the move sometimes did not happen or often happened too late for it to be effective. In addition, we could not find evidence of prisoners' basic resettlement needs being reviewed or addressed prior to their release from Garth.

Main concerns and recommendations

S43 Concern: The level of violence remained high and some incidents were serious. Too many prisoners said they felt unsafe at the time of the inspection.

Recommendation: **The prison should be made safer through significant reductions in the number and seriousness of violent incidents.**

S44 Concern: Illicit drugs were easily available and in our survey one in four prisoners said they had developed a drug problem while at HMP Garth. Drug use and associated debt were contributing to much of the violence and victimisation.

Recommendation: **The availability of illicit drugs and associated debt, violence and victimisation should be reduced significantly.**

S45 Concern: Prisoners had inadequate access to external health services and lengthy waits led to unnecessary risks to their health. They also waited too long for some internal primary care services including the optician, podiatrist and the dentist. Many prisoners referred to hospital had their appointments rescheduled due to cancellations and waited longer than the agreed community waiting times.

Recommendation: Prisoners should be able to access all hospital and primary care services within community-equivalent waiting times.

S46 Concern: Multi-agency risk management planning in preparation for the release of prisoners was weak, leaving victims and potential victims in the community at risk of harm. MAPPA management levels were not always confirmed.

Recommendation: A robust risk management plan for release should be developed in conjunction with the community-based offender manager. It should include a confirmation of the MAPPA management level.

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 Journey times to the prison varied greatly and some prisoners required an overnight stay at another prison while en route. The prisoners we spoke to said that escort staff were polite.

1.2 Prisoners were placed in a holding room on arrival at the prison. The room was bright and clean and had comfortable seating. Useful information about the prison was on display. There were adequately screened toilet areas and refreshments were offered on arrival. An additional holding room of the same standard was available if prisoners needed to be kept apart.

1.3 The reception was welcoming and processes were thorough. They included a range of interviews and assessments focusing on safety. Almost all prisoners (90%) told us staff in reception treated them well. All prisoners received a comprehensive risk-based interview, which an officer carried out in private.

1.4 During the process the officer arranged for prisoners' phone accounts to be activated and an advance was available for those arriving without phone credit. This meant that prisoners could make a phone call to family and friends once they were located to a wing.

1.5 Prisoners were offered a vape kit and refills, as well as a reception pack (grocery packs, which usually contain basic food and drink items such as tea, milk, sugar and biscuits) for which a cash advance was available. In our survey, 47% of prisoners (significantly more than in other category B prisons and compared with our last inspection) said they had access to the prison shop in their first few days at the prison. All new receptions received an information booklet on the activities and education that were available.

1.6 The Listener scheme (where prisoners trained by the Samaritans provide confidential emotional support to fellow prisoners) was explained during the first night process. However, there were no Listeners in reception. In our survey, 19% of prisoners said they had access to a Listener before being locked up on their first night, which was significantly lower than in other category B prisons.

1.7 There were no dedicated first night cells so prisoners arriving at Garth were allocated to cells in the main residential units. Although they were adequately equipped, the two we saw were dirty. We spoke with prisoners who had recently arrived at HMP Garth who also said their cells had been dirty. Cells often contained items left by the previous occupant, such as posters and rubbish.

1.8 Newly arrived prisoners were encouraged to talk to wing peer workers to obtain information about the prison. The peer workers used an induction booklet to formalise the information they were relaying to newly arrived prisoners to ensure they covered everything.

1.9 Staff carried out additional checks on new prisoners during their first night to promote safety and check on their well-being.

1.10 While the induction programme was useful, it lacked structure. In our survey, 86% said they had had an induction, significantly higher than at our previous inspection, but significantly lower than in other category B prisons. Prisoners spent too long locked in their cell while waiting to complete all elements of the induction.

Recommendation

1.11 All newly arrived prisoners should be offered the chance to talk to a Listener before being locked up on their first night.

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

1.12 The governor promoted a strong emphasis on reducing violence across the prison. The prison's own data suggested that the level of violence was lower than in some other similar category B training prisons and there had been a reduction in the number of violent incidents during the previous year. In the previous six months, the prison had reported 119 violent incidents, 35 of which were assaults on staff and 48 assaults on prisoners; 36 were fights. Although, the number remained high, it had not increased since the previous inspection.

1.13 However, too many incidents were serious and involved weapons. For example, in the six months before the inspection, there had been at least 20 serious injuries. (See main recommendation S43.)

1.14 Too many prisoners said they felt unsafe. In our survey, 64% said they had felt unsafe at some time at the prison, and 30% said they felt unsafe at the time of the inspection; 60% said they had been bullied or victimised by other prisoners, and only 35% of those who had experienced bullying or victimisation said they would report it. (See main recommendation S43.) Much of the violence and victimisation was linked to drug use and associated debt.

1.15 Prisoners unlocked on the wings were often not supervised well enough, which increased the potential for bullying (see paragraphs 1.41 and 2.1). As at the previous inspection, prisoners who feared for their safety were separated from the rest of the population in the residential support unit (RSU), which was full. The segregation unit also continued to accommodate prisoners who refused to stay on the main residential wings. A few prisoners isolated themselves on other residential wings while they waited for a space in the RSU.

1.16 A full review of the prison's violence reduction strategy had taken place following the previous inspection and a new violence reduction policy document and action plan had been drawn up. The prison's strategic and operational focus on violence reduction had improved and new strategies to deal with antisocial behaviour had been introduced.

1.17 Data on incidents were analysed well, and there was evidence that the analysis was used to inform violence reduction measures. The violence reduction committee met every month to review cases and update the violence reduction action plan. Representatives from the security department and psychology and drug services attended meetings, and links with them were excellent.

1.18 Although not fully embedded, a casework approach to managing and changing poor behaviour had been introduced since the previous inspection and early signs were promising. Challenge, support and intervention plans (CSIPs)[7] (a system used by some prisons to manage the most violent prisoners and support the most vulnerable in the system) for those whose behaviour in custody posed a risk to others were established to identify the support they needed to manage and change their behaviour. Many staff, however, particularly prison officers and some managers were not aware of the new procedures. Key workers were involved in improving prisoners' behaviour (see paragraph 2.2), but the initiative had not yet been fully developed and there was an overreliance on the safer custody team to manage many aspects of this work. Some CSIP plans we saw were not of a sufficient standard; targets were sometimes superficial and there was little evidence to show that prisoners' behaviour or circumstances were monitored well enough or acted on. (See main recommendation S43.)

1.19 Well-attended multidisciplinary population management meetings were held every week and fortnightly complex case reviews had begun to help direct and monitor the work with perpetrators and victims of violence. Trained staff and prisoners were also now used as mediators.

1.20 The strategy for dealing with some of the most difficult prisoners through specialist units was developing, and The Building Hope Unit aimed to help reintegrate prisoners back into the mainstream prison. However, the unit's regime needed more structure so that it could offer a range of purposeful activity. It also needed more therapeutic interventions and a clearer sense of purpose to be fully effective.

1.21 Support for vulnerable prisoners had improved since the previous inspection and the number of prisoners who were isolating themselves on the wings had declined. Individual support plans for these prisoners were in place, but they were managed, in most cases, by the safer custody team with little input from residential staff. The regime for those isolated on the main wings was poor, and apart from short periods of exercise, they spent nearly all day locked in their cells. Prisoners in the RSU and those in the vulnerable prisoner units on F and G wings could access a reasonable regime.

1.22 The incentives and earned privileges (IEP) scheme was not used consistently to challenge poor behaviour, and we saw some cases going unchallenged by some residential unit staff (see paragraph 2.1). However, we also saw the IEP scheme being used to encourage prisoners to behave positively. The number of visits from family and friends prisoners could have was linked to the IEP scheme, which was inappropriate in our view (see paragraph 4.5).

1.23 Most IEP review boards were timely and we saw some good targets being set for prisoners on the basic level of the scheme.

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[7] Challenge, Support and Intervention Plan (CSIP) is a system used by some prisons to manage the most violent prisoners and support the most vulnerable prisoners in the system. Prisoners who are identified as the perpetrator of serious or repeated violence, or who are vulnerable due to being the victim of violence or bullying behaviour, are managed and supported on a plan with individualised targets and regular reviews.

Adjudications

1.24 Governance of adjudication processes was generally good. Data about adjudications were presented at segregation management meetings and were used to identify and address issues. Adjudicating governors attended the meetings regularly and minutes reflected a good level of discussion of relevant issues.

1.25 However, there was significant backlog of overdue adjudications. Too many of the 288 outstanding adjudications related to charges that had been laid several months before our inspection. For example, 50 adjudications had been waiting for between seven and 23 weeks to be dealt with.

Recommendation

1.26 Disciplinary hearings should be dealt with promptly.

Use of force

1.27 In the six months leading up to the inspection, force had been used 143 times, which was similar to our previous inspection and compared with other category B training prisons.

1.28 Governance arrangements overseeing the use of force had improved since the previous inspection and most aspects were very good. A quarterly committee was held to oversee processes. Information, which included the nature of the incident and its location, was collated and analysed. Trends were identified and appropriate action was taken. At a separate monthly scrutiny meeting, senior managers scrutinised paperwork and the video recordings of planned incidents.

1.29 Although paperwork we examined was usually reasonably good, there was little documentation showing that prisoners were interviewed after an incident. Accounts from officers usually demonstrated that force was justified and used as a last resort, and video recordings of planned incidents showed de-escalation being used well. Body-worn video cameras were worn but not always used.

1.30 Special accommodation had been used 16 times in the six months prior to the inspection and on average prisoners spent relatively short periods there. Authorisation paperwork was completed correctly and its use appeared justified. However, prisoners did not receive a mattress when they were placed in special accommodation, which was disrespectful.

Segregation

1.31 The use of segregation remained high but was broadly similar to the previous inspection. During the inspection, all 28 cells were occupied by prisoners who were being held under prison rule 45 to maintain the good order of the prison. Most had refused to stay in normal residential units. The majority had been segregated for between three and six weeks, however. One prisoner had been in the unit for 10 months and another for eight, which was too long.

1.32 Living conditions had improved significantly since the previous inspection, but there remained some issues. Cells on the upper floor were clean and reasonably well furnished. Most toilets were reasonably clean and some cells for longer stay prisoners had TVs to help offset lengthy periods of isolation. However, many cells on the lower floor were dirty and

some toilets were filthy. Flooring along the main corridor was damaged and exercise yards remained stark.

1.33 Day-to-day relationships between unit staff and prisoners were good, but the regime for longer-stay prisoners was insufficient. Prisoners were allowed an hour's exercise every day; they could have a shower and use the phone, but had little access to purposeful activity. However, the prison planned to introduce education classes and in-cell work.

1.34 The management and oversight of segregation had improved significantly since the previous inspection and were good. A local segregation policy had been published and a segregation monitoring group met every month to review cases.

1.35 Reviews for segregated prisoners were timely, and multidisciplinary meetings appeared focused on the welfare of individuals. Planning for their return to the mainstream location had significantly improved since the previous inspection, focusing on the causes of the behaviour leading to their segregation. All segregated prisoners had individual management plans.

1.36 The risk assessment process to determine how many officers were needed to unlock individual prisoners had improved and staff understood the difference between risk and behaviour management. However, risk levels were not reviewed often enough, and some prisoners were being unlocked by three or more officers when their recent behaviour did not support this.

Recommendations

1.37 The segregation regime for longer-stay prisoners should include some purposeful activity.

1.38 Assessments to determine the number of officers needed to unlock prisoners should be carried out every day.

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 misuse and effective drug supply reduction measures are in place.

1.39 There were no obvious weaknesses in the prison's physical security. Cell searching was carried out proportionately, and was linked to intelligence. Regular checks and routine searches of perimeter fences and walls took place, along with searches of communal areas and activities buildings. Prisoners' movements around the prison were well managed and access to regime facilities was good. The introduction of a dedicated search team was proving effective and enabled the prison to conduct prompt intelligence-led target searching.

1.40 Security arrangements were broadly proportionate. A recent security audit had found significant gaps in some routine procedures and systems, but they were being addressed.

1.41 Some elements of dynamic security[8] were weak. Relationships between staff and prisoners were sometimes distant (see paragraphs 1.15 and 2.1) and the supervision of prisoners unlocked in residential units was sometimes poor.

1.42 Intelligence gathering was generally managed adequately; we found good collaborative working between the security department and the rest of the prison, particularly the safer custody team and drug service providers. The flow of information into the security department was reasonable and dealt with effectively. Attendance at security-led meetings had improved and was generally good.

1.43 Security risk assessments and subsequent management systems we reviewed were reasonably good and included information about prisoners' custodial behaviour as well as historic data. We saw no evidence to suggest that the prison was risk averse when it came to allocating activity spaces, although there were some rational restrictions in high-risk areas.

1.44 The security team also managed intelligence systems that could help identify and deal with sophisticated and covert forms of organised crime. There were good links with the local police. Systems for dealing with extremism and the prevention of radicalisation were well organised.

1.45 All information confirmed that illicit drugs, particularly psychoactive substances[9], remained easily accessible. Illicit alcohol (hooch) was also a problem. In our survey, 60% of respondents said it was easy to get illicit drugs at the prison and 45% said it was easy to get alcohol. Over a quarter (26%) said they had developed a drug problem while in the prison. Drug use and associated debt were contributing to much of the violence and victimisation at the prison.

1.46 The random mandatory drug testing positive rate, including for psychoactive substances, was high at about 27.4%.

1.47 Security and substance misuse services worked well together to address alcohol and drug issues, and although very new, drug reduction strategies were in place. A wide-ranging supply reduction action plan was reviewed at new drug strategy meetings. However, many initiatives to reduce illicit drug use had not been fully embedded and suspicion drug testing had stalled. The lack of security netting over exercise yards was a significant problem, enabling drugs to enter directly into the prison. (See main recommendation S44.)

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

[8] Dynamic security is where prison staff develop awareness of individual prisoner behaviour and risk and use this understanding to help create a safe and secure prison.

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

support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

1.48 Since our previous inspection, three prisoners had committed suicide. One Prisons and Probation Ombudsman report had been published. Good progress had been made towards implementing the recommendations, most of which were health-related. (See paragraph 2.48.)

1.49 Levels of self-harm were significantly higher than at the last inspection and compared with other category B training prisons. Several prisoners repeatedly harmed themselves. There had been 450 incidents of self-harm in the six months prior to the inspection. However, a third of incidents took place in the offender personality disorder pathway unit (The Beacon Unit).

1.50 Strategic management was better than at our previous inspection and was now reasonably good. The prison had a comprehensive safer custody policy and monthly safer custody meetings analysed data and trends across the prison.

1.51 The standard of assessment, care in custody and teamwork (ACCT) case management documentation for prisoners at risk of suicide or self-harm was reasonably good and prisoners we spoke to felt well supported. Care maps set targets tailored to the individual and there was evidence that in most cases targets were being achieved. However, ACCT case managers were not consistently involved and did not always attend reviews. Some ACCT cases had several case managers.

1.52 Entries in ACCT documentation were reasonably good during the day, but we found they were recorded every hour during the night, which meant prisoners could predict when staff would check on them.

1.53 Decisions to locate prisoners on an ACCT in the segregation unit were well recorded and justified. Mental health staff were present during reviews if prisoners were segregated. However, those in the segregation unit had a very limited regime.

1.54 There had been 11 prisoners under periods of constant observation in the previous six months. One constant watch cell was still located in the segregation unit, which remained an inappropriate environment.

1.55 Operational staff had good access to automated external defibrillators, although not all staff knew where they were.

1.56 Staff had received 'Emergency responses in custody' cards, which outlined emergency codes and guidance. Ambulances were called promptly during medical emergencies.

Recommendation

1.57 **The use of the constant observation cell in segregation should cease.** (Repeated recommendation 1.29)

Protection of adults at risk[10]

1.58 There was a comprehensive safeguarding policy and staff knew whom to contact for assistance with safeguarding issues. Since our previous inspection, the head of safer custody had become a member of the local adult safeguarding board.

1.59 The prison had introduced adult safeguarding support plans for prisoners who had been identified as being at risk of harm from others or themselves, but who would not have been identified through any other process, such as through the ACCT process. The plans supported some individuals with complex issues and offset the fact that there had been no referrals to the local adult safeguarding board during the inspection.

Good practice

1.60 *Adult safeguarding plans supported those with complex issues who would not otherwise have been identified as being at risk of harm from others or themselves.*

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

Section 2. Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

2.1 Most prisoners were positive about staff and 80% said staff treated them with respect. Overall, during the inspection interactions between prisoners and staff were respectful and courteous. However, some staff did not consistently enforce basic rules in residential units. For example, we observed some prisoners vaping in communal areas in view of staff without being challenged. Some prisoners wore dressing gowns on the wings during the day when they were carrying out routine tasks, but staff did not challenge them about this breach of the rules.

2.2 The key worker system had been introduced in stages, two residential units at a time, between October 2018 and January 2019. Although it was new, it was functioning well. Prisoners were allocated a key worker, whom they met fortnightly to focus on their progression, set targets and discuss any concerns. Staff completed and entered notes from their meetings onto the electronic case file system. In the sample of case files we inspected, entries were detailed and focused sufficiently on prisoners' positive behaviour, target setting and sentence planning. Staff knew the prisoners in their care and those we spoke to were positive about their relationship with their key worker. In our survey, 73% of respondents said there were staff they could turn to if they had a problem, 91% said they had a personal officer and significantly more than in other category B prisons said a member of staff had checked on them in the previous week to see how they were getting on.

Recommendation

2.3 All staff should consistently enforce the rules and prisoners who break them should be challenged and their behaviour addressed.

Daily life

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

Living conditions

2.4 The outside areas and gardens were well maintained and free of litter. Since the previous inspection, efforts had been made to refurbish accommodation and improve living conditions, but communal areas in the older units (A, B, C and D) were still not clean enough. Stairwells and sluice rooms were ingrained with dirt, and landings were not in good decorative order.

In our survey, significantly fewer prisoners than in other category B prisons said they could get cell cleaning material every week and the stores we visited in residential units had insufficient supplies.

2.5 Most cells now had sufficient storage and furniture. Prisoners had keys so they could lock their cells and keep their personal belongings safe. In-cell toilets in A, B, C and D units were still not adequately screened and prisoners often had to use towels and ripped bedding to screen them.

2.6 The flooring in many cells and communal areas was in poor condition, but a refurbishment programme was underway and during the inspection six new floors had been replaced. Some showers in units A and B had been refurbished and funds were being sought to improve the showers in units C and D. However, too many of the other showers were in poor condition. The grout on floors and walls was mouldy, ventilation and water pressure were not sufficient and in the older units, showers were still inadequately screened.

2.7 The system for issuing prison kit had improved and all prison clothing and bedding were now checked for cleanliness and quality on their return from the outside laundry. In our survey, more respondents than at the previous inspection said they could obtain suitable clean clothes and bed sheets every week. However, broken equipment in the wing laundries, where prisoners could wash their personal items, was not repaired promptly enough.

2.8 Fourteen full- and five part-time prisoner information desk (PID) workers were employed in residential units to provide advice and support to prisoners. Management oversight was in place and the selection and recruitment process was adequate. Prisoners we spoke to valued the service the PID workers provided, but they were not present on all wings during the inspection and there was a shortage of them on E wing.

2.9 In our survey, only 18% of respondents said they could get their stored property if they needed it. Prisoners we spoke to said there were delays between sending in an application and getting access to their property. The prison did not monitor how long prisoners waited for access to their property.

2.10 During the inspection, we observed emergency cell call bells ringing for longer than five minutes and in our survey, only 31% of prisoners said their cell call bell was answered within this time limit. The layout of the older units made them difficult to supervise and call bells were audible in the main staff office but not on the landings. The system for recording staff response times to cell call bells did not include F and G residential units. Data on staff response times in the main residential units were not analysed routinely to address any significant delays.

Residential services

2.11 In our survey, 39% of respondents said the food was very or quite good. Prisoners were offered a choice of meals for lunch and dinner on a four-week rolling menu, which catered for a range of cultural, medical and religious diets. The food being served, which we sampled, was reasonably good. Breakfast packs were too small and were handed out the night before, which was unnecessary.

2.12 Some prisoners we spoke to were negative about the standard and quantity of the food. During the inspection, we noticed that prisoners received different portion sizes and staff did not supervise the serveries consistently. In our survey, only 38% of respondents said they got enough to eat at mealtimes. Consultation was limited. Comments books were not readily available and the prison did not conduct a formal survey. A feedback sheet was

posted in each unit twice a year, but it did not provide sufficient data for analysis so that issues raised could be addressed.

2.13 It was good that self-catering equipment had been introduced on the residential wings since the previous inspection. Prisoners valued the opportunity to cook for themselves and the initiative encouraged them to take responsibility for themselves and each other.

2.14 The shop provision was good. It had a good selection of items, including fresh fruit and produce. Prisoners had access to an adequate range of items through catalogues, and orders arrived quickly. However, those we spoke to said there was often a delay in receiving catalogue orders once they had arrived at the prison.

Recommendation

2.15 More sophisticated consultation about the food provided should be undertaken at regular intervals and steps taken as a result to improve prisoners' perceptions.

Prisoner consultation, applications and redress

2.16 Consultation with prisoners was reasonably good. A new prison council had been introduced since the previous inspection, but some issues raised were not addressed promptly enough. Council representatives met every week with the head of residential units where action was identified. An additional monthly meeting, chaired by the governor, was well attended by prisoners and staff.

2.17 In our survey, 81% of respondents said it was easy to make an application, but only 33% said they were dealt with within seven days. Application forms were readily available on all wings and were still submitted to PID workers in residential units – as at the previous inspection, this risked compromising prisoners' confidentiality. No management oversight of the applications process or quality assurance were in place to monitor timeliness or responses. Applications were not tracked well enough, which meant the prison could not provide us with a sample to check.

2.18 The number of complaints submitted in the previous six months was 1406, similar to our previous inspection and other category B training prisons. Although prisoners we spoke to were negative about complaints, the responses we saw were polite and included an apology where appropriate. Of all the complaints received in the previous six months, only 22 were about staff; these complaints were overseen by the governor and dealt with appropriately.

2.19 Complaints were managed well. Senior managers analysed complaints so they could gain an understanding of the reasons and identify any trends. The information was submitted to a weekly performance management meeting and to the monthly senior management team meeting. Functional heads of department quality assured 10% of all complaints in their areas, while the deputy governor quality assured a further 10% each month. Complaints with responses outstanding beyond the allocated time were sent to the daily morning meeting so they could be followed up.

2.20 There was no dedicated legal services officer, but prisoners could be directed to appropriate external support through their offender supervisor. The library had printed copies of Prison Service instructions and the security department provided laptop computers through the Access to Justice scheme (enabling prisoners to have computers to assist their legal representations). Legal visits were well managed.

Recommendation

2.21 The applications process should be improved – it should include the introduction of a system to track and quality assure responses.

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[11] 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 The strategic management of equality and diversity had improved substantially since our previous inspection. A dedicated full-time custodial manager was now in post in addition to the equality officer. A reasonably good up-to-date equality strategy was in place covering all protected characteristics.

2.23 Enthusiastic prisoner equality representatives were available in each unit. They had job descriptions and were due to receive accredited training. They met with the equality team at a monthly sub-committee meeting to raise any concerns from their wing. This information was considered at the well-attended equality action team (EAT) meeting, which met every two months and was chaired by the deputy governor.

2.24 The equality action plan was reviewed every two months. Action was taken as required and regular progress updates were recorded.

2.25 Discrimination incident reporting forms (DIRFs) were available in all units. A DIRF scrutiny panel was in place and investigations were appropriate. It involved the Independent Monitoring Board and prisoner representatives and included external input from the University of Central Lancashire. DIRFs we saw had received an appropriate response and all were quality assured by the deputy governor.

2.26 The prison analysed data from the national equality hub, but it had also started analysing its own local data to test internal processes for disproportionality. Concerns that prisoners raised were examined and new prison policies were assessed to determine their impact.

Protected characteristics

2.27 The prison identified those with protected characteristics through an equality questionnaire completed on reception. Prisoners in most of the protected characteristic groups were not generally more negative than others in our survey.

2.28 Support forums were in place for black and minority ethnic and LGBT prisoners, but they were not held regularly for other groups of prisoners with protected characteristics. External independent support was available for some groups, but again, not for all.

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

2.29 During our inspection, there were 157 black and minority ethnic prisoners. The forum for this group was the only embedded one and it worked well; it also represented the 110 Muslim prisoners at Garth. Prisoners said they felt the prison took issues raised seriously and implemented action where possible. The prison had celebrated Black History Month, which involved traditional food and a visit from a reggae band.

2.30 Garth held 64 foreign national prisoners at the time of the inspection. None of them were held on immigration grounds alone. Immigration support from the Home Office was now in place, but there was no independent advice or support.

2.31 Formal interpretation services were available. Although use of the service was monitored, we found that it was used mainly by offender supervisors and seldom in units to support prisoners with their everyday lives. Foreign national prisoners were usually located in units with other prisoners of the same nationality for support and so fellow prisoners who spoke English could interpret for them. They could also receive pastoral and language support through the library, but it was not sufficient, particularly considering the lack of provision of English for speakers of other languages. Foreign nationals had access to a free five-minute phone call on arrival and could apply for extra phone credit if they did not receive visits.

2.32 As at our last inspection, a large proportion of prisoners (286 according to prison data) identified as having a physical or mental disability. Those we spoke to said they received adequate care. Prisoners who needed help on a day-to-day basis had a wing-based carer to assist them. They had job descriptions and were aware of the boundaries of their role, but had not received any formal training.

2.33 Thirty-five prisoners would have required assistance if the wing needed to be evacuated. Staff we spoke to knew who these prisoners were and plans for their evacuation were clear. In some areas, everyday life could have been made easier for those with mobility problems. The equality team had already identified the problems and stair lifts, more handrails, and shower seats were planned in these areas.

2.34 Gay, bisexual and transgender prisoners we spoke to were positive about the support they received. Make-up was available through the shop and the prison was in the process of sourcing clothing for transgender prisoners. External independent support was available from LGBT North West whose representatives had visited the prison. The prison had arranged transgender awareness training for staff, some of which had taken place. More training was also planned.

2.35 Support for young adults and older prisoners was insufficient. There were no forums, support or activities. Some consultation had taken place through a prisoner survey, however, the results were not yet available.

2.36 During our inspection,169 prisoners were aged 50 and over. There was no forum for this group of prisoners, although there were some activities, including walking football. Age UK representatives had visited the prison to provide independent support. The gym ran a Thursday evening session, but only for retired prisoners.

2.37 In our survey of 148 prisoners, 16 said they had been in the armed forces, which was more than the prison had identified. A new forum for veterans was now in place. It involved some external assistance, but not enough was being done to ensure the prison identified all veterans who might have required support.

Recommendations

2.38 All prisoners with protected characteristics should have a support forum and access to external specialist agencies.

2.39 Interpretation services should be better used across the prison to ensure that all needs are met.

Faith and religion

2.40 The chaplaincy was well integrated into the prison and the managing chaplain was part of the senior management team. All faith denominations were catered for despite two part-time vacancies for Muslim and Roman Catholic chaplains.

2.41 The chaplaincy area was reasonable and included a main multi-faith chapel and multi-faith group rooms.

2.42 The chaplaincy visited all wings every day and saw all prisoners in the segregation unit and those on assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm every week. All new receptions were seen on the day after their arrival.

2.43 As well as corporate worship and study groups, the chaplaincy provided prisoners with access to a bereavement counsellor and ran the prison's official prison visitor scheme. The chaplaincy also ran the Sycamore Tree victim awareness programme, but only 11 prisoners had completed it in the previous six months, which was low.

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.

2.44 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)[12] and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. Strategy, clinical governance and partnerships

2.45 Health and social care services had been provided through a partnership arrangement between Bridgewater Community Healthcare NHS Foundation Trust (Bridgewater) and Greater Manchester Mental Health NHS Foundation Trust (GMMH) since April 2017. GMMH subcontracted psychosocial substance use services to Phoenix Futures.

2.46 A health and social care needs analysis had been completed and updated in 2018 to inform service delivery and a new procurement process. A health and social care improvement board and the local delivery board monitored performance, which was scrutinised by both trusts, commissioners and prison management. Collective governance arrangements had improved, but some areas needed further development.

[12] 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.

2.47 Each trust used its own reporting system and incidents were investigated, and lessons learned were shared. The trusts had reported 72 incidents over the previous 12 months, but Phoenix Futures had reported none, which was a concern. The complaints process was well advertised and being used appropriately. An average of 35 local complaints were made every month. Four formal complaints had been escalated to trust level in the previous 12 months. A patient safety forum had been established to improve the oversight of incidents and complaints and to formalise the process for sharing lessons learned.

2.48 An action log for the regular health care service user forums demonstrated that the issues raised were being addressed. Health care recommendations from the Prisons and Probation Ombudsman deaths in custody reports were being implemented and informed service improvements.

2.49 Audits were used to review and improve services. Mandatory training and access to professional development were good. Management oversight and clinical supervision was in place, although there had been gaps in supervision for Bridgewater and Phoenix Futures staff.

2.50 GMMH and Bridgewater used a single electronic patient record system (SystmOne), but Phoenix Futures staff did not have access to it and used paper records instead. This meant there was a risk that important health information was not shared effectively.

2.51 Staffing levels had improved since the last inspection, although vacancies and absences affected all health provision. Regular agency staff filled some vacancies and there was an ongoing recruitment campaign for primary care nurses. Staff's interactions with patients were sensitive and caring and they explained treatment and routinely sought consent.

2.52 Most prisoners we spoke to were satisfied with the standard of health care, but lengthy waiting times for some appointments was a recurrent complaint. Access to health care was not equitable throughout the prison. Some prisoners needed to be escorted to the health care department and there were frequent delays in their arrival, affecting waiting times for some services, including the dentist. Where possible, care was offered in residential units to offset problems with moving prisoners around the prison, but too much patient care was missed or delayed, wasting valuable clinical resources. A prison health orderly supported the team and reminded prisoners of their appointments, which had led to a reduction in non-attendance levels.

2.53 The health care department was clean, treatment rooms generally met clinical requirements and equipment was checked and calibrated regularly. An infection prevention and control audit in November 2018 identified some issues, which had been addressed, but some of the sinks needed to be replaced to comply with national guidance.

2.54 The single waiting room was too small and had no ventilation or toilet access. Supervision in the health care waiting room was poor, leaving some prisoners at risk from others. There was no dedicated officer supervision in the health care department and prisoners arrived during 'free flow' periods, when they were unescorted, which meant health staff had to manage them, posing a potential risk. Prisoners who needed to be escorted were accompanied by an officer, but they waited in the corridor without seating when the waiting room was unavailable, which was inappropriate.

2.55 Health staff had access to suitable, regularly checked emergency equipment and responded to emergencies throughout the 24-hour period.

Recommendations

2.56 All health and substance use service providers should contribute to a single patient record to ensure relevant information is shared effectively.

2.57 All prisoners should be able to wait in a suitable waiting room that provides a respectful and safe environment.

2.58 Discipline staff should provide the health care department with adequate support so that a safe environment is maintained.

Promoting health and well-being

2.59 There was no prison-wide health promotion strategy. A designated health promotion nurse post was vacant and had not been re-advertised. Relevant health promotion material was displayed and a newsletter produced, although no information was available in languages other than English. Telephone interpreting services were available if non-English speakers needed them.

2.60 Prisoners had good access to immunisations and vaccinations. They included a well-managed influenza vaccination programme and pneumococcal vaccinations for patients aged 65. Older prisoners had access to community health screening services, including the NHS health check for those between the ages of 35 and 74. Blood-borne virus testing was undertaken, and a visiting hepatitis specialist nurse provided hepatitis C treatment. Sexual health screening was available and a genitourinary consultant visited every six months or more frequently if required. Barrier protection and harm minimisation advice were available.

Recommendation

2.61 There should be a 'whole-prison' strategy to promoting health and well-being.

Primary care and inpatient services

2.62 All new arrivals received an initial health screening, which covered essential areas, and appropriate referrals were made. Comprehensive secondary health screenings were booked for the following day. If prisoners did not attend, they were followed up and rebooked. There had been a waiting list, but it had been reduced and most prisoners were seen within seven days.

2.63 Nursing staff ran regular clinics and we saw evidence of effective nurse-led interventions, including triage and wound care. Patients with long-term conditions were now much better managed following the introduction of a community matron. They ran regular clinics, undertook reviews and had implemented evidence-based care plans, which involved patients in drawing up their care plans.

2.64 Prisoners had adequate access to GPs every week day and to an advanced nurse practitioner once a week. Waiting times for a routine GP appointment was about two weeks, and urgent-on-the-day appointments were prioritised according to clinical need. Additional physiotherapy sessions had reduced waiting times and patients were now seen promptly. However, waiting times were too long for routine optician and podiatry appointments – about nine and 15 weeks, respectively (see main recommendation S45).

2.65 There continued to be a high demand for external appointments. The prison cancelled routine appointments regularly to accommodate emergencies. The hospital also cancelled appointments. Since April 2018, approximately 50% of scheduled appointments were cancelled every month. Those with the most urgent needs were prioritised, but patients with lower-level needs sometimes waited several months for their next appointment, which led to unnecessary risks to their health (see main recommendation S45). Visiting specialists and onsite X-rays and ultrasound scans alleviated some of these pressures, but the number of cancellations remained too high.

2.66 When prisoners were released they received a discharge summary and a week's supply of medication. No patient had recently needed end of life or palliative care, but a transfer to a prison inpatient facility would be arranged or local palliative care services would become involved.

Social care

2.67 A memorandum of understanding between Lancashire County Council (LCC), the prison, and Bridgewater was being updated.

2.68 Prisoners were screened on arrival to determine if they had any social care needs. In the previous year, there had been seven referrals, mostly through the health care department, but two had been through the offender management unit. Some lengthy delays in assessments had occurred following referral, but they had recently been reduced. Social workers and an occupational therapist from LCC worked with Bridgewater to assess prisoners' care needs. As a result, some cell adaptations had been made and equipment to assist prisoners obtained. Some prisoners had also been referred to a physiotherapist. One prisoner was receiving a social care package. Carers used SystmOne to record the care provided.

2.69 The prison had a wing-based carer system. Prisoners were selected for the scheme, based on the relationship they had with the prisoner who required help. Duties included cleaning cells and collecting food. Carers had a basic job description and were vetted by the prison to ensure they were suitable for the role, but it was unclear how often their suitability was reviewed.

2.70 A regular meeting to discuss social care arrangements had been set up, but it had not taken place recently, which meant the providers missed an opportunity to ensure all aspects of the provision were overseen and governed well.

Recommendation

2.71 An updated memorandum of understanding between all key stakeholders and regular meetings to monitor the provision should be in place to ensure that prisoners receive a good level of social care.

Mental health care

2.72 GMMH worked well with all stakeholders in meeting mental health demands. Prison staff could access a mental health module as part of their training in ACCT case management, but only 16% of staff had completed it.

2.73 The GMMH team was well led. Specialist secondary and urgent care services, delivered mainly by nurses and sessional psychiatrist input, supported 67 patients, including 25 prisoners with severe and enduring mental ill-health, through the care programme approach (mental health services for individuals diagnosed with a mental illness). There were six registered mental health nurses in post, but two temporary vacancies were stretching team's capacity and sustainability. Despite this, initial assessments were timely and good support was offered. It included dedicated input into The Building Hope Unit (see paragraph 1.20). There was no clinical psychology, but we were informed that additional revenue was being provided for this input. The Beacon Unit, run jointly by the prison and Mersey Care NHS Foundation Trust, was an impressive service offering good support to prisoners with a personality disorder. A joint working protocol with GMMH was being developed to ensure continuity of care. (See section on specialist units.)

2.74 Eighty-one patients received support from primary mental health services. Well-being practitioners provided an extensive range of psychological support, including group work, on every wing. A counselling service was offered, but waiting times were too long.

2.75 A health care assistant working closely with the GP monitored patients' physical health.

2.76 There was an open referral system. All referrals were seen for an initial assessment within 72 hours and discussed at a weekly multidisciplinary meeting. All prisoners were notified in writing of the outcome of the referral. Records we reviewed included evidence of appropriate assessment, risk evaluation, care planning and regular therapeutic interventions.

2.77 All new and ongoing ACCT cases received input from the team, which was impressive but added to the pressure on the service. The team's involvement in the segregation unit was good. Interview facilities and group rooms were available on all wings and within the health care department.

2.78 Support on release or transfer was reasonable, but one patient requiring treatment under the Mental Health Act had faced an excessive two-month delay before being transferred.

Recommendations

2.79 **All discipline officers should receive mental health awareness training, to enable them to recognise and support prisoners with mental health problems.** (Repeated recommendation 2.81)

2.80 **Transfers to hospital under the Mental Health Act should take place within the Department of Health's established guidelines.**

Substance use treatment[13]

2.81 An up-to-date needs analysis informed the 'whole-prison' strategic approach to substance use. A monthly drug strategy meeting involved regular representation from the substance use team. There was a clear referral pathway, which included prisoners in reception and those suspected of using illicit substances.

2.82 In our survey, 49% of prisoners who had a drug problem and 78% of those with an alcohol problem said they had received help.

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

2.83 Phoenix Futures provided psychosocial support to approximately 31% of the population. All prisoners involved with services received harm minimisation advice, and a good variety of psychosocial group work and support was available. Volunteer counsellors supported substance use services. Prisoner peer supporters assisted in the delivery of groups and peer-led recovery services, but were not involved in reception or during induction. In the previous three months, 74 group-work sessions had been facilitated, which 412 prisoners had attended.

2.84 Clinical services were provided by qualified mental health nurses from GMMH, who ensured prisoners received appropriate clinical care. Regular clinical and joint psychosocial reviews and testing ensured prescribing was safe. However, methadone was the only opiate substitution medication offered, which did not meet national guidelines. Officers supervised adequately the administration of methadone, which took place in a suitable environment. Forty-five prisoners were receiving methadone and the majority were on maintenance doses. No one had required alcohol detoxification in the previous six months.

2.85 The prison did not have a recovery or drug-free wing, although a substance misuse therapeutic community (TC) on E wing offered an intensive programme for up to 44 men. A TC manual was available, but there was no clear operating policy. A committed team of psychosocial staff supported the community-led recovery programme, however there were no dedicated TC officers. Over the previous six months, 67 prisoners had started the programme; an average of 35 were on the programme and 14 had completed it. Prisoners we spoke to were positive about the community, although regular illicit drug use in the unit affected its abstinence-based ethos.

2.86 The prison had a protocol for managing prisoners suspected of being under the influence of illicit substances, but poor communication between officers and the health care department undermined the effectiveness of the approach.

2.87 While few prisoners were released, there were good links with community teams. Harm minimisation advice was provided, although naloxone (a drug to manage substance misuse overdose) was not available. In 2018, the Phoenix Futures team had run three family engagement events and one substance-use family day. It had also provided support during three prison family days, which was positive.

Recommendations

2.88 Appropriate options for clinical treatment should be available in line with national clinical guidance.

2.89 The TC should have an operating policy and appropriately trained dedicated officers should support the ethos of the unit.

Medicines optimisation and pharmacy services

2.90 A dedicated pharmacy team supplied individually labelled medicines efficiently. Systems for ordering, transporting and storing medication were good as were those for disposing of medication. However, there was no established prescribing formulary (list of medications used to inform prescribing). The prison did not have a clinical pharmacist in post, but the existing team provided patients with some limited clinics.

2.91 Many patients received their medication in possession, based on an agreed policy and individual risk assessment. Over 80 prisoners, who were prescribed high risk potentially

tradable medicines in-possession, did not have a current in-possession risk assessment. However, urgent action was taken following the inspection to address this. In-possession medication was collected on set days for each wing, which could mean prisoners did not receive their medication on time if there were delays in the supply process. However, we were told essential medications were always prioritised and we saw adequate emergency drug stocks to support this. Prisoners were subject to cell checks, but they were intelligence-led rather than routine.

2.92 Supervised medicines were administered twice a day at 8am and 4pm from a central hub and from the treatment room on F and G wings. There was scope to provide more frequent administration if it was required. Officers controlled access to the central hub and supervised medication queues effectively, but the area was small and patient confidentiality at the hatch was limited. Prisoners from B wing who attended the hub separately were largely unaccompanied and officer supervision on F and G wings was sporadic. Medicines for prisoners in the segregation unit were now administered safely. An appropriate range of standard operating procedures and a reasonable range of patient group directions (which authorise appropriate health care professionals to supply and administer prescription-only medicine) were available. Nurses could also provide simple remedies for common conditions.

2.93 Pharmacy room and fridge temperatures were appropriately monitored. Medicine management included collating data on incidents and prescribing trends. However, a drugs and therapeutics committee had only just been constituted and the governance of risks and compliance issues, such as those associated with potentially tradable medications, was limited.

Recommendations

2.94 Medicine administration rounds should be supported in all areas by adequate officer supervision.

2.95 Robust governance arrangements should be embedded and involve key stakeholders to ensure oversight of medicine management and prescribing practice is effective.

Dental services and oral health

2.96 A community dental team provided the prison's dental service. It consisted of four dental and three therapist sessions a week. Some prisoners had waited 13 weeks for their appointment, which was too long (see main recommendation S45). Only 9% of prisoners in our survey said it was easy to see the dentist, and 39% said the care was good.

2.97 As well as additional sessions, the dentist prioritised appointments, triaging all patients, including those in the segregation unit, and working with the health care orderly to reduce non-attendance (see paragraph 2.52).

2.98 The dental surgery was small, but it had a separate decontamination suite, and infection prevention and control measures were appropriate. Governance, oral health promotion, equipment maintenance and monitoring arrangements were good.

Section 3. Purposeful activity

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

Time out of cell

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

3.1 Most prisoners had a reasonable amount of time out of their cell and the daily regime was predictable. In our survey, 94% of prisoners said they knew what the unlock and lock-up times were, and those we spoke to said they valued the amount of time they spent out of their cells. A published outline of the core day indicated that prisoners employed full-time had approximately 10.5 hours out of their cells during the week. Those who worked part time or who were unemployed spent between four and 6.25 hours out of their cells. This included association and domestic periods, during which we observed staff interacting with prisoners. Prisoners had daily access to one hour of outside exercise and during the week, daily evening association time, which was good. Regular regime curtailments took place at the weekend, but prisoners were told in advance when their wing would be affected.

3.2 Although most prisoners had access to a daily activity, roll checks carried out during our inspection found 30% of prisoners locked up, which was higher than at our previous inspection and too many for a training prison.

3.3 The library team provided a good service, but it was undermined by closures. The prison's own data showed that, over the previous 12 months, the library had been closed 46% of the time. In our survey, only 22% of prisoners said they could access the library once a week or more, which was significantly lower than at other category B training prisons.

3.4 The range of material available was good and included books in languages other than English, publications for the LGBT community, audio books, as well as DVDs and CDs. The library worked closely with the education department to support prisoners with literacy issues, for example through the Turning Pages peer mentoring reading scheme. The library also ran the Reading Ahead programme, a six-book reading challenge, as well as reading groups.

3.5 The gym was well managed and there were two large well-equipped gyms, a sports hall and classrooms. The outside sports field was still not in use for team sports. Prisoners had access to cardiovascular equipment on the wings and there was equipment in the exercise yards, which prisoners used and appreciated.

3.6 Prisoners were extremely positive about the gym, which provided four sessions a week for all wings. In our survey, 64% of prisoners said they could visit the gym twice a week or more, which was significantly more than at the other category B training prisons inspected since September 2017.

3.7 Prisoners could achieve a variety of qualifications in the gym – from basic first aid and manual handling through to level 2 personal training and sports leadership courses, which had been delivered in conjunction with Lancashire football team AFC Fylde and the Rugby Football League. Over the previous year, prisoners had achieved 696 accredited qualifications and undertaken 358 unaccredited courses through the gym.

3.8 Staff looked at data every month to assess who was using the gym and used the results to review the physical education programme. Links with the health care department and the gym offered support for those with health concerns.

Recommendations

3.9 Prisoners should not be routinely locked behind their cell doors during the core working day.

3.10 Library closures should be addressed to ensure all prisoners have access at least once a week.

Education, skills and work activities (Ofsted)[14]

Expected outcomes:
All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.[15]

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

Overall effectiveness of education, skills and work:	***Good***
Achievements of prisoners engaged in education, skills and work:	*Good*
Quality of education, skills and work provision, including the quality of teaching, training, learning and assessment:	*Good*
Personal development and behaviour:	*Good*
Leadership and management of education, skills and work:	*Good*

Management of education, skills and work

3.12 The prison was in a transitional period between education providers. Prison leaders and managers recognised the importance of education, training and prison work in the rehabilitation of offenders. The curriculum was broad and provided prisoners with learning opportunities from entry level 1 to level 3 and to degree qualifications through the Open University. Leaders and managers had high expectations for most prisoners. Their assessment of the quality of the provision, including of teaching, learning and assessment, was accurate. Quality improvement arrangements were leading to better provision. The range of activities and qualifications for vulnerable prisoners, including sexual offenders, had improved significantly since the previous inspection and opportunities were more equitable.

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

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

3.13 Leaders required prisoners who were assessed as working below level 1 in English and/or maths to improve or agree to improve their competencies in these subjects before they could access prison work. As a result, more prisoners were involved in English and maths courses. Staff worked persistently with a large proportion of prisoners who had frequently refused to attend education courses. Although they now attended lessons, few achieved full qualifications, which reduced achievement rates in English and maths.

3.14 Performance management processes were robust across the provision. Managers carried out effective appraisals that were supportive and helped staff to improve their practices. Staff participated in a wide range of continuous professional development activities that ensured that their knowledge was up to date.

3.15 Leaders provided sufficient activity places for the prison population. Activities were allocated swiftly and prisoners attended sessions promptly after their induction into education, skills and prison work. Effective partnership working across the prison meant prisoners had a structured curriculum and good progression opportunities. Pay rates were equitable and did not discourage prisoners from attending any of the activities available. However, leaders did not ensure that all prisoners attended their activity sessions or arrived on time. Wing workers were not used effectively. Many who were identified as being in full-time employment did not have sufficient work to occupy them throughout the core day.

3.16 The provision was very well resourced. Prisoners had access to industry-standard equipment in the workshops. Education classrooms were bright, welcoming and contained appropriate educational resources to support learning. Prisoners made effective use of the virtual campus (prisoner access to community education, training and employment opportunities via the internet) to support their learning during and outside lessons. They appreciated the facility.

3.17 Prisoners could provide feedback about the provision through questionnaires and learner council meetings. When they were dissatisfied, leaders took action to resolve their concerns swiftly and effectively.

3.18 Managers did not routinely provide targeted training to address the individual development needs of teachers and instructors. Where staff training and support needs were identified, the results of these interventions were not recorded or monitored.

3.19 Leaders and managers recorded and monitored individual prisoners' involvement in education, training and work activities in detail. However, they did not collate the information effectively enough to ensure that they had sufficient information about the impact of the provision. For example, during the inspection they could not provide accurate figures for the total number of prisoners in full- or part-time activity places.

3.20 The quality of the education and vocational training provision provided by Novus was good.

Recommendations

3.21 Prison and education managers should ensure that prisoners attend education, training and work sessions regularly and on time.

3.22 Wing workers should have sufficient work to keep them fully occupied.

Quality of provision

3.23 The standard of teaching, learning and assessment was good and staff used resources effectively to enhance learning and training. Teachers and instructors used their subject and commercial knowledge well and planned activities in lessons and vocational training appropriately, which helped prisoners to make good progress.

3.24 Prisoners participated fully in lessons and gained valuable educational, vocational and independent thinking skills. Prisoners were confident enough to ask questions to obtain a clarification. Teachers used questioning techniques effectively to check prisoners' understanding and progress. In a few lessons, teachers did not sufficiently challenge the most able prisoners or ensure that all prisoners had understood a concept before moving on.

3.25 The standard of work produced by prisoners in vocational training and workshops was high. Prisoners worked to, and met, demanding deadlines. In the Braille workshop, prisoners worked diligently and expertly to transcribe mathematical texts, material in languages other than English and musical notation in accordance with industry expectations. In the Speedy Hire workshop, prisoners refurbished a wide range of power tools to very high standards for external customers. Prisoners confidently demonstrated their skills when working with complex mechanisms, components and processes.

3.26 Peer mentors made highly effective contributions in lessons and provided teachers with competent support. They were well qualified and supported prisoners with passion and confidence. In vocational training workshops, prisoner team leaders supported training activities and helped prisoners to understand their job roles better.

3.27 Prisoners made good progress over time. Targets in prisoners' independent learning plans were appropriate. However, education targets were not challenging enough for all prisoners. They concentrated mostly on the outcomes of full qualifications. Workshop appraisal documents were used effectively to record prisoners' progress, including when they met work targets and developed their personal, social and employability skills.

3.28 An increasing proportion of prisoners could access distance-learning and degree-level qualifications. They received effective, meaningful educational support and made good progress towards achieving their higher-level qualifications. These prisoners used the virtual campus very effectively for research and to develop their higher-level thinking skills.

3.29 Most teachers and instructors used individual learning plans effectively to set long-term qualifications-based targets and short-term personal targets with prisoners. A small minority of teachers and instructors did not provide sufficient developmental feedback to help prisoners improve the standard of their work. For example, feedback too often praised contributions in lessons and completed work, but did not tell prisoners how they could improve further.

3.30 Prisoners' support needs were identified accurately during induction. However, in a few lessons, teachers did not use this information effectively to provide individual learning support. For example, handouts on coloured paper for dyslexic prisoners were not always provided when promised or requested. A small number of peer mentors completed tasks for prisoners instead of supporting prisoners to undertake them themselves.

Recommendations

3.31 Teachers should challenge the most able prisoners so they can make more rapid progress.

3.32 Prisoners should receive effective developmental feedback to help them improve the quality of their work.

3.33 Prisoners with additional support needs should receive effective support during lessons to ensure they progress.

Personal development and behaviour

3.34 Prisoners' behaviour in all education, training and work activities was exemplary. Their attitude toward completing tasks was positive and they had high levels of respect for each other and for staff. They were polite and courteous when answering questions.

3.35 Prisoners developed effective team-working, problem-solving and communication skills. They improved their confidence and self-esteem and could explain their roles and responsibilities articulately.

3.36 Prisoners gained good practical skills in a range of work activities – from simple repetitive tasks that required continued concentration, to complex assembly work. They were enthusiastic about their learning and training and were proud of their accomplishments and skills developments.

3.37 Prisoners adhered routinely to good health and safety practices in workshops and classrooms. They wore appropriate personal protective equipment in vocational training and prison work activities.

3.38 In workshops, prisoners did not routinely develop their English or maths skills. A few instructors promoted literacy and numeracy through practical tasks, such as counting, measuring and timing. However, they often failed to challenge prisoners sufficiently.

3.39 Attendance and punctuality were too low across all activities. Too many prisoners were late or did not attend their activities (see paragraph 3.15).

Recommendation

3.40 Instructors and work supervisors should ensure that prisoners improve their English and maths skills in prison work.

Outcomes and achievements

3.41 Most prisoners made good progress. Those who undertook higher- or degree-level programmes achieved their qualifications. Qualifications achievements were high on the few accredited courses undertaken in vocational training and prison work.

3.42 Most prisoners developed good, relevant vocational skills that would prepare them well for employment. However, for most prisoners, these skills were not externally accredited, for example in lighting and smoke detector assembly, textiles and plastics workshops, and horticulture.

3.43 Achievement rates on lower-level courses, although improving, were not yet high enough. Too many prisoners did not achieve their qualifications, because they left the prison or did not achieve all the components required to pass the qualification. Over the previous three years, most of the most able prisoners had progressed successfully through functional skills levels, particularly maths. There were no discernible gaps in achievement rates between different groups of prisoners.

3.44 Prisoners enjoyed celebrating their educational achievements through learner award ceremonies. Ceremonies were attended by prisoners' families and senior prison managers and staff. They helped motivate some prisoners.

Recommendations

3.45 The number of accredited qualifications available for prisoners in vocational training and work should be increased.

3.46 Prison and education managers should ensure that more prisoners achieve full qualifications, particularly in English and maths.

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 Visits took place during the afternoon on three days during the week and at the weekend. In our survey only 29% of prisoners said visits started on time. Although the visits we observed started on time, as at our previous inspection, prisoners and visitors told us delays had been an ongoing issue. The prison had introduced a biometric system for identifying visitors and prisoners, which staff told us would address the issue. Visitors told us it was difficult to book a visit through the booking line because it was constantly engaged, which our own experience confirmed. Families could book visits online, but they could not book their next visit at the end of their visit while they were at the prison.

4.2 The visitors' centre was managed by the charity Partners of Prisoners (POPS) whose representatives provided information and support for visitors. Staff answered questions visitors had and explained the visits process. The centre itself, however, was shabby and needed updating. We saw a leaking urinal and a flooded toilet that needed to be fixed.

4.3 The visits hall was spacious and comfortable and there was a well-equipped children's area, which had items such as soft play mats, high chairs and toys. A fully trained POPS family worker, who was available during visits, helped parents keep their children occupied.

4.4 Hot food and refreshments could be purchased in the visits hall, which visitors appreciated. Visitors we spoke to said they were treated and searched respectfully. The prison had also conducted a visitor survey in the previous six months. Results were positive overall.

4.5 Prisoners on basic level of the incentives and earned privileges (IEP) scheme had their visits curtailed – they did not start until an hour after the rest of the population. This meant some of the prison's most vulnerable prisoners did not receive sufficient support to maintain contact with their children and family and was overly punitive.

4.6 The number of family visits had doubled since our previous inspection and nine had taken place in the previous 12 months. They offered activities for children, crafts, quizzes and sports days.

4.7 Reading schemes, such as Storybook Dads (which helps prisoners to record a story for their children to listen to at home) were available to help prisoners maintain contact with their children. However, not enough was being done to support prisoners to stay in contact and develop positive relationships with their families.

4.8 Prisoners were positive about their access to phones. In our survey, 95% of prisoners said they could use the phone every day.

Recommendations

4.9 Visits should start on time.

4.10 The visits booking system, including the telephone booking line, should be reviewed to ensure it is effective.

4.11 Prisoners' access to visits should not be linked to their IEP level.

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.

4.12 There was a comprehensive strategy and action plan for reducing reoffending based on a good analysis of need. The needs analysis was informed by prisoner consultation, demographic data and risk and offending information. It had been improved since the last inspection and addressed the specific needs of all categories of prisoner, including men convicted of sexual offences and indeterminate sentence prisoners.

4.13 Reducing reoffending, including offender management, was overseen at well-attended monthly meetings. Formal, minuted meetings of the offender management unit (OMU) team had lapsed, but staff and managers said informal communication within the department was good.

4.14 HMP Garth was now part of the long-term high-security estate and during the inspection held 816 prisoners, 735 of whom were assessed as high or very high risk of harm. Only 83 prisoners (10.3%) were sentenced to less than 10 years. The population included 188 registered sexual offenders and 281 indeterminate sentenced prisoners. The needs analysis indicated 63% of prisoners were serving sentences for violent offences.

4.15 In our survey, prisoners were mostly positive about offender management and 72% said they had a custody plan, 85% of whom understood what they needed to do to achieve their targets. More than in comparator prisons said staff were helping them to achieve their targets. In the cases we examined, there was evidence of positive offender management, although some areas required significant improvement.

4.16 Out of 182 prisoners received in the six months prior to the inspection, 49 (27%) arrived without an offender assessment system (OASys) report and during the inspection, 44 prisoners did not have one. Of these prisoners, 32 were the responsibility of the prison and a further six had not been allocated an offender supervisor.

4.17 In the 13 cases we examined, offender supervisors' initial contact with new arrivals was prompt and sentence planning boards were convened swiftly. In addition to the sentence plan objectives, the boards were used effectively to review progress and set bespoke objectives. In most cases, there was clear evidence showing that objectives, such as attendance at programmes, were achieved. Objectives tailored to the individual, such as

better behaviour and abstinence, were also set and reviewed. However, the OASys report was not always reviewed following a sentence planning board meeting.

4.18 All those reviewed were assessed as high risk of harm so the responsibility for completing the OASys report lay with the offender manager in the community. Nine of the OASys assessments were good and demonstrated that the prison offender supervisor contributed to the assessment. Risk factors in both the community and prison were identified and the risk management action and sentence plan objectives set were clear. However, two of the OASys reports were poor and there was no evidence showing that the prison had contributed to the assessment. In another two cases, an OASys report had not been completed for over two years, although there had been significant events during this period that should have prompted a formal review.

4.19 Offender supervisors' contact with prisoners took place in line with the expectation of once every six months, but in most of the cases we examined, where a prisoner was close to their release, a more frequent level of contact had not been achieved. Overall the cases reviewed confirmed that, although contact in some cases was satisfactory, in many others, meetings with prisoners took place in response to an event in a prisoners' sentence, instead of being planned and proactive. In the cases we examined, we saw evidence to suggest that sentence plan objectives were not being followed up and offender supervisors were failing to interact with prisoners who needed motivation after a relapse.

4.20 The introduction of the key worker system as part of the implementation of the Offender Management in Custody (OMIC) model[16] offset the lack of planned contact. In the cases we examined we found that key workers had familiarised themselves with sentence plan objectives and were motivating prisoners to achieve them.

4.21 Given the large proportion of cases presenting a high risk of harm to others, there were too few probation officers to manage them all. This meant some were managed by prison officer offender supervisors. However, they were not trained to the same level as probation officer offender supervisors and they often lacked sufficient experience of risk management. Prison officer offender supervisors were also redeployed to operational duties, which interfered with planning and delivering their offender management responsibilities. With the full implementation of the OMIC model, the complement of experienced probation officers was to be increased from 4.2 full-time equivalent positions to 10, which would support better levels of contact and engagement.

4.22 There were 281 indeterminate sentence prisoners, of whom 54 were serving indeterminate sentences for public protection (ISPP). They were integrated into the general prison population and there was no specialist provision for them, which was poor. Their supervision was shared across the OMU.

4.23 Parole reports were prepared on time and shared with the prisoner. There were 26 ISPP prisoners who had two or more parole reviews without progressing from category B. The psychology team had set up a project to facilitate their progress and 21 of these prisoners had been involved in motivational or offending behaviour work. Caseworkers were assigned to all ISPPs and the remaining five who refused to become involved were contacted regularly to discuss their options.

[16] Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new prison officer key workers. The second phase, core offender management, and the introduction of prison offender managers POM is being introduced gradually, from 2019.

Recommendations

4.24 **All prisoners should have an up-to-date offender assessment system (OASys) assessment and a high-quality sentence plan which are reviewed following a significant change in the prisoner's situation.** (Repeated recommendation 4.10)

4.25 **The frequency and type of contact with offender supervisors should be based on the prisoner's level of risk and need. It should provide meaningful engagement and encouragement to progress, alongside appropriate offence-focused work.** (Repeated recommendation 4.11)

Good practice

4.26 *The well-organised ISPP progression work project helped motivate some prisoners who found it difficult to progress.*

Public protection

4.27 A detailed public protection strategy outlined procedures for managing risks to the public, staff and other prisoners. Processes for identifying prisoners of concern were mostly well applied. Prisoners' communications with victims or potential victims, including contact with children, were managed well through the monthly inter-departmental risk management team (IRMT) meeting. Although the security department provided written submissions on relevant cases, a representative of the department had not attended an IRMT meeting in the six months prior to the inspection.

4.28 On admission, a prisoner was allocated to one of two teams. All registered sexual offenders and prisoners on multi-agency public protection arrangements (MAPPA) level 2 (prisoners requiring the active involvement of one or more agencies) and level 3 (those on the highest risk level) were allocated to the public protection team. However, after being allocated, there was no systematic process for reviewing the allocation of the case during the sentence. We found no evidence of cases being transferred to the high-risk team when risks increased, especially when approaching release.

4.29 While few prisoners were released directly from HMP Garth, many did not transfer to resettlement prisons until very close to their release date (see section on release planning), which meant the OMU had to begin working with community offender managers to put in place a risk management plan.

4.30 Prisoners were referred to the IRMT up to eight months before their release and any required action was agreed. However, risk management planning was not subsequently reviewed to ensure that action had been progressed, that MAPPA levels had been set or that information sharing was adequate.

4.31 In four of the six cases due for release that we examined, MAPPA levels had not been set. This suggested that the community-based offender manager and the prison-based offender supervisor had not had regular contact to establish the most appropriate risk management plan (see main recommendation S46).

4.32 In some of the cases due for release that we examined there were insufficient levels of contact with the prisoner and weaknesses in sharing information about risk factors with community-based offender managers. In one case, information about a new relationship was

not shared, even though the prisoner's risk to female staff had been recorded internally and he had a history of violence against family members.

4.33 Most MAPPA F forms (reports to inform MAPPA meetings of prisoners' behaviour) failed to analyse adequately the links between behaviour in prison and risks to the public of further offending. As at the previous inspection, many merely copied across risk factor information from the OASys document. For example, a report on a prisoner who had committed a serious violent offence while involved in drug dealing and who had been adjudicated for drug use in the prison did not have continued drug use highlighted as a risk factor.

4.34 OMU staff had access to the violent and sexual offenders register (ViSOR) and in the cases reviewed, we found that essential information on the prisoner's location in the community on release and the key agencies involved in risk management had been recorded. However, the prison did not use ViSOR well enough. For example, relevant prison risk information had not been uploaded and OMU staff were not sure about what information to upload.

Recommendation

4.35 Offender supervisors should be in regular contact with community-based offender managers to share information about ongoing risk of harm. In the months leading up to release they should confirm the risk management plan, including the most appropriate MAPPA management level.

Categorisation and transfers

4.36 Categorisation reviews were all up to date. Reviews were based on a good analysis of how prison behaviour related to risks and prisoners were invited to make their own written contribution in support of their case for re-categorisation. Categorisation decisions were balanced, supporting progression appropriately and providing prisoners with advice about how to progress when they had been unsuccessful.

4.37 Prisoners were not being transferred promptly to suitable training prisons following re-categorisation. The prison held 80 category C prisoners – 37 were held at the prison for legitimate reasons, such as because they needed to complete a course or attend hospital treatment, which meant 43 needed to be progressed. There were 21 sexual offenders who had been waiting up to 12 months for a transfer to a category C prison. As a result, prisoners were being sent to local prisons where they could be transferred more easily to training establishments.

4.38 Category D prisoners were transferred more promptly, but one had been delayed for more than six weeks awaiting an updated OASys report. There were 86 category B prisoners awaiting a transfer – they were mostly those who wanted to be closer to their home area.

Recommendation

4.39 Prisoners achieving re-categorisation should be transferred promptly.

Interventions

Expected outcomes:
Prisoners are able to access interventions designed to promote successful rehabilitation.

4.40 A good range of interventions suited to the offending profile of the population was provided. In our survey, the proportion of prisoners who said they had undertaken offending behaviour programmes, other programmes and one-to-one work or who had attended specialist units was similar to comparator establishments.

4.41 Two programmes addressed violent behaviour – the Kaizen programme introduced in 2017 for those with a high risk of violence and the Resolve programme for lower risk prisoners with a history of violent behaviour. The target for completions of the Kaizen programme was proving difficult to achieve because of the group's instability and the length of commitment required. The Resolve programme had been more successful – there had been 27 completions in the previous 12 months.

4.42 The Thinking Skills programme provided 20 places a year and the chaplaincy ran the Sycamore Tree victim awareness programme (see paragraph 2.43) but the number of completions was low.

4.43 All prisoners assessed as suitable for an accredited programme had sufficient time left in custody to complete it. The programmes team appropriately prioritised these places and liaised with the activities allocation board to assign them to courses that matched their sentence plans.

4.44 The prison held 187 prisoners who were convicted of sexual offences. The Horizon programme provided 24 places a year. During the inspection, 25 had already completed programmes, but the rest of the sexual offender population was considered unsuitable, either because their risk of reconviction level was too low to be offered a place or they refused to participate.

4.45 Since the previous inspection, significant progress had been made in providing motivational programmes for sexual offenders who could not undertake the Horizon programme. There were 32 places on the A to Z programme, a motivational programme to address the reluctance to undertake treatment and focusing on developing thinking skills. There were also 26 prisoners undertaking individual and small group sessions as part of the Motivation and Engagement programme to prepare them for participation in other interventions. However, some prisoners being released had refused to undertake any offending behaviour or motivational work.

4.46 In our survey, 12% of prisoners said they had arrived at the prison with money worries and the prison's needs analysis found 26% thought managing money on release would be a problem. Prisoners requiring help with financial problems could seek help from offender supervisors or key workers, but there was no specialist provision.

4.47 Since the previous inspection, the education department had developed a personal and social development programme module, which addressed budgeting and personal financial management. Since it had started in 2017, 231 prisoners had participated and 98% had achieved a qualification.

4.48 There was no specialist accommodation advice and prisoners released directly into the community over the six months prior to the inspection had all gone to approved premises or settled accommodation with their families.

Specialist units

Expected outcomes:
Personality disorder units and therapeutic communities provide a safe, respectful and purposeful environment which allows prisoners to confront their offending behaviour.

Offender personality disorder units, including psychologically informed planned environments

4.49 A specialist residential unit for prisoners with a personality disorder The Beacon Unit, was a joint health and prison service project. It had a capacity for 48 prisoners and the range of staff providing the service included specially trained prison officers, clinical psychologists, occupational therapists, mental health nurses and psychiatrists.

4.50 Participating prisoners had committed serious offences and had a history of challenging behaviour in prison. They undertook a range of group and individual therapy sessions, as well as attending main activities, including work and education in the prison. It was an intensive programme and in the 12 months prior to the inspection, 10 prisoners had completed it and 12 had been deselected.

4.51 Specialist offender supervisors in the unit planned well for prisoners' progression or release. Those who had been deselected were reintegrated into the main prison and received ongoing support from psychology staff.

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.

4.52 Very few prisoners were released directly from HMP Garth and in the six months prior to the inspection there had been just six. There was no community rehabilitation company (CRC) provision and prisoners did not have a review of their resettlement plan or access to basic resettlement advice normally provided by a CRC.

4.53 Four months prior to their release date, applications were made for transfers to the appropriate resettlement prison so that they could use CRC services there. However, we found the prison was still holding 16 prisoners within the last three months of their sentence. Although 24 prisoners had been transferred to resettlement prisons in the six months prior to the inspection, we were told that they would typically move only a short time before their release date. During the inspection, two were booked for a transfer with less than six weeks remaining of their sentence. This hindered the amount of resettlement help these prisoners received.

Recommendation

4.54 Prisoners should be transferred to the appropriate resettlement prison three months before their release.

Section 5. Summary of recommendations and good practice

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

Main recommendations — To the governor

5.1 The prison should be made safer through significant reductions in the number and seriousness of violent incidents. (S43)

5.2 The availability of illicit drugs and associated debt, violence and victimisation should be reduced significantly. (S44)

5.3 Prisoners should be able to access all hospital and primary care services within community-equivalent waiting times. (S45)

5.4 A robust risk management plan for release should be developed in conjunction with the community-based offender manager. It should include a confirmation of the MAPPA management level. (S46)

Recommendations — To HMPPS

Categorisation and transfers

5.5 Prisoners achieving re-categorisation should be transferred promptly. (4.39)

Release planning

5.6 Prisoners should be transferred to the appropriate resettlement prison three months before their release. (4.54)

Recommendations

Early days in custody

5.7 All newly arrived prisoners should be offered the chance to talk to a Listener before being locked up on their first night. (1.11)

Managing behaviour

5.8 Disciplinary hearings should be dealt with promptly. (1.26)

5.9 The segregation regime for longer-stay prisoners should include some purposeful activity. (1.37)

5.10 Assessments to determine the number of officers needed to unlock prisoners should be carried out every day. (1.38)

Safeguarding

5.11 The use of the constant observation cell in segregation should cease. (1.57, repeated recommendation 1.29)

Staff-prisoner relationships

5.12 All staff should consistently enforce the rules and prisoners who break them should be challenged and their behaviour addressed. (2.3)

Daily life

5.13 More sophisticated consultation about the food provided should be undertaken at regular intervals and steps taken as a result to improve prisoners' perceptions. (2.15)

5.14 The applications process should be improved – it should include the introduction of a system to track and quality assure responses. (2.21)

Equality, diversity and faith

5.15 All prisoners with protected characteristics should have a support forum and access to external specialist agencies. (2.38)

5.16 Interpretation services should be better used across the prison to ensure that all needs are met. (2.39)

Health, well-being and social care

5.17 All health and substance use service providers should contribute to a single patient record to ensure relevant information is shared effectively. (2.56)

5.18 All prisoners should be able to wait in a suitable waiting room that provides a respectful and safe environment. (2.57)

5.19 Discipline staff should provide the health care department with adequate support so that a safe environment is maintained. (2.58)

5.20 There should be a 'whole-prison' strategy to promoting health and well-being. (2.61)

5.21 An updated memorandum of understanding between all key stakeholders and regular meetings to monitor the provision should be in place to ensure that prisoners receive a good level of social care. (2.71)

5.22 All discipline officers should receive mental health awareness training, to enable them to recognise and support prisoners with mental health problems. (2.79, repeated recommendation 2.81)

5.23 Transfers to hospital under the Mental Health Act should take place within the Department of Health's established guidelines. (2.80)

5.24 Appropriate options for clinical treatment should be available in line with national clinical guidance. (2.88)

5.25 The TC should have an operating policy and appropriately trained dedicated officers should support the ethos of the unit. (2.89)

5.26 Medicine administration rounds should be supported in all areas by adequate officer supervision. (2.94)

5.27 Robust governance arrangements should be embedded and involve key stakeholders to ensure oversight of medicine management and prescribing practice is effective. (2.95)

Time out of cell

5.28 Prisoners should not be routinely locked behind their cell doors during the core working day. (3.9)

5.29 Library closures should be addressed to ensure all prisoners have access at least once a week. (3.10)

Education, skills and work activities

5.30 Prison and education managers should ensure that prisoners attend education, training and work sessions regularly and on time. (3.21)

5.31 Wing workers should have sufficient work to keep them fully occupied. (3.22)

5.32 Teachers should challenge the most able prisoners so they can make more rapid progress. (3.31)

5.33 Prisoners should receive effective developmental feedback to help them improve the quality of their work. (3.32)

5.34 Prisoners with additional support needs should receive effective support during lessons to ensure they progress. (3.33)

5.35 Instructors and work supervisors should ensure that prisoners improve their English and maths skills in prison work. (3.40)

5.36 The number of accredited qualifications available for prisoners in vocational training and work should be increased. (3.45)

5.37 Prison and education managers should ensure that more prisoners achieve full qualifications, particularly in English and maths. (3.46)

Children and families and contact with the outside world

5.38 Visits should start on time. (4.9)

5.39 The visits booking system, including the telephone booking line, should be reviewed to ensure it is effective. (4.10)

5.40 Prisoners' access to visits should not be linked to their IEP level. (4.11)

Reducing risk, rehabilitation and progression

5.41 All prisoners should have an up-to-date offender assessment system (OASys) assessment and a high-quality sentence plan which are reviewed following a significant change in the prisoner's situation. (4.24, repeated recommendation 4.10)

5.42 The frequency and type of contact with offender supervisors should be based on the prisoner's level of risk and need. It should provide meaningful engagement and encouragement to progress, alongside appropriate offence-focused work. (4.25, repeated recommendation 4.11)

Public protection

5.43 Offender supervisors should be in regular contact with community-based offender managers to share information about ongoing risk of harm. In the months leading up to release they should confirm the risk management plan, including the most appropriate MAPPA management level. (4.35)

Examples of good practice

5.44 Adult safeguarding plans supported those with complex issues who would not otherwise have been identified as being at risk of harm from others or themselves. (1.60)

5.45 The well-organised ISPP progression work project helped motivate some prisoners who found it difficult to progress. (4.26)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Sandra Fieldhouse	Team leader
Fionnuala Gordon	Inspector
Alice Oddy	Inspector
Gordon Riach	Inspector
Andrew Rooke	Inspector
Nadia Syed	Inspector
Emma Sunley	Inspector
Caroline Wright	Inspector
Jayne Price	Researcher
Emma Seymour	Researcher
Joe Simmonds	Researcher
Holly Tuson	Researcher
Maureen Jamieson	Lead health and social care inspector
Steve Eley	Health and social care inspector
Joanne MacDonald	Care Quality Commission inspector
Keith Hughes	Ofsted inspector
Stephen Hunsley	Ofsted inspector
Suzanne Wainwright	Ofsted inspector
David Miners	Offender management inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2017, reception and first night arrangements were reasonably good. Too many prisoners felt unsafe. Levels of violence had increased considerably and were high, and often serious. Many prisoners sought sanctuary. Arrangements to care for those at risk of suicide and self-harm were reasonably good. Security arrangements were mostly sound. Despite a coordinated effort to reduce drug supply and demand, illicit drugs, alcohol and diverted medication were easily available. Levels of use of force were high; oversight had improved but required further development. The segregation unit gave great cause for concern. Substance misuse services were very good. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

A clear strategy and plan to reduce the levels of violence should be introduced. The effectiveness of actions to reduce violence should be monitored. (S55)
Achieved

Greater managerial oversight and accountability of the segregation unit should be put in place, to ensure that all prisoners receive a basic regime and effective case management. (S56)
Achieved

Staff presence and the supervision of all prisoner areas should be improved. Consistent and confident staff-prisoner relationships should be embedded which set clear expectations on behaviour of staff and prisoners. (S57)
Not achieved

Recommendations

New receptions should only be handcuffed if it is necessary and proportionate. (1.3)
Not achieved

Cells for new arrivals should be well prepared and contain all necessary equipment. (1.11)
Not achieved

The contribution by prisoners to inducting new arrivals should be supported by clear staff direction, oversight and recording. (1.12)
Achieved

There should be a systematic exploration of the reasons for prisoners' self-harming, to inform an action plan for preventing further incidents. (1.27)
Achieved

Investigations into incidents of life-threatening self-harm should include scrutiny of the actions taken by staff to prevent or minimise risk of harm. (1.28)
Achieved

The use of the constant observation cell in segregation should cease. (1.29)
Not achieved (recommendation repeated, 1.57)

Strip-searching on entry to the segregation unit should be proportionate and reflect the risk presented. (1.43)
Not achieved

Closed visits should be managed properly, removed at the earliest opportunity and used only for incidents related to visits. (1.44)
Achieved

The incentives and earned privileges scheme should be used proportionately by staff to address routine challenging antisocial behaviour and to incentivise positive behaviour. (1.47)
Not achieved

All documentation relating to use of force should be fully completed. (1.52)
Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, living conditions were variable but poor on the older units. Staff–prisoner relationships were mixed but too many staff lacked confidence, were distant or disengaged, and failed to challenge poor behaviour. Consultation with prisoners had improved and was very good. Equality and diversity arrangements were weak. Faith services were good. The handling of prisoner complaints was improving. Access to primary health services was poor. Mental health provision was good. Prisoners were relatively positive about the food provided. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Management oversight of diversity should be prioritised, to ensure that the needs of all prisoners from minority groups are identified, assessed and met, and that any negative perceptions of particular groups are understood and addressed. (S58)
Partially achieved

Prisoners should be able to access all primary care and hospital services within community-equivalent waiting times. (S59)
Not achieved

Recommendations

The older units, including shower areas, should be refurbished. Showers and toilets on all units should be properly screened to provide privacy. (2.6)
Not achieved

Single cells should not be used to accommodate two prisoners. (2.7)
Not achieved

Applications should be made confidentially and responses should be monitored, to ensure that they are timely and helpful. (2.8)
Not achieved

Prisoners should have ready access to adequate clean and suitable clothing and other basic essentials. (2.9)
Achieved

Prisoners should be able to access their stored property promptly. (2.10)
Not achieved

A professional telephone interpreting service should be used for all prisoners requiring it, particularly in circumstances where confidentiality and accuracy are critical. (2.26)
Not achieved

Prisoner carers should be trained and operate under clear guidance. (2.27)
Not achieved

The monitoring of complaints data should include protected characteristics, and any potential inequalities should be referred to the equality action team meeting. (2.37)
Achieved

Legal visit rooms should provide better privacy. (2.40)
Not achieved

Health care delivery should be informed by a current health and social care needs assessment. (2.51)
Achieved

All clinical environments should comply with infection control standards, and the size, ventilation and décor of the waiting area should be appropriate. (2.52)
Partially achieved

Responses to health care complaints should consistently address all issues raised. (2.53)
Achieved

Prisoners should have easy access to health promotion services, including barrier protection and smoking cessation, and relevant regularly updated health promotion information. Older prisoners should receive regular individualised health checks. (2.54)
Partially achieved

Prisoners with life-long conditions should receive regular reviews which generate an evidence-based care plan, delivered by appropriately trained and supervised staff. (2.61)
Achieved

The prescribing and administration of medicines should ensure that opportunities for diversion and bullying are reduced. (2.69)
Not achieved

Prisoners should receive their required medicines in a timely manner, with good supervision from discipline staff to ensure adequate privacy. (2.70)
Not achieved

Prisoners who do not attend for prescribed medication should be followed up systematically, within a well-understood policy. (2.71)
Achieved

The dental X-ray equipment should be maintained appropriately. (2.74)
Achieved

All discipline officers should receive mental health awareness training, to enable them to recognise and support prisoners with mental health problems. (2.81)
Not achieved (recommendation repeated, 2.79)

Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current NHS transfer guidelines. (2.82)
Not achieved

Prisoners with social care needs should be assessed within the agreed timescales and have their identified needs met in a timely manner. (2.84)
Achieved

Purposeful activity

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

At the last inspection, in 2017, the amount of time out of cell was good for most and the regime was reliable. The leadership and management of learning and skills and work were good, with a suitable focus on functional skills. There were sufficient activity places for most but too many prisoners had their learning and working day disrupted by other activities and appointments. The quality of teaching and coaching was good overall. Most prisoners were well behaved, made good progress and achieved well. Access to the library was problematic. PE provision was good. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Permitted personal activities during the working day should be minimised, to ensure that more prisoners attend their education and workplace. (3.9)
Achieved

The range and variety of activities for vulnerable prisoners, sex offenders and those on the segregation unit should be increased. (3.15)
Achieved

Instructors should set sufficiently individualised and clear learning targets for prisoners in vocational training and work, so that they are clear about their achievements and complete their qualifications quicker. (3.23)
Achieved

Tutors should provide prisoners with effective feedback on how to improve their work, so that they achieve their full potential. (3.24)
Achieved

Instructors should encourage prisoners in work to take up job-specific vocational courses and gain qualifications. (3.29)
Partially achieved

Instructors should recognise and record the development of prisoners' employability, personal, English and mathematics skills. (3.30)
Not achieved

The achievements of different groups of prisoners in education, vocational training, work and the gym should be monitored systematically, to ensure that all groups of prisoners achieve well. (3.34)
Achieved

Prisoners' access to the library should be improved by the provision of effective arrangements for escort staff. (3.39)
Not achieved

All new prisoners should have an effective induction to the library and its resources. (3.40)
Achieved

Outside team sports should be provided. (3.46)
Not achieved

Arrangements for the maintenance of gym facilities on the wings should be clear. (3.47)
Achieved

Data on the usage of PE facilities should be analysed, to identify if any particular groups of prisoners are not accessing them. An effective strategy should be developed to address any issues that are identified. (3.48)
Achieved

Resettlement

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

At the last inspection, in 2017, the prison held a high-risk population and their offender management was reasonably good. Too many prisoners arrived without an offender assessment system (OASys) assessment and too many reviews were out of date. Offender supervisors had sufficient contact with most prisoners and a focus on progression. Public protection processes were very good. Categorisation reviews were timely but some category B prisoners struggled to move on. With very few releases, the demand for most resettlement services was low and plans were individualised. There was insufficient support for prisoners' family relationships. For most, the range and management of offending behaviour programmes were good but there was a lack of provision for many sex offenders. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

The needs analysis should explore the specific and potentially different needs of sex offenders and indeterminate-sentenced prisoners across each resettlement pathway and in relation to offender management. (4.3)
Achieved

All prisoners should have an up-to-date offender assessment system (OASys) assessment and a high-quality sentence plan which are reviewed following a significant change in the prisoner's situation. (4.10)
Not achieved (recommendation repeated, 4.24)

The frequency and type of contact with offender supervisors should be based on the prisoner's level of risk and need. It should provide meaningful engagement and encouragement to progress, alongside appropriate offence-focused work. (4.11)
Not achieved (recommendation repeated, 4.25)

The quality of risk of harm analysis, management plans and MAPPA reports should be improved, to achieve a consistently high standard. (4.16)
Not achieved

Prisoners requiring a transfer on from HMP Garth should be moved without delay, in order to support their sentence plan delivery and progression, and enable them to receive resettlement support in preparation for their release. (4.21)
Not achieved

Provision of money management training and debt advice should meet the needs of the prison population. (4.36)
Achieved

The children and families provision should be improved and expanded to reflect the needs of a long-term population. (4.43)
Not achieved

Access to the visits hall should be improved, to avoid unnecessary delays in the start of visits. (4.44)
Not achieved

All sex offenders should undertake appropriate offence-focused work. (4.50)
Achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	1	791	97.05
Recall		24	2.75
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees			
Total	**1**	**815**	**100.0%**

Sentence	18–20 yr olds	21 and over	%
Unsentenced			
Less than 6 months			
6 months to less than 12 months			
12 months to less than 2 years			
2 years to less than 4 years		1	0.12
4 years to less than 10 years		82	10.04
10 years and over (not life)		451	55.20
ISPP (indeterminate sentence for public protection)		55	6.73
Life		227	27.78
Total		**816**	**100.0%**

Age	Number of prisoners	%
Please state minimum age here:	**19**	
Under 21 years	1	0.12
21 years to 29 years	225	27.6
30 years to 39 years	244	29.9
40 years to 49 years	177	21.5
50 years to 59 years	105	12.85
60 years to 69 years	49	6
70 plus years	15	1.83
Please state maximum age here:	**83**	
Total	**816**	**100.0%**

Nationality	18–20 yr olds	21 and over	%
British	1	752	92.17
Foreign nationals		64	7.83
Total		**816**	**100.0%**

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Category A			
Category B	1	731	89.58
Category C		81	9.93
Category D		4	0.5
Other			
Total	**1**	**817**	**100.0%**

Ethnicity	18–20 yr olds	21 and over	%
White			
British	1	623	76.38
Irish		9	1.10
Gypsy/Irish Traveller		3	0.37
Other white		24	2.94
Mixed			
White and black Caribbean		15	1.84
White and black African		2	0.24
White and Asian		5	0.61
Other mixed		5	0.61
Asian or Asian British			
Indian		11	1.35
Pakistani		17	2.08
Bangladeshi		3	0.37
Chinese		1	0.12
Other Asian		16	1.96
Black or black British			
Caribbean		36	4.41
African		24	2.94
Other black		18	2.20
Other ethnic group			
Arab		1	0.12
Other ethnic group		3	0.37
Not stated			
Total		**816**	**100.0%**

Religion	18–20 yr olds	21 and over	%
Baptist			
Church of England		157	19.2
Roman Catholic		187	22.9
Other Christian denominations		110	13.5
Muslim	1	109	13.5
Sikh		4	0.5
Hindu		4	0.5
Buddhist		23	2.82
Jewish		7	0.86
Other		25	3.1
No religion		189	23.2
Total		**817**	**100.0%**

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)		11	1.35
Total	**815**	**11**	**1.35**

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				
3 months to 6 months				
6 months to 1 year				
1 year to 2 years				
2 years to 4 years	1	0.12	83	**10.38%**
4 years or more			732	**88.81%**
Total	**1**	**0.12**	**815**	**100%**

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry			
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/ restrictions).		Monitoring 38 Restricted 358	48.83%
Total		**396**	

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	(			
1 month to 3 months	(			
3 months to 6 months	(			
6 months to 1 year	(N/A			
1 year to 2 years	(			
2 years to 4 years	(			
4 years or more	(			
Total				

Main offence	18–20 yr olds	21 and over	%
Violence against the person	01	398	49
Sexual offences		194	24
Burglary		30	4
Robbery		106	13.5
Theft and handling		0	0
Fraud and forgery		3	1.5
Drugs offences		3	1.5
Other offences		42	6.0
Civil offences		0	
Offence not recorded /holding warrant		0	
Total	**01**	**816**	**100 %**

Appendix IV: 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.[17]

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 power calculation, HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings are representative of the entire population of the establishment.[18]

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.[19] Prisoners are made aware that participation in the survey is voluntary; prisoners who decline to participate are 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 17 December 2018 the prisoner population at HMP Garth was 828. Using the sampling method described above, questionnaires were distributed to 208 prisoners. We received a total of 156 completed questionnaires, a response rate of 75%. Twenty-nine prisoners declined to participate in the survey and 23 questionnaires were either not returned at all, or returned blank.

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

18 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

19 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/

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Garth. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared. [20] Missing responses have been excluded from all analyses and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

Full survey results

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

Responses from HMP Garth 2018[21] compared with those from other HMI Prisons surveys[22]

- Survey responses from HMP Garth in 2018 compared with survey responses from the most recent inspection at all other category B prisons.
- Survey responses from HMP Garth in 2018 compared with survey responses from other category B prisons inspected since September 2017.
- Survey responses from HMP Garth in 2018 compared with survey responses from HMP Garth in 2017.

Comparisons between different residential locations within HMP Garth 2018

- Responses of prisoners in vulnerable prisoner units (F and G wings) compared with those from the rest of the establishment.

Comparisons between sub-populations of prisoners within HMP Garth 2018[23]

- White prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- Muslim prisoners' responses compared with those of non-Muslim prisoners.
- Disabled prisoners' responses compared with those who do not have a disability.
- Responses of prisoners with mental health problems compared with those who do not have mental health problems.
- Responses of prisoners aged 50 and over compared with those under 50.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.[24]

In the comparator analyses, statistically significant differences are indicated by shading.[25] 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.

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

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

22 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.

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

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

25 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.

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

Background information

1.1 What wing or houseblock are you currently living on?

A wing	22 (14%)
B wing	27 (17%)
C wing	23 (15%)
D wing	21 (13%)
E wing	21 (13%)
F wing	20 (13%)
G wing	17 (11%)
Segregation unit	5 (3%)

1.2 How old are you?

Under 21	0 (0%)
21 - 25	14 (9%)
26 - 29	30 (19%)
30 - 39	44 (29%)
40 - 49	35 (23%)
50 - 59	21 (14%)
60 - 69	8 (5%)
70 or over	2 (1%)

1.3 What is your ethnic group?

White - English/ Welsh/ Scottish/ Northern Irish/ British	111 (72%)
White - Irish	5 (3%)
White - Gypsy or Irish Traveller	3 (2%)
White - any other White background	3 (2%)
Mixed - White and Black Caribbean	3 (2%)
Mixed - White and Black African	1 (1%)
Mixed - White and Asian	1 (1%)
Mixed - any other Mixed ethnic background	0 (0%)
Asian/ Asian British - Indian	3 (2%)
Asian/ Asian British - Pakistani	3 (2%)
Asian/ Asian British - Bangladeshi	2 (1%)
Asian/ Asian British - Chinese	1 (1%)
Asian - any other Asian Background	1 (1%)
Black/ Black British - Caribbean	7 (5%)
Black/ Black British - African	5 (3%)
Black - any other Black/ African/ Caribbean background	3 (2%)
Arab	2 (1%)
Any other ethnic group	0 (0%)

1.4 How long have you been in this prison?

Less than 6 months	21 (14%)
6 months or more	129 (86%)

1.5 Are you currently serving a sentence?

Yes	148 (97%)
Yes - on recall	5 (3%)
No - on remand or awaiting sentence	0 (0%)
No - immigration detainee	0 (0%)

1.6 How long is your sentence?

Less than 6 months	0 (0%)
6 months to less than 1 year	0 (0%)
1 year to less than 4 years	1 (1%)
4 years to less than 10 years	28 (18%)
10 years or more	79 (51%)
IPP (indeterminate sentence for public protection)	14 (9%)
Life	33 (21%)
Not currently serving a sentence	0 (0%)

Arrival and reception

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

Yes	17 (11%)
No	124 (82%)
Don't remember	10 (7%)

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

Less than 2 hours	82 (54%)
2 hours or more	61 (40%)
Don't remember	10 (7%)

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

Yes	127 (84%)
No	11 (7%)
Don't remember	13 (9%)

2.4 Overall, how were you treated in reception?

Very well	49 (32%)
Quite well	87 (57%)
Quite badly	11 (7%)
Very badly	3 (2%)
Don't remember	2 (1%)

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

Problems getting phone numbers	29 (19%)
Contacting family	28 (19%)
Arranging care for children or other dependants	0 (0%)
Contacting employers	2 (1%)
Money worries	18 (12%)
Housing worries	3 (2%)
Feeling depressed	48 (32%)
Feeling suicidal	18 (12%)
Other mental health problems	38 (25%)
Physical health problems	20 (13%)
Drug or alcohol problems (e.g. withdrawal)	14 (9%)
Problems getting medication	34 (23%)
Needing protection from other prisoners	9 (6%)
Lost or delayed property	33 (22%)
Other problems	13 (9%)
Did not have any problems	50 (33%)

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

Yes	36 (25%)
No	59 (41%)
Did not have any problems when I first arrived	50 (34%)

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	90 (60%)
Toiletries / other basic items	66 (44%)
A shower	59 (39%)
A free phone call	42 (28%)
Something to eat	93 (62%)
The chance to see someone from health care	75 (50%)
The chance to talk to a Listener or Samaritans	28 (19%)
Support from another prisoner (e.g. Insider or buddy)	28 (19%)
Wasn't offered any of these things	17 (11%)

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

Very clean	7 (5%)
Quite clean	46 (30%)
Quite dirty	34 (22%)
Very dirty	63 (41%)
Don't remember	3 (2%)

3.3 Did you feel safe on your first night here?

Yes	100 (66%)
No	41 (27%)
Don't remember	10 (7%)

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

	Yes	No	Don't remember
Access to the prison shop / canteen?	66 (47%)	62 (44%)	13 (9%)
Free PIN phone credit?	64 (45%)	67 (47%)	11 (8%)
Numbers put on your PIN phone?	72 (52%)	53 (38%)	13 (9%)

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

Yes	64 (43%)
No	65 (43%)
Have not had an induction	21 (14%)

On the wing

4.1 Are you in a cell on your own?

Yes	144 (92%)
No, I'm in a shared cell or dormitory	12 (8%)

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

Yes	47 (31%)
No	86 (57%)
Don't know	19 (13%)
Don't have a cell call bell	0 (0%)

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

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	114 (74%)	40 (26%)	1 (1%)
Can you shower every day?	140 (91%)	13 (8%)	1 (1%)
Do you have clean sheets every week?	119 (80%)	26 (18%)	3 (2%)
Do you get cell cleaning materials every week?	60 (40%)	85 (57%)	4 (3%)
Is it normally quiet enough for you to relax or sleep at night?	94 (62%)	55 (36%)	2 (1%)
Can you get your stored property if you need it?	27 (18%)	58 (39%)	62 (42%)

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

Very clean	23 (15%)
Quite clean	64 (41%)
Quite dirty	46 (30%)
Very dirty	22 (14%)

Food and canteen

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

Very good	6 (4%)
Quite good	53 (35%)
Quite bad	64 (42%)
Very bad	29 (19%)

5.2 Do you get enough to eat at mealtimes?

Always	12 (8%)
Most of the time	47 (30%)
Some of the time	59 (38%)
Never	38 (24%)

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

Yes	107 (70%)
No	44 (29%)
Don't know	2 (1%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	123 (80%)
No	30 (20%)

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

Yes	113 (73%)
No	41 (27%)

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

Yes	62 (40%)
No	93 (60%)

6.4 How helpful is your personal or named officer?

Very helpful	37 (24%)
Quite helpful	40 (26%)
Not very helpful	15 (10%)
Not at all helpful	23 (15%)
Don't know	24 (16%)
Don't have a personal / named officer	13 (9%)

6.5 How often do you see prison governors, directors or senior managers talking to prisoners?

Regularly	15 (10%)
Sometimes	48 (31%)
Hardly ever	88 (58%)
Don't know	2 (1%)

6.6 Do you feel that you are treated as an individual in this prison?

Yes	75 (50%)
No	74 (50%)

6.7 Are prisoners here consulted about things like food, canteen, health care or wing issues?

Yes, and things sometimes change	33 (22%)
Yes, but things don't change	55 (36%)
No	36 (24%)
Don't know	28 (18%)

Faith

7.1 What is your religion?

No religion	33 (22%)
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	86 (56%)
Buddhist	5 (3%)
Hindu	2 (1%)
Jewish	0 (0%)
Muslim	19 (12%)
Sikh	2 (1%)
Other	6 (4%)

7.2 Are your religious beliefs respected here?

Yes	81 (54%)
No	18 (12%)
Don't know	19 (13%)
Not applicable (no religion)	33 (22%)

7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?

Yes	81 (53%)
No	12 (8%)
Don't know	27 (18%)
Not applicable (no religion)	33 (22%)

7.4 Are you able to attend religious services, if you want to?

Yes	98 (64%)
No	13 (9%)
Don't know	8 (5%)
Not applicable (no religion)	33 (22%)

Contact with family and friends

8.1 Have staff here encouraged you to keep in touch with your family / friends?

Yes	59 (38%)
No	95 (62%)

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

Yes	89 (59%)
No	61 (41%)

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

Yes	142 (95%)
No	8 (5%)

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

Very easy	9 (6%)
Quite easy	27 (18%)
Quite difficult	43 (29%)
Very difficult	58 (39%)
Don't know	10 (7%)

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

More than once a week	3 (2%)
About once a week	13 (9%)
Less than once a week	74 (50%)
Not applicable (don't get visits)	57 (39%)

8.6 Do visits usually start and finish on time?

Yes	25 (29%)
No	60 (71%)

8.7 Are your visitors usually treated respectfully by staff?

Yes	57 (70%)
No	24 (30%)

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	78 (51%)
Yes, but these times are not usually kept to	65 (43%)
No	9 (6%)

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

Less than 2 hours	19 (13%)
2 to 6 hours	40 (27%)
6 to 10 hours	67 (45%)
10 hours or more	15 (10%)
Don't know	7 (5%)

9.3 How long do you usually spend out of your cell on a typical Saturday or Sunday?

Less than 2 hours	16 (11%)
2 to 6 hours	100 (66%)
6 to 10 hours	26 (17%)
10 hours or more	1 (1%)
Don't know	8 (5%)

9.4 How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?

None	6 (4%)
1 or 2	16 (11%)
3 to 5	24 (16%)
More than 5	100 (67%)
Don't know	3 (2%)

9.5 How many days in a typical week do you get association, if you want it?

None	6 (4%)
1 or 2	3 (2%)
3 to 5	19 (13%)
More than 5	117 (78%)
Don't know	5 (3%)

9.6 How many days in a typical week could you go outside for exercise, if you wanted to?

None	4 (3%)
1 or 2	4 (3%)
3 to 5	18 (12%)
More than 5	122 (81%)
Don't know	3 (2%)

9.7 Typically, how often do you go to the gym?

Twice a week or more	98 (64%)
About once a week	8 (5%)
Less than once a week	10 (7%)
Never	37 (24%)

9.8 Typically, how often do you go to the library?

Twice a week or more	3 (2%)
About once a week	29 (20%)
Less than once a week	72 (49%)
Never	44 (30%)

9.9 Does the library have a wide enough range of materials to meet your needs?

Yes	58 (41%)
No	41 (29%)
Don't use the library	44 (31%)

Applications, complaints and legal rights

10.1 Is it easy for you to make an application?

Yes	122 (81%)
No	25 (17%)
Don't know	4 (3%)

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?	74 (51%)	60 (42%)	10 (7%)
Are applications usually dealt with within 7 days?	42 (30%)	86 (62%)	10 (7%)

10.3 Is it easy for you to make a complaint?

Yes	104 (70%)
No	28 (19%)
Don't know	17 (11%)

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?	32 (23%)	63 (46%)	42 (31%)
Are complaints usually dealt with within 7 days?	28 (20%)	68 (49%)	42 (30%)

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

Yes	29 (21%)
No	82 (58%)
Not wanted to make a complaint	30 (21%)

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

	Easy	Difficult	Don't know	Don't need this
Communicate with your solicitor or legal representative?	50 (34%)	38 (26%)	25 (17%)	35 (24%)
Attend legal visits?	50 (36%)	17 (12%)	39 (28%)	34 (24%)
Get bail information?	10 (8%)	17 (13%)	47 (35%)	59 (44%)

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

Yes	67 (46%)
No	47 (32%)
Not had any legal letters	32 (22%)

Health care

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

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	6 (4%)	27 (18%)	55 (36%)	56 (37%)	9 (6%)
Nurse	16 (11%)	50 (33%)	40 (26%)	30 (20%)	15 (10%)
Dentist	4 (3%)	9 (6%)	39 (26%)	80 (54%)	17 (11%)
Mental health workers	11 (8%)	22 (15%)	30 (21%)	35 (24%)	48 (33%)

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	15 (10%)	37 (25%)	41 (28%)	36 (24%)	20 (13%)
Nurse	23 (16%)	55 (38%)	29 (20%)	22 (15%)	17 (12%)
Dentist	16 (11%)	41 (28%)	23 (16%)	30 (21%)	35 (24%)
Mental health workers	12 (9%)	32 (23%)	24 (17%)	21 (15%)	50 (36%)

11.3 Do you have any mental health problems?

Yes	79 (53%)
No	71 (47%)

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

Yes	37 (25%)
No	39 (27%)
Don't have any mental health problems	71 (48%)

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

Very good	8 (5%)
Quite good	51 (34%)
Quite bad	41 (27%)
Very bad	43 (28%)
Don't know	9 (6%)

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	56 (37%)
No	94 (63%)

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

Yes	18 (13%)
No	31 (22%)
Don't have a disability	94 (66%)

12.3 Have you been on an ACCT in this prison?

Yes	37 (25%)
No	110 (75%)

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

Yes	17 (12%)
No	18 (12%)
Have not been on an ACCT in this prison	110 (76%)

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

Very easy	25 (17%)
Quite easy	30 (20%)
Quite difficult	13 (9%)
Very difficult	8 (5%)
Don't know	69 (47%)
No Listeners at this prison	3 (2%)

Alcohol and drugs

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

Yes	18 (12%)
No	131 (88%)

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

Yes	14 (9%)
No	4 (3%)
Did not / do not have an alcohol problem	131 (88%)

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

Yes	36 (24%)
No	114 (76%)

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

Yes	39 (26%)
No	109 (74%)

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

Yes	25 (17%)
No	123 (83%)

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

Yes	24 (17%)
No	25 (17%)
Did not / do not have a drug problem	95 (66%)

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

Very easy	71 (48%)
Quite easy	18 (12%)
Quite difficult	5 (3%)
Very difficult	7 (5%)
Don't know	48 (32%)

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

Very easy	41 (28%)
Quite easy	25 (17%)
Quite difficult	6 (4%)
Very difficult	10 (7%)
Don't know	66 (45%)

Safety

14.1 Have you ever felt unsafe here?

Yes	97 (64%)
No	55 (36%)

14.2 Do you feel unsafe now?

Yes	43 (29%)
No	103 (71%)

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

Verbal abuse	62 (42%)
Threats or intimidation	69 (47%)
Physical assault	46 (31%)
Sexual assault	6 (4%)
Theft of canteen or property	41 (28%)
Other bullying / victimisation	36 (24%)
Not experienced any of these from prisoners here	59 (40%)

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

Yes	51 (35%)
No	93 (65%)

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

Verbal abuse	35 (25%)
Threats or intimidation	31 (22%)
Physical assault	18 (13%)
Sexual assault	2 (1%)
Theft of canteen or property	15 (11%)
Other bullying / victimisation	25 (18%)
Not experienced any of these from staff here	87 (62%)

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

Yes	62 (43%)
No	81 (57%)

Behaviour management

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

Yes	49 (34%)
No	82 (56%)
Don't know what the incentives / rewards are	15 (10%)

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

Yes	62 (42%)
No	58 (39%)
Don't know	20 (13%)
Don't know what this is	9 (6%)

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

Yes	25 (16%)
No	127 (84%)

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

Yes	5 (3%)
No	16 (11%)
Don't remember	2 (1%)
Not been restrained here in last 6 months	127 (85%)

15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?

Yes	19 (13%)
No	130 (87%)

15.6 If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:

	Yes	No
Were you treated well by segregation staff?	7 (39%)	11 (61%)
Could you shower every day?	9 (53%)	8 (47%)
Could you go outside for exercise every day?	11 (65%)	6 (35%)
Could you use the phone every day (if you had credit)?	9 (53%)	8 (47%)

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	101 (70%)	12 (8%)	31 (21%)	1 (1%)
Vocational or skills training	58 (42%)	28 (20%)	46 (33%)	6 (4%)
Prison job	71 (50%)	45 (32%)	25 (18%)	1 (1%)
Voluntary work outside of the prison	6 (4%)	23 (16%)	41 (29%)	71 (50%)
Paid work outside of the prison	6 (4%)	19 (13%)	43 (30%)	73 (52%)

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

	Yes, will help	No, won't help	Not done this
Education	76 (54%)	43 (30%)	23 (16%)
Vocational or skills training	60 (45%)	33 (25%)	41 (31%)
Prison job	45 (33%)	68 (49%)	25 (18%)
Voluntary work outside of the prison	17 (13%)	16 (13%)	95 (74%)
Paid work outside of the prison	21 (16%)	13 (10%)	96 (74%)

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

Yes	99 (68%)
No	40 (27%)
Not applicable (e.g. if you are retired, sick or on remand)	7 (5%)

Planning and progression

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

Yes	108 (72%)
No	42 (28%)

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

Yes	92 (85%)
No	11 (10%)
Don't know what my objectives or targets are	5 (5%)

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

Yes	61 (59%)
No	38 (37%)
Don't know what my objectives or targets are	5 (5%)

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

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	41 (41%)	15 (15%)	43 (43%)
Other programmes	33 (35%)	14 (15%)	48 (51%)
One to one work	26 (30%)	12 (14%)	48 (56%)
Being on a specialist unit	17 (20%)	8 (9%)	61 (71%)
ROTL - day or overnight release	2 (2%)	5 (6%)	76 (92%)

Preparation for release

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

Yes	6 (4%)
No	138 (93%)
Don't know	4 (3%)

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

Very near	1 (17%)
Quite near	0 (0%)
Quite far	0 (0%)
Very far	5 (83%)

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

Yes	2 (33%)
No	4 (67%)

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

	Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
Finding accommodation	2 (33%)	3 (50%)	1 (17%)
Getting employment	0 (0%)	5 (83%)	1 (17%)
Setting up education or training	0 (0%)	4 (80%)	1 (20%)
Arranging benefits	0 (0%)	5 (83%)	1 (17%)
Sorting out finances	0 (0%)	4 (67%)	2 (33%)
Support for drug or alcohol problems	0 (0%)	3 (50%)	3 (50%)
Health / mental health support	0 (0%)	4 (67%)	2 (33%)
Social care support	0 (0%)	5 (83%)	1 (17%)
Getting back in touch with family or friends	0 (0%)	3 (50%)	3 (50%)

More about you

19.1 Do you have children under the age of 18?

Yes	75 (50%)
No	74 (50%)

19.2 Are you a UK / British citizen?

Yes	144 (96%)
No	6 (4%)

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

Yes	6 (4%)
No	141 (96%)

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

Yes	16 (11%)
No	132 (89%)

19.5 What is your gender?

Male	149 (100%)
Female	0 (0%)
Non-binary	0 (0%)
Other	0 (0%)

19.6 How would you describe your sexual orientation?

Straight / heterosexual	142 (97%)
Gay / lesbian / homosexual	1 (1%)
Bisexual	4 (3%)
Other	0 (0%)

19.7 Do you identify as transgender or transsexual?

Yes	2 (1%)
No	137 (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	14 (10%)
Less likely to offend	78 (53%)
Made no difference	54 (37%)

HMP Garth 2018

Survey responses compared with those from other HMIP surveys of category B training prisons and with those from the previous survey

In this table summary statistics from HMP Garth 2018 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other category B training prisons (6 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.

- Summary statistics from surveys of category B training prisons conducted since the introduction of the new questionnaire in September 2017 (3 prisons). Please note that this does not include all category B training prisons.

- Summary statistics from HMP Garth in 2018 are compared with those from HMP Garth in 2017. Please note that we do not have comparable data for the new questions introduced in September 2017.

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	Number of completed questionnaires returned		156	1,267	156	532	156	169
		n=number of valid responses to question (HMP Garth 2018)						
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION							
1.2	Are you under 21 years of age?	*n=154*	0%	0%	0%	0%	0%	0%
	Are you 25 years of age or younger?	*n=154*	9%		9%	12%	9%	
	Are you 50 years of age or older?	*n=154*	20%	31%	20%	21%	20%	20%
	Are you 70 years of age or older?	*n=154*	1%	5%	1%	2%	1%	2%
1.3	Are you from a minority ethnic group?	*n=154*	21%	28%	21%	38%	21%	18%
1.4	Have you been in this prison for less than 6 months?	*n=150*	14%		14%	14%	14%	
1.5	Are you currently serving a sentence?	*n=153*	100%	99%	100%	100%	100%	100%
	Are you on recall?	*n=153*	3%	3%	3%	3%	3%	4%
1.6	Is your sentence less than 12 months?	*n=155*	0%	1%	0%	0%	0%	0%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	*n=155*	9%	12%	9%	8%	9%	5%
7.1	Are you Muslim?	*n=153*	12%	15%	12%	22%	12%	7%
11.3	Do you have any mental health problems?	*n=150*	53%		53%	38%	53%	
12.1	Do you consider yourself to have a disability?	*n=150*	37%	32%	37%	33%	37%	29%
19.1	Do you have any children under the age of 18?	*n=149*	50%	44%	50%	48%	50%	45%
19.2	Are you a foreign national?	*n=150*	4%	10%	4%	7%	4%	6%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	*n=147*	4%	4%	4%	5%	4%	1%
19.4	Have you ever been in the armed services?	*n=148*	11%	8%	11%	7%	11%	3%
19.5	Is your gender female or non-binary?	*n=149*	0%		0%	1%	0%	
19.6	Are you homosexual, bisexual or other sexual orientation?	*n=147*	3%	7%	3%	6%	3%	8%
19.7	Do you identify as transgender or transsexual?	*n=139*	1%		1%	1%	1%	
	ARRIVAL AND RECEPTION							
2.1	Were you given up-to-date information about this prison before you came here?	*n=151*	11%		11%	18%	11%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	*n=153*	54%	49%	54%	50%	54%	61%
2.3	When you were searched in reception, was this done in a respectful way?	*n=151*	84%	81%	84%	82%	84%	84%
2.4	Overall, were you treated very / quite well in reception?	*n=152*	90%		90%	84%	90%	

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		n=number of valid responses to question (HMP Garth 2018)						
2.5	When you first arrived, did you have any problems?	*n=151*	67%	68%	67%	69%	67%	65%
2.5	Did you have problems with:							
	- Getting phone numbers?	*n=151*	19%	21%	19%	21%	19%	16%
	- Contacting family?	*n=151*	19%	21%	19%	19%	19%	22%
	- Arranging care for children or other dependents?	*n=151*	0%		0%	2%	0%	
	- Contacting employers?	*n=151*	1%	2%	1%	2%	1%	2%
	- Money worries?	*n=151*	12%	14%	12%	13%	12%	10%
	- Housing worries?	*n=151*	2%	6%	2%	4%	2%	4%
	- Feeling depressed?	*n=151*	32%		32%	25%	32%	
	- Feeling suicidal?	*n=151*	12%		12%	8%	12%	
	- Other mental health problems?	*n=151*	25%		25%	18%	25%	
	- Physical health problems?	*n=151*	13%	15%	13%	15%	13%	16%
	- Drugs or alcohol (e.g. withdrawal)?	*n=151*	9%		9%	5%	9%	
	- Getting medication?	*n=151*	23%		23%	21%	23%	
	- Needing protection from other prisoners?	*n=151*	6%	6%	6%	7%	6%	11%
	- Lost or delayed property?	*n=151*	22%	25%	22%	29%	22%	23%
	For those who had any problems when they first arrived:							
2.6	Did staff help you to deal with these problems?	*n=95*	38%	33%	38%	27%	38%	29%
FIRST NIGHT AND INDUCTION								
3.1	Before you were locked up on your first night, were you offered:							
	- Tobacco or nicotine replacement?	*n=150*	60%	55%	60%	48%	60%	61%
	- Toiletries / other basic items?	*n=150*	44%	52%	44%	49%	44%	49%
	- A shower?	*n=150*	39%	30%	39%	40%	39%	28%
	- A free phone call?	*n=150*	28%	39%	28%	35%	28%	20%
	- Something to eat?	*n=150*	62%	62%	62%	69%	62%	37%
	- The chance to see someone from health care?	*n=150*	50%	55%	50%	48%	50%	57%
	- The chance to talk to a Listener or Samaritans?	*n=150*	19%	30%	19%	21%	19%	25%
	- Support from another prisoner (e.g. Insider or buddy)?	*n=150*	19%		19%	26%	19%	
	- None of these?	*n=150*	11%		11%	12%	11%	
3.2	On your first night in this prison, was your cell very / quite clean?	*n=153*	35%		35%	41%	35%	
3.3	Did you feel safe on your first night here?	*n=151*	66%	75%	66%	73%	66%	67%
3.4	In your first few days here, did you get:							
	- Access to the prison shop / canteen?	*n=141*	47%	33%	47%	47%	47%	18%
	- Free PIN phone credit?	*n=142*	45%		45%	51%	45%	
	- Numbers put on your PIN phone?	*n=138*	52%		52%	54%	52%	
3.5	Have you had an induction at this prison?	*n=150*	86%	93%	86%	91%	86%	68%
	For those who have had an induction:							
3.5	Did your induction cover everything you needed to know about this prison?	*n=129*	50%		50%	61%	50%	

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	n=number of valid responses to question (HMP Garth 2018)						
ON THE WING							
4.1	Are you in a cell on your own? *n=156*	92%		92%	97%	92%	
4.2	Is your cell call bell normally answered within 5 minutes? *n=152*	31%	35%	31%	28%	31%	25%
4.3	On the wing or houseblock you currently live on:						
	- Do you normally have enough clean, suitable clothes for the week? *n=155*	74%	76%	74%	74%	74%	52%
	- Can you shower every day? *n=154*	91%	93%	91%	91%	91%	95%
	- Do you have clean sheets every week? *n=148*	80%	68%	80%	65%	80%	56%
	- Do you get cell cleaning materials every week? *n=149*	40%	70%	40%	55%	40%	36%
	- Is it normally quiet enough for you to relax or sleep at night? *n=151*	62%	66%	62%	62%	62%	58%
	- Can you get your stored property if you need it? *n=147*	18%	28%	18%	28%	18%	13%
4.4	Are the communal / shared areas of your wing or houseblook normally very / quite clean? *n=155*	56%		56%	49%	56%	
FOOD AND CANTEEN							
5.1	Is the quality of the food in this prison very / quite good? *n=152*	39%		39%	49%	39%	
5.2	Do you get enough to eat at meal-times always / most of the time? *n=156*	38%		38%	35%	38%	
5.3	Does the shop / canteen sell the things that you need? *n=153*	70%	54%	70%	57%	70%	35%
RELATIONSHIPS WITH STAFF							
6.1	Do most staff here treat you with respect? *n=153*	80%	76%	80%	70%	80%	76%
6.2	Are there any staff here you could turn to if you had a problem? *n=154*	73%	73%	73%	65%	73%	69%
6.3	In the last week, has any member of staff talked to you about how you are getting on? *n=155*	40%	29%	40%	25%	40%	27%
6.4	Do you have a personal officer? *n=152*	91%		91%	60%	91%	
	For those who have a personal officer:						
6.4	Is your personal or named officer very / quite helpful? *n=139*	55%		55%	39%	55%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners? *n=153*	10%		10%	8%	10%	
6.6	Do you feel that you are treated as an individual in this prison? *n=149*	50%		50%	39%	50%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues? *n=152*	58%		58%	57%	58%	
	If so, do things sometimes change? *n=88*	38%		38%	33%	38%	
FAITH							
7.1	Do you have a religion? *n=153*	78%	78%	78%	78%	78%	72%
	For those who have a religion:						
7.2	Are your religious beliefs respected here? *n=118*	69%		69%	61%	69%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to? *n=120*	68%		68%	66%	68%	
7.4	Are you able to attend religious services, if you want to? *n=119*	82%		82%	87%	82%	

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CONTACT WITH FAMILY AND FRIENDS							
8.1	Have staff here encouraged you to keep in touch with your family / friends? *n=154*	38%		38%	26%	38%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)? *n=150*	59%	51%	59%	61%	59%	62%
8.3	Are you able to use a phone every day (if you have credit)? *n=150*	95%		95%	95%	95%	
8.4	Is it very / quite easy for your family and friends to get here? *n=147*	25%		25%	23%	25%	
8.5	Do you get visits from family/friends once a week or more? *n=147*	11%		11%	9%	11%	
	For those who get visits:						
8.6	Do visits usually start and finish on time? *n=85*	29%		29%	27%	29%	
8.7	Are your visitors usually treated respectfully by staff? *n=81*	70%		70%	62%	70%	
TIME OUT OF CELL							
9.1	Do you know what the unlock and lock-up times are supposed to be here? *n=152*	94%		94%	91%	94%	
	For those who know what the unlock and lock-up times are supposed to be:						
9.1	Are these times usually kept to? *n=143*	55%		55%	29%	55%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday? *n=148*	13%	9%	13%	11%	13%	10%
	Do you usually spend 10 hours or more out of your cell on a typical weekday? *n=148*	10%	15%	10%	9%	10%	20%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday? *n=151*	11%		11%	14%	11%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday? *n=151*	1%		1%	3%	1%	
9.4	Do you have time to do domestics more than 5 days in a typical week? *n=149*	67%		67%	65%	67%	
9.5	Do you get association more than 5 days in a typical week, if you want it? *n=150*	78%		78%	71%	78%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to? *n=151*	81%		81%	76%	81%	
9.7	Do you typically go to the gym twice a week or more? *n=153*	64%		64%	45%	64%	
9.8	Do you typically go to the library once a week or more? *n=148*	22%	47%	22%	50%	22%	27%
	For those who use the library:						
9.9	Does the library have a wide enough range of materials to meet your needs? *n=99*	59%	48%	59%	49%	59%	60%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS							
10.1	Is it easy for you to make an application? *n=151*	81%	77%	81%	68%	81%	76%
	For those who have made an application:						
10.2	Are applications usually dealt with fairly? *n=134*	55%	49%	55%	38%	55%	45%
	Are applications usually dealt with within 7 days? *n=128*	33%	34%	33%	24%	33%	27%
10.3	Is it easy for you to make a complaint? *n=149*	70%	66%	70%	67%	70%	64%
	For those who have made a complaint:						
10.4	Are complaints usually dealt with fairly? *n=95*	34%	27%	34%	20%	34%	26%
	Are complaints usually dealt with within 7 days? *n=96*	29%	21%	29%	14%	29%	21%
10.5	Have you ever been prevented from making a complaint here when you wanted to? *n=111*	26%		26%	30%	26%	

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	For those who need it, is it easy to:							
10.6	Communicate with your solicitor or legal representative?	*n=113*	44%		44%	48%	44%	
	Attend legal visits?	*n=106*	47%		47%	44%	47%	
	Get bail information?	*n=74*	14%		14%	11%	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?	*n=114*	59%	58%	59%	66%	59%	59%
HEALTH CARE								
11.1	Is it very / quite easy to see:							
	- Doctor?	*n=153*	22%		22%	20%	22%	
	- Nurse?	*n=151*	44%		44%	39%	44%	
	- Dentist?	*n=149*	9%		9%	11%	9%	
	- Mental health workers?	*n=146*	23%		23%	16%	23%	
11.2	Do you think the quality of the health service is very / quite good from:							
	- Doctor?	*n=149*	35%		35%	39%	35%	
	- Nurse?	*n=146*	53%		53%	44%	53%	
	- Dentist?	*n=145*	39%		39%	29%	39%	
	- Mental health workers?	*n=139*	32%		32%	21%	32%	
11.3	Do you have any mental health problems?	*n=150*	53%		53%	38%	53%	
	For those who have mental health problems:							
11.4	Have you been helped with your mental health problems in this prison?	*n=76*	49%		49%	36%	49%	
11.5	Do you think the overall quality of the health services here is very / quite good?	*n=152*	39%		39%	24%	39%	
OTHER SUPPORT NEEDS								
12.1	Do you consider yourself to have a disability?	*n=150*	37%	32%	37%	33%	37%	29%
	For those who have a disability:							
12.2	Are you getting the support you need?	*n=49*	37%		37%	25%	37%	
12.3	Have you been on an ACCT in this prison?	*n=147*	25%		25%	14%	25%	
	For those who have been on an ACCT:							
12.4	Did you feel cared for by staff?	*n=35*	49%		49%	38%	49%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	*n=148*	37%		37%	35%	37%	
ALCOHOL AND DRUGS								
13.1	Did you have an alcohol problem when you came into this prison?	*n=149*	12%	13%	12%	9%	12%	19%
	For those who had / have an alcohol problem:							
13.2	Have you been helped with your alcohol problem in this prison?	*n=18*	78%	59%	78%	37%	78%	53%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	*n=150*	24%	16%	24%	17%	24%	27%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	*n=148*	26%	11%	26%	16%	26%	19%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	*n=148*	17%		17%	10%	17%	
	For those who had / have a drug problem:							
13.6	Have you been helped with your drug problem in this prison?	*n=49*	49%	49%	49%	36%	49%	53%
13.7	Is it very / quite easy to get illicit drugs in this prison?	*n=149*	60%		60%	48%	60%	
13.8	Is it very / quite easy to get alcohol in this prison?	*n=148*	45%		45%	43%	45%	

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Grey shading indicates that we have no valid data for this question

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

			HMP Garth 2018	All other category B training prisons	HMP Garth 2018	All other category B training prisons surveyed since September 2017	HMP Garth 2018	HMP Garth 2017
	Number of completed questionnaires returned		156	1,267	156	532	156	169
		n=number of valid responses to question (HMP Garth 2018)						
SAFETY								
14.1	Have you ever felt unsafe here?	*n=152*	64%	47%	64%	54%	64%	66%
14.2	Do you feel unsafe now?	*n=146*	30%	23%	30%	29%	30%	34%
14.3	Have you experienced any of the following from other prisoners here:							
	- Verbal abuse?	*n=148*	42%		42%	37%	42%	
	- Threats or intimidation?	*n=148*	47%		47%	35%	47%	
	- Physical assault?	*n=148*	31%		31%	21%	31%	
	- Sexual assault?	*n=148*	4%		4%	2%	4%	
	- Theft of canteen or property?	*n=148*	28%		28%	26%	28%	
	- Other bullying / victimisation?	*n=148*	24%		24%	20%	24%	
	- Not experienced any of these from prisoners here	*n=148*	40%		40%	51%	40%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	*n=144*	35%		35%	29%	35%	
14.5	Have you experienced any of the following from staff here:							
	- Verbal abuse?	*n=141*	25%		25%	34%	25%	
	- Threats or intimidation?	*n=141*	22%		22%	29%	22%	
	- Physical assault?	*n=141*	13%		13%	13%	13%	
	- Sexual assault?	*n=141*	1%		1%	2%	1%	
	- Theft of canteen or property?	*n=141*	11%		11%	15%	11%	
	- Other bullying / victimisation?	*n=141*	18%		18%	23%	18%	
	- Not experienced any of these from staff here	*n=141*	62%		62%	50%	62%	
14.6	If you were being bullied / victimised by staff here, would you report it?	*n=143*	43%		43%	47%	43%	
BEHAVIOUR MANAGEMENT								
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	*n=146*	34%		34%	35%	34%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	*n=149*	42%		42%	38%	42%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	*n=152*	16%	9%	16%	10%	16%	8%
	For those who have been restrained in the last 6 months:							
15.4	Did anyone come and talk to you about it afterwards?	*n=23*	22%		22%	17%	22%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	*n=149*	13%		13%	8%	13%	
	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=18*	39%		39%	55%	39%	
	Could you shower every day?	*n=17*	53%		53%	27%	53%	
	Could you go outside for exercise every day?	*n=17*	65%		65%	76%	65%	
	Could you use the phone every day (if you had credit)?	*n=17*	53%		53%	53%	53%	

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

		HMP Garth 2018	All other category B training prisons	HMP Garth 2018	All other category B training prisons surveyed since September 2017	HMP Garth 2018	HMP Garth 2017
	Number of completed questionnaires returned	156	1,267	156	532	156	169
	n=number of valid responses to question (HMP Garth 2018)						
EDUCATION, SKILLS AND WORK							
16.1	In this prison, is it easy to get into the following activities:						
	- Education? *n=145*	70%		70%	60%	70%	
	- Vocational or skills training? *n=138*	42%		42%	25%	42%	
	- Prison job? *n=142*	50%		50%	35%	50%	
	- Voluntary work outside of the prison? *n=141*	4%		4%	3%	4%	
	- Paid work outside of the prison? *n=141*	4%		4%	2%	4%	
16.2	In this prison, have you done the following activities:						
	- Education? *n=142*	84%	86%	84%	86%	84%	87%
	- Vocational or skills training? *n=134*	69%	73%	69%	70%	69%	84%
	- Prison job? *n=138*	82%	89%	82%	89%	82%	91%
	- Voluntary work outside of the prison? *n=128*	26%		26%	30%	26%	
	- Paid work outside of the prison? *n=130*	26%		26%	28%	26%	
	For those who have done the following activities, do you think they will help you on release:						
	- Education? *n=119*	64%	58%	64%	63%	64%	58%
	- Vocational or skills training? *n=93*	65%	54%	65%	65%	65%	55%
	- Prison job? *n=113*	40%	42%	40%	41%	40%	41%
	- Voluntary work outside of the prison? *n=33*	52%		52%	61%	52%	
	- Paid work outside of the prison? *n=34*	62%		62%	63%	62%	
16.3	Do staff encourage you to attend education, training or work? *n=139*	71%		71%	40%	71%	
PLANNING AND PROGRESSION							
17.1	Do you have a custody plan? *n=150*	72%		72%	69%	72%	
	For those who have a custody plan:						
17.2	Do you understand what you need to do to achieve your objectives or targets? *n=108*	85%		85%	86%	85%	
17.3	Are staff helping you to achieve your objectives or targets? *n=104*	59%		59%	41%	59%	
17.4	In this prison, have you done:						
	- Offending behaviour programmes? *n=99*	57%		57%	61%	57%	
	- Other programmes? *n=95*	50%		50%	52%	50%	
	- One to one work? *n=86*	44%		44%	44%	44%	
	- Been on a specialist unit? *n=86*	29%		29%	22%	29%	
	- ROTL - day or overnight release? *n=83*	8%		8%	5%	8%	
	For those who have done the following, did they help you to achieve your objectives or targets:						
	- Offending behaviour programmes? *n=56*	73%		73%	76%	73%	
	- Other programmes? *n=47*	70%		70%	70%	70%	
	- One to one work? *n=38*	68%		68%	73%	68%	
	- Being on a specialist unit? *n=25*	68%		68%	53%	68%	
	- ROTL - day or overnight release? *n=7*	29%		29%	43%	29%	

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		HMP Garth 2018	All other category B training prisons	HMP Garth 2018	All other category B training prisons surveyed since September 2017	HMP Garth 2018	HMP Garth 2017
	Number of completed questionnaires returned	156	1,267	156	532	156	169
	n=number of valid responses to question (HMP Garth 2018)						
PREPARATION FOR RELEASE							
18.1	Do you expect to be released in the next 3 months? *n=148*	4%		4%	3%	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? *n=6*	17%		17%	27%	17%	
18.3	Is anybody helping you to prepare for your release? *n=6*	33%		33%	47%	33%	
18.4	Do you need help to sort out the following for when you are released:						
	- Finding accommodation? *n=6*	83%		83%	93%	83%	
	- Getting employment? *n=6*	83%		83%	85%	83%	
	- Setting up education or training? *n=5*	80%		80%	85%	80%	
	- Arranging benefits? *n=6*	83%		83%	69%	83%	
	- Sorting out finances? *n=6*	67%		67%	62%	67%	
	- Support for drug or alcohol problems? *n=6*	50%		50%	40%	50%	
	- Health / mental Health support? *n=6*	67%		67%	58%	67%	
	- Social care support? *n=6*	83%		83%	67%	83%	
	- Getting back in touch with family or friends? *n=6*	50%		50%	62%	50%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:						
	- Finding accommodation? *n=5*	40%		40%	31%	40%	
	- Getting employment? *n=5*	0%		0%	18%	0%	
	- Setting up education or training? *n=4*	0%		0%	18%	0%	
	- Arranging benefits? *n=5*	0%		0%	22%	0%	
	- Sorting out finances? *n=4*	0%		0%	13%	0%	
	- Support for drug or alcohol problems? *n=3*	0%		0%	0%	0%	
	- Health / mental Health support? *n=4*	0%		0%	14%	0%	
	- Social care support? *n=5*	0%		0%	0%	0%	
	- Getting back in touch with family or friends? *n=3*	0%		0%	25%	0%	
FINAL QUESTION ABOUT THIS PRISON							
20.1	Do you think your experiences in this prison have made you less likely to offend in the future? *n=146*	53%		53%	51%	53%	

HMP Garth 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
- Muslim prisoners' responses are compared with those of non-Muslim prisoners
Please note that these analyses are based on summary data from selected survey questions only.

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

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

		Black and minority ethnic	White	Muslim	Non-Muslim
	Number of completed questionnaires returned	32	122	19	134
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2	Are you under 25 years of age?	19%	7%	37%	5%
	Are you 50 years of age or older?	9%	23%	5%	23%
1.3	Are you from a minority ethnic group?			84%	11%
7.1	Are you Muslim?	52%	3%		
11.3	Do you have any mental health problems?	39%	56%	56%	52%
12.1	Do you consider yourself to have a disability?	33%	38%	50%	35%
19.2	Are you a foreign national?	3%	3%	6%	4%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	5%	6%	4%
	ARRIVAL AND RECEPTION				
2.3	When you were searched in reception, was this done in a respectful way?	77%	86%	78%	85%
2.4	Overall, were you treated very / quite well in reception?	81%	92%	79%	92%
2.5	When you first arrived, did you have any problems?	65%	68%	90%	63%
	For those who had any problems when they first arrived:				
2.6	Did staff help you to deal with these problems?	25%	42%	18%	42%
	FIRST NIGHT AND INDUCTION				
3.3	Did you feel safe on your first night here?	67%	66%	61%	68%
3.5	Have you had an induction at this prison?	74%	89%	79%	87%
	For those who have had an induction:				
3.5	Did your induction cover everything you needed to know about this prison?	52%	49%	47%	50%
	ON THE WING				
4.2	Is your cell call bell normally answered within 5 minutes?	25%	32%	26%	32%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	69%	74%	58%	75%
	- Can you shower every day?	88%	92%	90%	91%
	- Do you have clean sheets every week?	81%	80%	72%	81%
	- Do you get cell cleaning materials every week?	33%	42%	39%	40%
	- Is it normally quiet enough for you to relax or sleep at night?	57%	63%	29%	66%
	- Can you get your stored property if you need it?	20%	17%	17%	19%

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

	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	32	122	19	134
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	41%	36%	26%	40%
5.3 Does the shop / canteen sell the things that you need?	53%	74%	44%	73%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	68%	83%	63%	83%
6.2 Are there any staff here you could turn to if you had a problem?	65%	75%	50%	76%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	44%	39%	32%	41%
6.6 Do you feel that you are treated as an individual in this prison?	39%	53%	32%	53%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	64%	70%	58%	71%
7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?	72%	66%	68%	67%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	39%	38%	26%	40%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	52%	62%	63%	59%
8.3 Are you able to use a phone every day (if you have credit)?	93%	96%	94%	95%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	54%	73%	29%	74%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	19%	11%	21%	11%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	10%	10%	0%	11%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	44%	61%	13%	62%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	81%	81%	68%	82%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	41%	58%	35%	58%
10.3 Is it easy for you to make a complaint?	70%	69%	56%	71%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	25%	35%	13%	38%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	36%	24%	41%	23%

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	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	32	122	19	134
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	19%	22%	11%	23%
- Nurse?	36%	45%	22%	47%
- Dentist?	13%	8%	6%	9%
- Mental health workers?	14%	24%	18%	23%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	8%	55%	10%	55%
11.5 Do you think the overall quality of the health services here is very / quite good?	29%	41%	11%	42%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	0%	46%	13%	43%
SAFETY				
14.1 Have you ever felt unsafe here?	53%	66%	65%	63%
14.2 Do you feel unsafe now?	28%	30%	44%	27%
14.3 Not experienced bullying / victimisation by other prisoners	48%	37%	35%	40%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	22%	39%	6%	40%
14.5 Not experienced bullying / victimisation by members of staff	56%	63%	47%	63%
14.6 If you were being bullied / victimised by staff here, would you report it?	32%	46%	24%	46%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	37%	32%	17%	36%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	26%	45%	17%	45%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	23%	15%	39%	13%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	13%	13%	17%	12%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	64%	73%	63%	72%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	63%	74%	72%	72%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	61%	57%	46%	60%
PREPARATION 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?	25%	50%	33%	33%
FINAL QUESTION ABOUT THIS PRISON				
20.1 Do you think your experiences in this prison have made you less likely to offend in the future?	57%	54%	42%	55%

HMP Garth 2018

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.

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	50 and over	Under 50
Number of completed questionnaires returned	31	123

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 25 years of age?	0%	11%
	Are you 70 years of age or older?	7%	0%
1.3	Are you from a minority ethnic group?	10%	24%
7.1	Are you Muslim?	3%	15%
11.3	Do you have any mental health problems?	32%	58%
12.1	Do you consider yourself to have a disability?	43%	36%
19.2	Are you a foreign national?	0%	5%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	5%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	87%	83%
2.4	Overall, were you treated very / quite well in reception?	90%	89%
2.5	When you first arrived, did you have any problems?	61%	68%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	24%	41%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	61%	67%
3.5	Have you had an induction at this prison?	76%	88%
	For those who have had an induction:		
3.5	Did your induction cover everything you needed to know about this prison?	50%	50%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	26%	33%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	81%	71%
	- Can you shower every day?	90%	92%
	- Do you have clean sheets every week?	90%	78%
	- Do you get cell cleaning materials every week?	30%	43%
	- Is it normally quiet enough for you to relax or sleep at night?	48%	65%
	- Can you get your stored property if you need it?	17%	18%

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

	50 and over	Under 50
Number of completed questionnaires returned	31	123

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	**39%**	**37%**
5.3	Does the shop / canteen sell the things that you need?	**77%**	**68%**
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	**87%**	**79%**
6.2	Are there any staff here you could turn to if you had a problem?	**71%**	**74%**
6.3	In the last week, has any member of staff talked to you about how you are getting on?	**32%**	**43%**
6.6	Do you feel that you are treated as an individual in this prison?	**39%**	**53%**
FAITH			
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	**76%**	**66%**
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	**68%**	**67%**
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	**36%**	**40%**
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	**53%**	**61%**
8.3	Are you able to use a phone every day (if you have credit)?	**100%**	**94%**
	For those who get visits:		
8.7	Are your visitors usually treated respectfully by staff?	**77%**	**69%**
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	**4%**	**14%**
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	**0%**	**13%**
	For those who use the library:		
9.9	Does the library have a wide enough range of materials to meet your needs?	**60%**	**57%**
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	**77%**	**81%**
	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	**50%**	**57%**
10.3	Is it easy for you to make a complaint?	**60%**	**72%**
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly?	**38%**	**33%**
10.5	Have you ever been prevented from making a complaint here when you wanted to?	**19%**	**28%**

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

	50 and over	Under 50
Number of completed questionnaires returned	31	123

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	10%	25%
	- Nurse?	37%	45%
	- Dentist?	7%	9%
	- Mental health workers?	14%	24%
	For those who have mental health problems:		
11.4	Have you been helped with your mental health problems in this prison?	67%	46%
11.5	Do you think the overall quality of the health services here is very / quite good?	26%	43%
OTHER SUPPORT NEEDS			
	For those who have a disability:		
12.2	Are you getting the support you need?	50%	32%
SAFETY			
14.1	Have you ever felt unsafe here?	65%	64%
14.2	Do you feel unsafe now?	33%	29%
14.3	Not experienced bullying / victimisation by other prisoners	42%	39%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	67%	27%
14.5	Not experienced bullying / victimisation by members of staff	76%	57%
14.6	If you were being bullied / victimised by staff here, would you report it?	69%	36%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	41%	30%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	45%	40%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	3%	20%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	16%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	62%	73%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	67%	73%
	For those who have a custody plan:		
17.3	Are staff helping you to achieve your objectives or targets?	58%	59%
PREPARATION 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?		33%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	59%	53%

HMP Garth 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of prisoners who reported that they had mental health problems compared with those who did not.
- responses of prisoners who reported that they had a disability compared with those who did not.
Please note that these analyses are based on summary data from selected survey questions only.

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

		Mental health problems	No mental health problems	Have a disability	Do not have a disability
	Number of completed questionnaires returned	79	71	56	94
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2	Are you under 25 years of age?	6%	13%	7%	11%
	Are you 50 years of age or older?	13%	30%	24%	18%
1.3	Are you from a minority ethnic group?	16%	27%	18%	22%
7.1	Are you Muslim?	13%	11%	16%	10%
11.3	Do you have any mental health problems?			78%	37%
12.1	Do you consider yourself to have a disability?	55%	17%		
19.2	Are you a foreign national?	5%	3%	0%	6%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	5%	3%	4%	4%
	ARRIVAL AND RECEPTION				
2.3	When you were searched in reception, was this done in a respectful way?	82%	87%	76%	89%
2.4	Overall, were you treated very / quite well in reception?	84%	96%	82%	95%
2.5	When you first arrived, did you have any problems?	78%	55%	87%	54%
	For those who had any problems when they first arrived:				
2.6	Did staff help you to deal with these problems?	35%	38%	34%	38%
	FIRST NIGHT AND INDUCTION				
3.3	Did you feel safe on your first night here?	60%	72%	59%	71%
3.5	Have you had an induction at this prison?	84%	87%	83%	87%
	For those who have had an induction:				
3.5	Did your induction cover everything you needed to know about this prison?	50%	48%	46%	51%
	ON THE WING				
4.2	Is your cell call bell normally answered within 5 minutes?	29%	31%	24%	35%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	67%	81%	57%	83%
	- Can you shower every day?	91%	90%	89%	92%
	- Do you have clean sheets every week?	77%	84%	77%	82%
	- Do you get cell cleaning materials every week?	39%	40%	37%	42%
	- Is it normally quiet enough for you to relax or sleep at night?	64%	61%	54%	69%
	- Can you get your stored property if you need it?	17%	18%	12%	22%

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

	Mental health problems	No mental health problems	Have a disability	Do not have a disability
Number of completed questionnaires returned	79	71	56	94
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	32%	45%	30%	44%
5.3 Does the shop / canteen sell the things that you need?	68%	74%	66%	72%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	73%	87%	67%	88%
6.2 Are there any staff here you could turn to if you had a problem?	67%	80%	64%	80%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	39%	38%	29%	45%
6.6 Do you feel that you are treated as an individual in this prison?	44%	57%	42%	55%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	65%	73%	62%	73%
7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?	60%	77%	62%	71%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	35%	41%	32%	42%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	64%	56%	58%	62%
8.3 Are you able to use a phone every day (if you have credit)?	92%	99%	93%	97%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	68%	72%	72%	70%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	18%	6%	14%	11%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	9%	10%	5%	14%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	57%	62%	53%	62%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	83%	78%	80%	81%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	51%	60%	35%	67%
10.3 Is it easy for you to make a complaint?	68%	70%	64%	73%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	33%	33%	32%	35%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	32%	20%	42%	17%

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	Mental health problems	No mental health problems	Have a disability	Do not have a disability
Number of completed questionnaires returned	79	71	56	94
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	28%	14%	18%	23%
- Nurse?	47%	39%	39%	47%
- Dentist?	8%	10%	8%	10%
- Mental health workers?	25%	19%	19%	24%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	49%		38%	64%
11.5 Do you think the overall quality of the health services here is very / quite good?	38%	41%	20%	51%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	26%	67%	38%	
SAFETY				
14.1 Have you ever felt unsafe here?	80%	48%	78%	55%
14.2 Do you feel unsafe now?	42%	16%	50%	19%
14.3 Not experienced bullying / victimisation by other prisoners	24%	56%	33%	44%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	33%	38%	39%	34%
14.5 Not experienced bullying / victimisation by members of staff	47%	76%	43%	72%
14.6 If you were being bullied / victimised by staff here, would you report it?	37%	49%	40%	45%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	29%	39%	33%	35%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	36%	48%	38%	44%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	25%	7%	18%	15%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	21%	4%	19%	9%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	65%	78%	67%	74%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	71%	72%	67%	75%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	57%	61%	54%	62%
PREPARATION 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?	25%	50%	25%	50%
FINAL QUESTION ABOUT THIS PRISON				
20.1 Do you think your experiences in this prison have made you less likely to offend in the future?	45%	61%	40%	60%

HMP Garth 2018

Comparison of survey responses from different residential locations

In this table responses from the vulnerable prisoner unit (F and G wings) are compared with those from the rest of the establishment (A, B, C, D and E wings).

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		Vulnerable prisoner unit (F and G wings)	Rest of the establishment (A, B, C, D and E wings)
	Number of completed questionnaires returned	37	114
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	0%	0%
	Are you 25 years of age or younger?	3%	12%
	Are you 50 years of age or older?	44%	13%
	Are you 70 years of age or older?	3%	1%
1.3	Are you from a minority ethnic group?	16%	21%
1.4	Have you been in this prison for less than 6 months?	9%	16%
1.5	Are you currently serving a sentence?	100%	100%
	Are you on recall?	0%	5%
1.6	Is your sentence less than 12 months?	0%	0%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	11%
7.1	Are you Muslim?	11%	13%
11.3	Do you have any mental health problems?	35%	57%
12.1	Do you consider yourself to have a disability?	43%	35%
19.1	Do you have any children under the age of 18?	49%	51%
19.2	Are you a foreign national?	3%	5%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	6%
19.4	Have you ever been in the armed services?	23%	7%
19.5	Is your gender female or non-binary?	0%	0%
19.6	Are you homosexual, bisexual or other sexual orientation?	3%	4%
19.7	Do you identify as transgender or transsexual?	3%	1%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	11%	11%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	38%	58%
2.3	When you were searched in reception, was this done in a respectful way?	97%	81%
2.4	Overall, were you treated very / quite well in reception?	97%	88%

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

		Vulnerable prisoner unit (F and G wings)	Rest of the establishment (A, B, C, D and E wings)
	Number of completed questionnaires returned	37	114
2.5	When you first arrived, did you have any problems?	75%	63%
2.5	Did you have problems with:		
	- Getting phone numbers?	19%	18%
	- Contacting family?	22%	16%
	- Arranging care for children or other dependents?	0%	0%
	- Contacting employers?	3%	1%
	- Money worries?	14%	11%
	- Housing worries?	3%	2%
	- Feeling depressed?	39%	29%
	- Feeling suicidal?	17%	10%
	- Other mental health problems?	17%	26%
	- Physical health problems?	11%	14%
	- Drugs or alcohol (e.g. withdrawal)?	6%	11%
	- Getting medication?	22%	20%
	- Needing protection from other prisoners?	3%	7%
	- Lost or delayed property?	19%	21%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	40%	39%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	41%	67%
	- Toiletries / other basic items?	46%	44%
	- A shower?	24%	45%
	- A free phone call?	16%	32%
	- Something to eat?	65%	61%
	- The chance to see someone from health care?	46%	51%
	- The chance to talk to a Listener or Samaritans?	19%	18%
	- Support from another prisoner (e.g. Insider or buddy)?	22%	18%
	- None of these?	16%	9%
3.2	On your first night in this prison, was your cell very / quite clean?	60%	28%
3.3	Did you feel safe on your first night here?	73%	64%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen?	50%	46%
	- Free PIN phone credit?	42%	46%
	- Numbers put on your PIN phone?	63%	49%
3.5	Have you had an induction at this prison?	78%	90%
	For those who have had an induction:		
3.5	Did your induction cover everything you needed to know about this prison?	50%	50%

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	Vulnerable prisoner unit (F and G wings)	Rest of the establishment (A, B, C, D and E wings)
Number of completed questionnaires returned	37	114

ON THE WING			
4.1	Are you in a cell on your own?	78%	97%
4.2	Is your cell call bell normally answered within 5 minutes?	43%	28%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	87%	73%
	- Can you shower every day?	81%	95%
	- Do you have clean sheets every week?	89%	80%
	- Do you get cell cleaning materials every week?	34%	43%
	- Is it normally quiet enough for you to relax or sleep at night?	56%	66%
	- Can you get your stored property if you need it?	32%	15%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	89%	46%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	49%	37%
5.2	Do you get enough to eat at meal-times always / most of the time?	38%	39%
5.3	Does the shop / canteen sell the things that you need?	81%	67%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	81%	83%
6.2	Are there any staff here you could turn to if you had a problem?	68%	76%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	22%	46%
6.4	Do you have a personal officer?	89%	95%
	For those who have a personal officer:		
6.4	Is your personal or named officer very / quite helpful?	34%	62%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	5%	10%
6.6	Do you feel that you are treated as an individual in this prison?	54%	50%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	65%	55%
	If so, do things sometimes change?	38%	39%
FAITH			
7.1	Do you have a religion?	81%	77%
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	93%	61%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	77%	66%
7.4	Are you able to attend religious services, if you want to?	97%	81%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	43%	38%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	53%	60%
8.3	Are you able to use a phone every day (if you have credit)?	97%	96%
8.4	Is it very / quite easy for your family and friends to get here?	19%	27%
8.5	Do you get visits from family/friends once a week or more?	19%	8%
	For those who get visits:		
8.6	Do visits usually start and finish on time?	16%	36%
8.7	Are your visitors usually treated respectfully by staff?	71%	71%

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		Vulnerable prisoner unit (F and G wings)	Rest of the establishment (A, B, C, D and E wings)
	Number of completed questionnaires returned	37	114
TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	86%	96%
	For those who know what the unlock and lock-up times are supposed to be:		
9.1	Are these times usually kept to?	71%	51%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	8%	13%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	13%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	9%	10%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	0%	1%
9.4	Do you have time to do domestics more than 5 days in a typical week?	61%	70%
9.5	Do you get association more than 5 days in a typical week, if you want it?	68%	83%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	76%	82%
9.7	Do you typically go to the gym twice a week or more?	60%	67%
9.8	Do you typically go to the library once a week or more?	9%	25%
	For those who use the library:		
9.9	Does the library have a wide enough range of materials to meet your needs?	65%	58%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	78%	82%
	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	49%	59%
	Are applications usually dealt with within 7 days?	36%	32%
10.3	Is it easy for you to make a complaint?	61%	73%
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly?	35%	35%
	Are complaints usually dealt with within 7 days?	38%	28%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	26%	24%

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	Vulnerable prisoner unit (F and G wings)	Rest of the establishment (A, B, C, D and E wings)
Number of completed questionnaires returned	37	114

	For those who need it, is it easy to:		
10.6	Communicate with your solicitor or legal representative?	54%	43%
	Attend legal visits?	35%	53%
	Get bail information?	6%	17%
	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?	50%	60%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	16%	23%
	- Nurse?	36%	46%
	- Dentist?	6%	10%
	- Mental health workers?	17%	23%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	44%	32%
	- Nurse?	68%	49%
	- Dentist?	50%	37%
	- Mental health workers?	28%	32%
11.3	Do you have any mental health problems?	35%	57%
	For those who have mental health problems:		
11.4	Have you been helped with your mental health problems in this prison?	42%	53%
11.5	Do you think the overall quality of the health services here is very / quite good?	32%	41%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	43%	35%
	For those who have a disability:		
12.2	Are you getting the support you need?	47%	33%
12.3	Have you been on an ACCT in this prison?	19%	24%
	For those who have been on an ACCT:		
12.4	Did you feel cared for by staff?	86%	46%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	58%	32%
ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	8%	14%
	For those who had / have an alcohol problem:		
13.2	Have you been helped with your alcohol problem in this prison?	75%	79%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	8%	28%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	5%	32%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	3%	22%
	For those who had / have a drug problem:		
13.6	Have you been helped with your drug problem in this prison?	67%	51%
13.7	Is it very / quite easy to get illicit drugs in this prison?	46%	63%
13.8	Is it very / quite easy to get alcohol in this prison?	31%	47%

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	Vulnerable prisoner unit (F and G wings)	Rest of the establishment (A, B, C, D and E wings)
Number of completed questionnaires returned	37	114

SAFETY			
14.1	Have you ever felt unsafe here?	54%	66%
14.2	Do you feel unsafe now?	33%	26%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	46%	39%
	- Threats or intimidation?	46%	45%
	- Physical assault?	27%	30%
	- Sexual assault?	5%	4%
	- Theft of canteen or property?	22%	29%
	- Other bullying / victimisation?	27%	22%
	- Not experienced any of these from prisoners here	35%	43%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	54%	29%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	17%	26%
	- Threats or intimidation?	14%	22%
	- Physical assault?	3%	13%
	- Sexual assault?	0%	2%
	- Theft of canteen or property?	3%	12%
	- Other bullying / victimisation?	17%	16%
	- Not experienced any of these from staff here	74%	59%
14.6	If you were being bullied / victimised by staff here, would you report it?	54%	40%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	41%	32%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	49%	41%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0%	18%
	For those who have been restrained in the last 6 months:		
15.4	Did anyone come and talk to you about it afterwards?		22%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	3%	12%
	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?	0%	50%
	Could you shower every day?	0%	46%
	Could you go outside for exercise every day?	0%	64%
	Could you use the phone every day (if you had credit)?	0%	55%

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	Vulnerable prisoner unit (F and G wings)	Rest of the establishment (A, B, C, D and E wings)
Number of completed questionnaires returned	37	114

EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	**86%**	**65%**
	- Vocational or skills training?	**49%**	**40%**
	- Prison job?	**53%**	**49%**
	- Voluntary work outside of the prison?	**3%**	**5%**
	- Paid work outside of the prison?	**3%**	**5%**
16.2	In this prison, have you done the following activities:		
	- Education?	**94%**	**81%**
	- Vocational or skills training?	**77%**	**67%**
	- Prison job?	**74%**	**84%**
	- Voluntary work outside of the prison?	**30%**	**25%**
	- Paid work outside of the prison?	**27%**	**26%**
	For those who have done the following activities, do you think they will help you on release:		
	- Education?	**74%**	**62%**
	- Vocational or skills training?	**79%**	**62%**
	- Prison job?	**61%**	**36%**
	- Voluntary work outside of the prison?	**56%**	**52%**
	- Paid work outside of the prison?	**75%**	**60%**
16.3	Do staff encourage you to attend education, training or work?	**80%**	**70%**
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	**78%**	**69%**
	For those who have a custody plan:		
17.2	Do you understand what you need to do to achieve your objectives or targets?	**93%**	**83%**
17.3	Are staff helping you to achieve your objectives or targets?	**56%**	**63%**
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	**50%**	**60%**
	- Other programmes?	**48%**	**52%**
	- One to one work?	**24%**	**52%**
	- Been on a specialist unit?	**6%**	**37%**
	- ROTL - day or overnight release?	**6%**	**10%**
	For those who have done the following, did they help you to achieve your objectives or targets:		
	- Offending behaviour programmes?	**91%**	**71%**
	- Other programmes?	**91%**	**64%**
	- One to one work?	**100%**	**65%**
	- Being on a specialist unit?	**0%**	**71%**
	- ROTL - day or overnight release?	**100%**	**17%**

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*

	Vulnerable prisoner unit (F and G wings)	Rest of the establishment (A, B, C, D and E wings)
Number of completed questionnaires returned	37	114

PREPARATION 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?		25%
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?		75%
	- Getting employment?		75%
	- Setting up education or training?		67%
	- Arranging benefits?		75%
	- Sorting out finances?		50%
	- Support for drug or alcohol problems?		50%
	- Health / mental Health support?		50%
	- Social care support?		75%
	- Getting back in touch with family or friends?		75%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?		67%
	- Getting employment?		0%
	- Setting up education or training?		0%
	- Arranging benefits?		0%
	- Sorting out finances?		0%
	- Support for drug or alcohol problems?		0%
	- Health / mental Health support?		0%
	- Social care support?		0%
	- Getting back in touch with family or friends?		0%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	74%	49%



HM Inspectorate of Prisons is a member of the UK's National Preventive Mechanism, a group of organisations which independently monitor all places of detention to meet the requirements of international human rights law.

