

Report on an unannounced inspection of

HMP Onley

12 – 23 November 2018

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by HM Chief Inspector of Prisons

12–23 November 2018

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 Onley, situated near Rugby in Warwickshire, is a category C training prison holding, at the time of this inspection, around 740 men. It was last inspected in the summer of 2016. Some 80% of the prisoners held there come from the London area. Sixty per cent are from black and minority ethnic backgrounds, and around three-quarters are serving lengthy sentences of four years or more.

At the last inspection we found that the prison was unsafe, and judged the area of safety to be 'poor', our lowest assessment. Making this judgement is not something we do lightly, and is a reflection of the depths of our concerns when we do so. It was particularly disappointing, therefore, to find that at this latest inspection, two and a half years later, the prison was still fundamentally unsafe, and for the second time attracted our lowest assessment. Inexplicably, of the 18 recommendations we made in 2016 in the area of safety, only five had been achieved. Time and again we find that prisons which are unsafe will struggle to make progress in other areas, and HMP Onley was no exception. On this occasion we found that the prison was offering less respectful detention than at the last inspection, and had failed to make progress in the areas of purposeful activity and resettlement and release planning.

The lack of safety at Onley was all too obvious. From the moment of their arrival, prisoners were exposed to unnecessary risks. Inspectors found that they were placed on an induction wing, in poorly prepared cells, where prisoners who had caused problems elsewhere in the jail were allowed to intimidate and be predatory towards new arrivals. Perhaps it is not surprising that in our survey only 62% of prisoners said they felt safe on the first night. Sadly, their feelings were an all too accurate reflection of what life in Onley would be like during their time there.

As is the case in many prisons, the prevalence of illicit drugs played a major role in causing destabilising factors such as violence, debt, bullying and health emergencies. At Onley we found that nearly a quarter of prisoners were providing positive random drug tests, one in six had acquired a drug habit since entering the jail, and nearly half said it was easy to get hold of drugs. During the previous three months there had been some 200 emergency health calls related to the use of new psychoactive substances (NPS). Despite this, we found that far too little was being done to obstruct the flow of drugs into the jail. The use of intelligence was poor, with some 300 reports waiting to be acted upon.

In light of this, it was almost inevitable that levels of violence would be high – and indeed they were. As a result, more than half of the prisoners told us they had felt unsafe at some time, and a quarter felt unsafe at the time of the inspection. However, there was a lack of analysis of the causes and patterns of violence, and the approach by the prison to it was largely reactive. The prison did not appear to be able to articulate the impact of drugs on the violence. Not only was their approach reactive, it was slow. There were more than 60 outstanding investigations into acts of violence, 42% of adjudications were never dealt with and some 140 referrals to the police were still awaiting a result. Some of these were many months old. The lack of effective challenge to poor behaviour, either informally or through formal processes, inevitably led to a situation where we found that far too many prisoners were self-isolating – refusing to come out of their cells or to go to education, work and training.

HMP Onley was a clear example of where the failure to deal with drugs and violence undermined many other aspects of prison life. There was a vicious circle where fear, frustration and boredom increased the demand for drugs, which in turn fuelled the violence, and thus completed the circle. In order for Onley to break out of this circle, there must obviously be more effective action taken to reduce violence and the availability of drugs. But at the same time, more can be done in other areas.

Onley is a training prison and yet there were not enough activity places for the population, and during the inspection we found that only 50% of prisoners were engaged in purposeful activity at any

one time. In contrast, during our roll checks, conducted during the working day, we found that some 39% of prisoners were locked in their cells. For the past four years the prison had operated a restricted regime, meaning that there was no evening association and no scheduled exercise. The exercise yards were open for an hour, but this was at the same time as prisoners were expected to attend to domestic issues, such as cleaning, and take their meal. It is true that the prison had never really recovered from the chronic staffing shortages brought about a few years ago by the benchmarking exercise, but now that new staff were arriving, freeing up the regime and offering sufficient activity places needed to be a prime objective.

There can also be little doubt that doing more to support family relationships would help prisoners rehabilitate and prepare for their eventual release. Although Onley had been moved administratively from the London to the Midlands group of prisons, 80% of the prisoners still came from London. There were clearly many who felt disorientated by being held so far from home, and who said they rarely received visits from friends or family. Nothing was done to help visitors, either practically or financially, to get to the prison.

While my comments in this introduction might sound highly critical of the lack of progress at Onley, I would not wish to detract from the many good things happening there that were being delivered by dedicated and skilful staff. Health care, education, training, industry and offender management leading to release were all areas where there was some very good provision. Sadly, Onley will fail to fulfil its role as a training and resettlement prison until it can deal with the inextricably linked blights of drugs and violence. This will require a greater attention to Inspectorate recommendations than has been the case in the past, and strong leadership that is focused on clear operational outcomes.

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

Fact page

Task of the establishment
HMP Onley is a category C training and resettlement prison for men.

Certified normal accommodation and operational capacity[1]
Prisoners held at the time of inspection: 738
Baseline certified normal capacity: 742
In-use certified normal capacity: 742
Operational capacity: 742

Notable features from this inspection

Almost 60% of the population were from a black and minority ethnic background.

78% of prisoners were aged under 40.

75% of prisoners were serving four years or more.

250 prisoners were assessed as presenting a high risk of harm to the public.

80% of prisoners were from the London area.

Drug use among the population was high. In the three months before the inspection, there had been 205 health care responses related to the use of new psychoactive substances, and one-third of the prisoners were receiving treatment for substance misuse.

In the previous two years, 50 prisoners had been released into employment with companies operating training facilities on site.

Prison status (public or private) and key providers
Public

Physical health provider: Northamptonshire Healthcare NHS Foundation Trust (NHFT)
Mental health provider: Northamptonshire Healthcare NHS Foundation Trust (NHFT)
Substance use providers: Northamptonshire Healthcare NHS Foundation Trust (NHFT) and Phoenix Futures
Learning and skills provider: Novus
Community rehabilitation company (CRC): MTC Novus
Escort contractor: GEOAmey

Prison group
Midlands

[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.

Brief history
Built as a Borstal in 1968, Onley held young offenders until 1998. The juvenile population was replaced by sentenced adults in March 2004. The establishment was re-roled to a full adult category C training establishment in March 2010. From 2013, HMP Onley was designated as a resettlement prison for Greater London. The role of the establishment is to house a proportion of London prisoners approaching the end of their sentence, with a view to accessing community rehabilitation companies to prepare them for release into their home area. Owing to a reconfiguration of establishments in 2017, the prison has moved back into the Midlands cohort, although still largely holds a London population.

Short description of residential units
A to H wings were the older original wings. A, B, C, D and E wings each provide general accommodation for 60 prisoners.
F wing is the segregation unit, consisting of 15 cells.
G wing is the resettlement wing and H wing is the first night and induction unit, both providing accommodation for 60 prisoners.
I wing provides general accommodation, for 100 prisoners.
J wing and K wings each provide general accommodation for 76 prisoners.
L wing is the enhanced wing, providing accommodation for 70 prisoners.

Name of governor and date in post
Matthew Tilt (April 2018)

Independent Monitoring Board chair
Leslie Leeson

Date of last inspection
25 July – 5 August 2016

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]

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

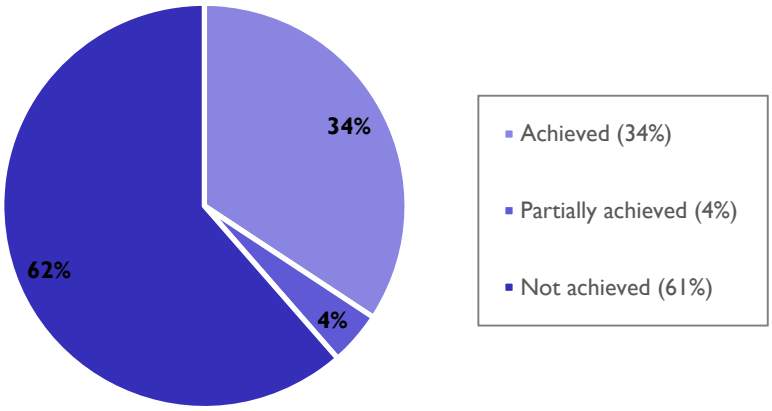
[3] The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

S1 We last inspected HMP Onley in 2016 and made 70 recommendations overall. The prison fully accepted 53 of the recommendations and partially (or subject to resources) accepted 16. It rejected one of the recommendations.

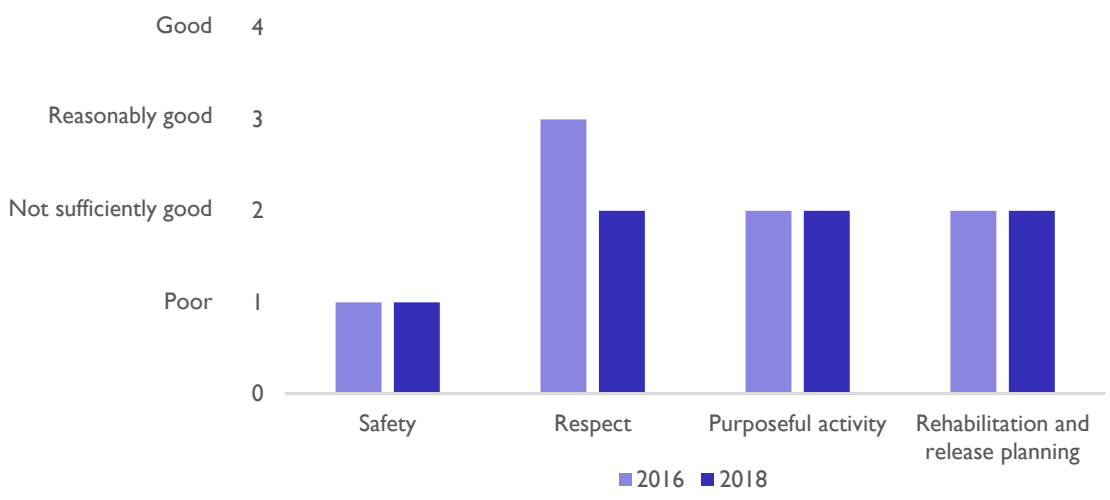
S2 At this follow-up inspection, we found that the prison had achieved 24 of those recommendations, partially achieved three recommendations and not achieved 43 recommendations.

Figure 1: HMP Onley progress on recommendations from last inspection (n=70



S3 Since our last inspection, outcomes for prisoners stayed the same in all healthy prison areas apart from Respect, where outcomes had declined. Outcomes were poor in Safety and not sufficiently good in Respect, Purposeful activity and Rehabilitation and release planning.

Figure 2: HMP Onley healthy prison outcomes 2016 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

S4 *Prisoners were not well supported during their first days at the prison. Levels of violence remained high and too many prisoners said that they felt unsafe. Causes of violence were not well understood and actions to make the prison safer were reactive and poorly coordinated. Neither the incentives and earned privileges scheme nor the adjudication system was used effectively to challenge poor behaviour. Levels of segregation were relatively low but a considerable number of prisoners were self-isolating or confined to the wings. Levels of use of force were high but managerial oversight was weak. Security arrangements were undermined by a huge backlog of intelligence reports. Drugs, particularly new psychoactive drugs, were easily available but supply reduction lacked coordination. Support for prisoners at risk of suicide and self-harm was weak.* ***Outcomes for prisoners were poor against this healthy prison test.***

S5 *At the last inspection in August 2016, we found that outcomes for prisoners in HMP Onley were poor against this healthy prison test. We made 18 recommendations in the area of safety. At this inspection, we found that five of the recommendations had been achieved and 13 had not been achieved.*

S6 The reception area was grubby and austere. Reception staff were friendly and efficient, and there was good support for new arrivals from peer workers but no access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). The first night safety interview with an officer was not held in private and we were not confident that new arrivals with vulnerabilities were routinely identified.

S7 Arrival on the induction wing was chaotic. Staff were far too busy to offer support or advice, and new arrivals faced predation from other prisoners. Prisoners were not always accommodated on the designated first night landing, and cells for new arrivals were poorly prepared and some were not fit for habitation. In our survey, far more prisoners than at similar prisons said that they had felt unsafe on their first night. The purpose of the induction unit was undermined by the allocation of prisoners from other parts of the prison, creating a dysfunctional mix.

S8 Induction wing staff did not understand or take responsibility for the induction process or introduce prisoners to basic information about the prison. Most prisoners completed a shortened but still useful general induction in the education department but this was delivered several days after arrival. Some prisoners were stuck on the induction wing for several weeks, with no work and little time out of cell.

S9 Levels of violence remained high, with a large increase in the number of assaults on staff since the previous inspection. In our survey, over half of all prisoners, considerably more than at similar prisons, said that they had felt unsafe at the prison at some time. The new violence reduction strategy did not address the specific issues contributing to violence at the establishment. Some actions had been taken to make the prison safer but there was no specific plan to coordinate and drive a reduction in the number of violent incidents and monitor progress. There were long delays in the investigation of violent incidents, risking the continued vulnerability of victims.

S10 Anecdotally, staff continued to attribute high levels of violence to gang affiliations. In practice, the causes of violence were poorly understood. Sources of information were not well used, and links between safer custody and key prison departments were not sufficiently developed. Another new monitoring and challenge process for perpetrators of violence had been introduced but was not yet embedded. Despite high levels of violence, only three prisoners were subject to violence reduction processes at the time of the inspection.

S11 A substantial number of prisoners were self-isolating or isolated on the wings. Some had been doing so for many months. They had access to a basic regime but their underlying issues were not being resolved and their reintegration was not being facilitated. There was no formal support for victims.

S12 Staff did not use the incentives and earned privileges (IEP) scheme consistently to challenge poor behaviour. There had been recent improvements to incentivise good behaviour, and L wing, where many enhanced prisoners lived, was a popular location.

S13 The adjudication system was not used effectively to tackle more serious poor behaviour. Too many adjudications were not brought to an appropriate, timely outcome. Despite regular liaison with the police, 140 police referrals were outstanding, many of which had been referred in 2017.

S14 Levels of use of force remained relatively high. Most use of force reports were not fully completed. Use of force incidents were not monitored for trends, overall governance was lacking and we could not be assured that force was always justified or proportionate.

S15 The use of segregation had reduced considerably since the previous inspection, although in practice a substantial number of prisoners were self-isolating or restricted to the wings. Segregation unit staff knew the prisoners in their care well. The unit was clean, calm and well ordered, but the regime was poor. Reintegration planning was limited and too many prisoners were transferred from the unit to other prisons without their issues being addressed.

S16 A large number of intelligence reports were submitted but there was a backlog of more than 300 waiting to be analysed, which meant that security information was out of date and compromised the prison's ability to respond to threats. The monthly security meeting did not set objectives or communicate security priorities to the rest of the prison. Some basic security processes, such as prisoner supervision and accounting for prisoners, were weak. The main threats to security remained drugs, violence and gang-related issues. The prison continued to suspect that the rise in violence was linked to gang associations following the steep rise in the number of London prisoners arriving several years previously. However, they had failed adequately to understand, analyse and address gang affiliations and associated violence.

S17 In our survey, 47% of prisoners said that it was easy to get illegal drugs in the prison. Levels of drug use had declined recently but remained high, with 23.5% of mandatory drug tests providing positive results. The use of new psychoactive substances (NPS)[5] was particularly high and remained problematic. There had been over 200 NPS emergency health callouts in the previous three months. Drug supply and demand strategies were in place but they failed to address NPS and the specific issues at the establishment. A number of actions had been taken to reduce supply but these were reactive, not measured, and not part of any strategic action plan.

S18 There had been one self-inflicted death since the previous inspection. The number of self-harm incidents had increased but was similar to that at other category C prisons. The prison lacked an evidence-based strategy which identified the main causes of self-harm and actions needed to reduce it. Although a large amount of useful information was gathered, analysis was too limited and did not identify trends across time. We found a frequent link between bullying, debt and subsequent crisis. Support for prisoners in crisis was weak. Care maps were not used effectively to deliver the right support and reduce risk, and triggers were not

[5] 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.

understood by staff. Officers who worked most closely with prisoners were not routinely involved in decisions about their care. There were a number of barriers to Listener access, and the number of callouts was remarkably low.

S19 Measures to identify and protect adults at risk of abuse and neglect had lapsed.

Respect

S20 Staff–prisoner relationships were adversely affected by constant regime challenges and some staff inexperience. Outside areas were consistently littered and many communal areas were grubby. Prisoners struggled to get access to clean clothing and bedding. They were dissatisfied with the food provided, and the supervision of serveries was poor. The application system was ineffective. Complaints were mostly well managed. Equality work was underdeveloped and the needs of some prisoners with protected characteristics were not being met. Faith provision was very good. Health services were reasonable overall. ***Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S21 At the last inspection in August 2016, we found that outcomes for prisoners in HMP Onley were reasonably good against this healthy prison test. We made 19 recommendations in the area of respect. At this inspection, we found that six of the recommendations had been achieved, two had been partially achieved, and 11 had not been achieved.

S22 In our survey, the majority of prisoners, although fewer than in similar prisons, said that most staff treated them respectfully. The prison was managing a challenging and dynamic mix of prisoners. A substantial number of available officers had less than 12 months' service. Prisoners told us that staff lacked experience and, as a result, were unable to help them to get things done. We saw many examples of poor prisoner behaviour going unchallenged. We saw some polite and helpful interactions between staff and prisoners, and many prisoners commented favourably on staff. However, staff were often stretched. The failure of staff over previous months to discharge basic responsibilities, such as unlocking prisoners and completing roll counts on time, had clearly had an impact on relationships.

S23 Despite regular cleaning, many outside areas were consistently littered with rubbish thrown from cell windows. There had been recent attempts to control a rat infestation, but problems persisted. Internal communal areas, particularly on the older wings, were unkempt and dirty. Some showers were in very poor condition and poorly screened. Cellular accommodation varied widely, from the newer enhanced wing, with in-cell showers, to the many shabby and dingy cells on the older wings. Many windows were in very poor condition and broken. Cells were generally well equipped. Prisoners struggled to access clean clothing and bedding, and kit change was poorly managed.

S24 In our survey, only 20% of prisoners said that the quality of the food provided was very or quite good. We found the quality of the food we sampled to be reasonably good but the meal service was not always supervised and was a flash point for violence and intimidation. The prison shop offered a wide range of goods but newly arrived prisoners could wait up to 12 days before accessing the prison shop, increasing their risk of debt.

S25 Prisoner consultation arrangements were good and were facilitated via the monthly prisoner council meeting. The role of prisoner information desk workers was positive but we were not satisfied that it was appropriately defined and supervised.

S26 The applications system was ineffective. Prisoners had little confidence in the system, and the poor tracking of applications left the prison poorly placed to manage it effectively. Many complaints should have been resolved informally by wing staff, or by the applications system. However, complaints processes were well managed. There was good quality assurance of responses, and the responses we reviewed were generally polite, helpful and fair. Some 'confidential access' complaints were not responded to.

S27 There were no dedicated legal services staff within the prison but prisoners had good access to a drop-in legal advice surgery.

S28 The management and oversight of equality and diversity were weak. Despite some progress since the previous inspection, there was no comprehensive strategy, the policy was out of date and the development of equality work had not been sufficiently prioritised. Equality monitoring data were collected regularly but analysis was limited. When unfair treatment had been identified, it was unclear if any action had been taken to address this. The discrimination incident report form process was confusing and prisoners had little confidence in it. Responses were mostly polite but too many were completed late. Consultation did not take place with all protected characteristics groups. When forums took place, they were well attended but not all actions were resolved promptly. A group of enthusiastic peer equality workers offered support to prisoners on each of the wings and met regularly to discuss equality and diversity.

S29 Black and minority ethnic prisoners made up approximately 60% of the prison population. In our survey, they reported similarly to white prisoners across all areas. However, a prison review of IEP outcomes had found evidence of some disproportionate treatment which they were beginning to explore. Foreign national prisoners were not supported by either a named senior management lead or a regular forum. Support for this group was not actively promoted or organised. We were not confident that all prisoners with disabilities were identified promptly on arrival, and during the inspection we found some unmet need. There were no transgender prisoners being held at the time of the inspection. Although there was a manager leading on this work, there was no specific policy to provide guidance on how to work with this protected group. Some dedicated provision was available for older prisoners.

S30 The chaplaincy was well integrated into daily prison life, and provided good support to prisoners. The range of provision beyond worship was good and included study classes, support for bereavement, a victim awareness programme and resettlement support for prisoners being released.

S31 The provision of health services was reasonably good overall but operational pressures within the prison affected access to them. A wide range of primary care services was available and waiting times were acceptable. Prisoners with long-term conditions had their needs met. There was still no confidential health care complaints process. Medication management was good but some prisoners were issued with night-time medication too early. Medicines administration queues were generally well supervised, and interactions confidential. The integrated mental health team provided a reasonably good service, but the lack of psychological interventions prevented prisoners with more complex mental health needs from accessing specialist support.

S32 Prisoners with substance use issues received a wide range of psychosocial support, and 32% of the population were engaged with the service. Prisoners involved in suspected NPS use were routinely referred to drug services for support. The clinical management of people arriving in the prison with substance use issues was appropriate, but those who developed problems while at the prison were not monitored closely enough. There was good joint working between clinical and psychosocial support services, particularly in clinical reviews.

S33 Dental services were good and waits for routine appointments were within acceptable limits. Emergencies were seen promptly.

Purposeful activity

S34 *A restricted regime had been in place for over four years and continued to reduce the amount of time that prisoners were unlocked, particularly in the evenings and at weekends. Too many prisoners were locked up during the working day. Access to the library was mostly good but literacy was not well promoted. Access to PE was too limited. The management of education, skills and work required improvement. There were some good, commercially focused workshops but insufficient activity places for the population. Many prisoners allocated to activities failed to attend. The quality of teaching and learning was good. Too few activities provided accredited qualifications. Prisoners who completed their courses generally achieved well but some courses had high withdrawal rates.* ***Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S35 *At the last inspection in August 2016, we found that outcomes for prisoners in HMP Onley were not sufficiently good against this healthy prison test. We made 17 recommendations in the area of purposeful activity. At this inspection, we found that six of the recommendations had been achieved, one had been partially achieved, and 10 had not been achieved.*

S36 As a result of chronic staff shortages, a restricted regime had been in place for over four years. Employed prisoners could expect a reasonable amount of time unlocked, at around nine hours on weekdays, but they had as little as three hours at weekends. Earlier in 2018, the regime had been subject to unacceptable delays. This had improved in recent months, but had not disappeared, and daily problems in reconciling the prison roll continued. In our roll checks, we found around 39% of prisoners locked in cells, which was unacceptable for a training prison.

S37 About 70% of prisoners used the library, and access was mostly good. Work to promote literacy had ended, which was a significant gap.

S38 According to the prison's most recent assessment, only 45% of prisoners accessed PE, which was a very low figure considering that the population was young and levels of violence were high. Those who were not at activities were not guaranteed a weekly gym session. Late roll counts and cross-deployment of PE staff further eroded provision.

S39 There was not enough analysis of attendance at either the library or PE to inform provision.

S40 The leadership and management of education, skills and work required improvement. The number of activity places was insufficient for the population. Almost a quarter of prisoners were unemployed and there were long waiting lists for activities which had training opportunities. Attendance in education and some workshops was poor, and during the inspection only 50% of prisoners were engaged in purposeful activity at any one time.

S41 Managers had successfully improved some aspects of provision – for example, by increasing employer-sponsored academies. There was a wide range of industrially focused workshop opportunities, and the prison had developed good partnerships with employers (Halfords, Ricoh), which had enriched opportunities for prisoners and provided jobs on release.

S42 There were insufficient opportunities for prisoners to acquire accredited qualifications in prison workshops – only three of the nine main prison work areas offered a qualification opportunity.

S43 There was good provision to help prisoners to prepare for employment after release. The community rehabilitation company (CRC) worked well with a range of companies and agencies to provide support for prisoners, before and after release. Outcomes were good, with around 50% of prisoners being released in the previous three months securing either a job or a training place.

S44 The quality of teaching and learning was good in workshops but required improvement in classroom-based education. In most of these, teachers did not plan sufficiently well to deal with prisoners' individual needs, and progress was slow. However, the new outreach provision for English and mathematics teaching in some workshops was a promising initiative.

S45 Prisoners achieved high commercial standards of work within industry and vocational workshops. Instructors in vocational skills workshops checked learning regularly and monitored progress effectively. Prisoners in these workshops made good progress from their starting points. Prisoners employed on the wings did not benefit from realistic employment conditions to prepare them well for the world of work.

S46 There was good recording of prisoners' development of employability skills in most training and industry workshops.

S47 Prisoners' poor attendance and continued presence at PE during the working day undermined their learning, attitudes to work, and work ethic. They demonstrated generally respectful behaviour in education, training and work settings, and developed good teamwork skills. In vocational training workshops, they worked well with minimum supervision in most cases. In some cases, such as the Halfords cycle academy and the staff restaurant, standards of work were excellent and prisoners spoke with pride about the results they achieved.

S48 The peer support arrangements were not sufficiently developed and peer mentors were not well used. No training had been offered to mentors for the previous four months.

S49 Few prisoners worked in areas which had nationally recognised qualifications. Qualification outcomes were generally good for those who completed their course, although those in English had declined and pass rates at levels 1 and 2 were poor. Withdrawal rates were high on some vocational courses, and in mathematics.

Rehabilitation and release planning

S50 Not enough was being done to support family relationships. Offender management was undermined by staff shortages. Too many prisoners lacked an up-to-date offender assessment system (OASys) assessment. Contact with offender supervisors was inadequate and prisoners struggled to progress. Home detention curfew, categorisation and public protection arrangements were well managed. Too little offending behaviour work was provided. Release planning was good. A wide range of support was provided to help prisoners into accommodation but not all prisoners needing help with financial issues received assistance before release. ***Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S51 At the last inspection in August 2016, we found that outcomes for prisoners in HMP Onley were not sufficiently good against this healthy prison test. We made 16 recommendations in the area of rehabilitation and release planning. At this inspection, we found that seven of the recommendations had been achieved and nine had not been achieved.

S52 Work to support family ties had deteriorated since the previous inspection. Most prisoners were a long way from home and in our survey only 14% of respondents said that their family and friends could easily get to the prison. Nothing was done to help with travelling arrangements. The generic family support worker post had been lost and few prisoners accessed parenting courses. Regular family days were run, but demand for these and weekend visits was not met. The visits hall was bright and clean. Visitors were positive about their experience, and visits started on time.

S53 The strategic management of resettlement was inadequate. Strategy documents were out of date and a full needs analysis, based on more than a prisoner survey, had yet to be completed. The prison held a relatively long-term population, with 75% of prisoners serving four years or more and 250 assessed as presenting a high risk of serious harm to the public. The delivery of offender management was undermined by staff shortages and the cross-deployment of uniformed offender supervisors.

S54 A substantial proportion of prisoners did not have an up-to-date offender assessment system (OASys) assessment, which left them without an up-to-date assessment of risk and need. Levels of contact between offender supervisors and prisoners was inadequate, with no contact in most cases, other than when triggered by a specific event. This meant that most prisoners were not being adequately progressed or motivated through their sentence.

S55 Home detention curfew applications were managed well, with most cases processed effectively.

S56 Screening for public protection concerns on arrival and subsequent mail and telephone monitoring were well managed. The interdepartmental risk management team reviewed all multi-agency public protection arrangements (MAPPA) cases on arrival and pre-release, and made an effective contribution to the release planning of high-risk prisoners.

S57 Categorisation and transfer procedures were well managed. Efforts to reduce a backlog of categorisation reviews had been successful. Transfers to open prisons were sometimes delayed because of the lack of category D places nationally.

S58 Waiting lists for accredited offending behaviour programmes were long and prisoners' inability to access one of these programmes prevented many prisoners from progressing. The current offer did not address the offending profile of the current population.

S59 In our survey, 72% of prisoners due to be released said that they needed help to find accommodation. St Mungo's provided a wide range of support. The number of prisoners successfully placed in permanent accommodation was relatively high.

S60 A reasonable range of finance, benefit and debt support was available but there was a backlog of issues waiting to be dealt with. Some prisoners left the prison without the needed assistance being given.

S61 About 37 prisoners were released into the community each month. Resettlement work undertaken by the CRC team was well established and impressive. All prisoners were seen by the team on arrival and 12 weeks before release. A pre-release course was available but few prisoners completed it.

Main concerns and recommendations

S62 Concern: Too many prisoners felt unsafe on their first night at the establishment. New arrivals were not supported by staff or peer workers on the induction wing and faced predation from other prisoners. First night cells were often dirty, not fully equipped and sometimes not fit for habitation.

Recommendation: The first night environment should be welcoming and reassuring. New arrivals should be supported and informed by staff and peer workers. Cells should be clean and fully equipped.

S63 Concern: Too many prisoners felt unsafe. Levels of violence remained high, and were much higher than in similar prisons. Despite this, the strategic management of safety was weak and there was little analysis of violent incidents or action taken to make the prison safer. Perpetrator and victim management processes were not fully implemented.

Recommendation: Robust strategic action should be taken to reduce levels of violence and make the prison safer. This should include an analysis of violent incidents; a local violence reduction strategy, with associated action plans; and improved violence management and victim support processes which are well known to all staff and implemented reliably. (Repeated recommendation S45)

S64 Concern: Security intelligence was not fully analysed promptly, to determine the action to be taken. The backlog of analysis of intelligence reports risked missing opportunities to detect and disrupt a range of issues, including violence and the supply of drugs.

Recommendation: Security intelligence should be promptly and fully analysed, and effective action taken in response to the concerns identified. (Repeated recommendation S46)

S65 Concern: Drugs, particularly NPS, were easily available, and in our survey more than half of prisoners said that it was easy to get illegal drugs. Despite this, the supply reduction strategy did not explicitly address NPS and there was no clear, regularly reviewed action plan.

Recommendation: A comprehensive drug supply reduction strategy and action plan should be implemented and monitored for effectiveness.

S66 Concern: There were not enough education, training and work places for the population. Prisoners allocated to an activity often failed to attend.

Recommendation: There should be sufficient education, training and work places for the population, and prisoners should attend their allocated activity.

S67 Concern: Offender supervisors did not review the OASys assessment and sentence plan often enough and contact was limited, which failed to motivate prisoners consistently towards progression.

Recommendation: All prisoners should have an up-to-date OASys assessment and sentence plan. Contact between prisoners and offender supervisors should be regular and meaningful, and should encourage and monitor progress against targets and actions to reduce offending. (Repeated recommendation S50)

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 Approximately 80% of prisoners travelled to the establishment from London prisons, and the journey typically took about two hours. Prisoners were, when appropriate, not handcuffed when they were taken off the van.

1.2 The reception area was grubby and austere. The carpet was filthy and holding rooms contained no information to explain what prisoners could expect during their early days at the establishment. An unpleasant smell, resulting from rats being poisoned and then decaying in the building's cavities, was evident.

1.3 Reception staff were friendly and efficient. There was good support from a safer custody peer worker, who had easy access to new arrivals, and an orderly provided snacks and water, but no hot drinks.

1.4 The first night safety interview with an officer lacked privacy. It took place in a large holding room, with the door wide open and the toilet in view. The officer thoroughly explored gang affiliation and potential conflict, but this information was not always used (see also paragraphs 1.12 and 1.14). We were not confident that new arrivals with vulnerabilities were routinely identified. Prisoners were not specifically asked if they had thoughts of suicide or self-harm, and one new arrival who was clearly vulnerable was not offered extra support or assessed by staff on his first night. Commendably, his vulnerability was subsequently spotted by the safer custody peer worker. There was no opportunity to speak to a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) either in reception or on the induction wing.

1.5 The health care interview room in reception was unavailable during the inspection because of the vermin problem, so new arrivals did not have an initial health screen on their first night (see paragraphs 2.67 and 2.68).

1.6 Arrival on H wing, the induction wing, was chaotic. There were only two officers there and they were far too busy to offer any meaningful support or advice to new arrivals. H1 landing was supposed to provide dedicated first night accommodation, but this was poorly organised and almost half the cells held long-staying prisoners who, for a variety of reasons, could not be relocated (see below). As a result, there was not enough space on the landing for all new arrivals, which meant that some were routinely located elsewhere, sometimes on another wing altogether (see main recommendation S62).

1.7 Cells for new arrivals located on the induction wing were dirty and poorly prepared. One prisoner was taken to a cell with a broken window which was exposed to cold weather. Another was allocated a cell with no working toilet. Other basic items, such as a pillow or television, were sometimes missing (see main recommendation S62).

1.8 In our survey, only 62% of respondents said that they had felt safe on their first night at the establishment, which was far worse than at similar prisons. The dysfunctional mix of prisoners held on the induction wing undermined its purpose. There were some vulnerable prisoners with mobility issues or mental health problems there, but also some prisoners whose challenging behaviour had resulted in an eventual return to the induction wing in order to be kept apart from others. We witnessed this troubling mix when, within minutes of being escorted onto the induction wing, new arrivals, still carrying their property and stood in the busy corridor, were approached and faced predation by more experienced prisoners (see main recommendation S62).

1.9 Induction wing staff did not understand the early days process; when we asked them about it, they referred to a longer version of induction which had been abandoned two months previously. The separation of responsibility for induction to the education and activities departments was unhelpful. Induction wing staff did not take responsibility for facilitating attendance at induction, allowing some prisoners to remain in their cells. Most new arrivals eventually completed the one-day induction session, which took place in the education department. Presented by a variety of staff and peer workers, this was useful, but was typically delivered several days after arrival. Meanwhile, induction wing staff did not offer prisoners an introduction to basic information about the establishment. Having completed induction, some prisoners were then stuck on H wing for several weeks, with no allocation to work or activities and little time out of cell.

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

1.10 Levels of violence remained higher than average for category C prisons, with 136 assaults and 58 fights in the previous six months. Although the number of prisoner on prisoner assaults and fights over the previous six months had decreased since the previous inspection, the number of assaults on staff had more than doubled (from 25 to 53). In our survey, 55% of respondents said that they had felt unsafe at the prison at some time (against the 43% comparator) and more than a quarter said that they currently felt unsafe (see main recommendation S63).

1.11 The new violence reduction strategy was too generic, and not sufficiently specific about the factors driving violence at the establishment. A monthly meeting to coordinate violence reduction had been established but attendance was poor and it was not yet effective in analysing the causes of violence, agreeing a violence reduction action plan or monitoring the impact of actions taken. Links between the safer custody and security, offender management, residential and substance use departments were not well enough developed (see main recommendation S63).

1.12 The prison continued to receive a large number of prisoners from London prisons, and staff told us that they had seen much violence driven by gang affiliations, both from the community and new groupings formed in the prison. Information about affiliations were rarely obtained from sending prisons and there was no specific strategy to deal with the issue (see main recommendation S63).

1.13 Some measures had been introduced to make the prison safer. Prisoner violence reduction representatives had been appointed, and those we spoke to described incidents where they had intervened to reduce conflict. Four months before the inspection, a conflict reduction programme, provided by the Alternatives to Violence Project, had been introduced and was working with 16 prisoners individually.

1.14 Safer custody officers met newly arrived prisoners who scored highly on the safety diagnostic tool system but we were not confident that the interview was shared well enough to contribute to their management in the prison (see main recommendation S63).

1.15 There were long delays in the investigation of violent incidents, and at the time of the inspection there were 60 outstanding, which risked leaving perpetrators unchallenged and victims without adequate support. A new monitoring and challenge process, the Challenge, Support, Intervention Plan (CSIP),[6] had been introduced but was not embedded. Only three prisoners, in the context of high levels of violence, were subject to monitoring at the time of the inspection. There was no formal support for victims (see main recommendation S63).

1.16 According to the prison, around 20 prisoners were self-isolating at the time of the inspection, with the longest period of self-isolation being 10 months. The prison cited seven prisoners who would not associate with others, and another 12 who would not leave their wing. In practice, we found that the number of prisoners refusing to leave their wings was much higher than this, but they were not flagged, recorded or reported to the safer custody team. Although care for self-isolating prisoners had improved, and a process had been introduced to ensure that they had access to showers, telephones and exercise, not enough was being done to overcome the issues which had led to their exclusion from a full regime. Safer custody weekly reviews had not been documented and reintegration plans had not been developed.

1.17 The incentives and earned privileges (IEP) scheme was not used consistently to challenge poor behaviour. We often saw such behaviour going unchallenged on the wings (see paragraph 2.3). A prison review of IEP outcomes had found evidence of some disproportionate treatment, which they were beginning to explore (see paragraph 2.41).

1.18 Most IEP review boards were timely. There was better involvement of wing staff in review boards than at the time of the previous inspection. However, they were poorly organised, often taking place at the prisoner's cell door. The extent of prisoner engagement in these boards was not noted in documentation, but it was evident that arrangements did not promote it. We saw some good examples of target setting for prisoners on the basic level of the scheme, but in most cases this was generic.

1.19 There had been recent improvements to the IEP scheme to incentivise good behaviour, and L wing, where many enhanced prisoners lived, was a popular location.

[6] The 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 perpetrators 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.

Recommendations

1.20 Violent incidents should be promptly investigated, and findings shared with safer custody and security staff as appropriate.

1.21 The management of prisoners who self-isolate in their cell and those who do not leave their wing should include regular reviews of their status, and plans for their reintegration.

1.22 The incentives and earned privileges scheme should be used consistently to challenge poor behaviour.

Adjudications

1.23 We were not satisfied that the adjudication system was used effectively to tackle more serious poor behaviour. Governance of adjudications was weak. Although the prison collated data on the process, there was little substantive discussion of it in appropriate management meetings, and some of these were poorly attended.

1.24 We were not satisfied that adjudications were brought to an appropriate, timely conclusion. In the previous three months, only 58% had been completed, and at the time of the inspection there were 86 outstanding. Although this figure had reduced substantially in previous months, it was still too high.

1.25 The independent adjudicator attended monthly to hear some of the more serious charges, with between 40 and 50 adjudications heard at any one session, which was far too many. Despite regular liaison with the police, there were 140 police referrals outstanding, 72 of which had been referred in 2017.

Recommendation

1.26 Managerial oversight of disciplinary procedures should focus on ensuring that hearings are held and completed within a reasonable time.

Use of force

1.27 Levels of use of force had reduced slightly but were still comparatively high, at192 incidents in the previous six months. In our survey, 17% of respondents said that they had been physically restrained in the previous six months, which was far higher than in similar prisons.

1.28 Few reports of use of force were complete, so we could not be assured that the force used was necessary and proportionate. Too many files lacked health care reports and supervising officer reports. Planned incidents of use of force had only been recorded on body-worn cameras, and the recordings we examined were obscured or did not cover the events taking place.

1.29 Use of force incidents were not monitored for trends or reviewed, and the first oversight meeting for more than six months was held during the inspection.

1.30 Special accommodation in the segregation unit had not been used for more than a year.

Recommendations

1.31 All use of force incidents should be fully documented and reviewed by managers, with the findings shared with relevant departments.

1.32 The standard of video-recording of planned use of force should be good enough to enable meaningful review by managers.

Segregation

1.33 The use of segregation had halved since the previous inspection, with 91 prisoners segregated in the previous six months compared with 187 during the same period at the time of the previous inspection, and it was now much lower than in comparator prisons.

1.34 The prison had recorded just one case of a prisoner segregated for their own protection in the previous six months. However, many were self-isolating or not leaving their wing (see paragraph 1.16), and we found examples of prisoners wishing to be isolated causing damage, and being segregated on the grounds of good order.

1.35 The segregation cells contained some graffiti but all cells were repainted when occupancy changed, and they were in good condition. A basic regime was reliably provided, and in our survey most prisoners who had been segregated said that they had had regular access to showers (90%), telephones (70%) and exercise (85%). Radios were provided and prisoners had access to a good selection of books on the unit. However, additional regime facilities, such as attendance at worship, gym sessions and library visits, were not provided. The exercise area was reasonably large but it was caged and bare.

1.36 The unit was well managed and calm. Prisoners told us that segregation staff treated them well and we saw good relationships between them. Staff we spoke to had a good knowledge of the prisoners in their care.

1.37 With the exception of prisoners waiting for a secure mental health placement (see paragraph 2.86), most prisoners were not kept too long in segregation. There was a process for reintegration planning, but there was insufficient detail in plans to guide the specific stages of prisoners' resettlement into main location, and overall there was not enough emphasis on reintegration. In a sample we examined from the previous six months, 25% of segregated prisoners had been transferred to another prison without their issues being addressed.

Recommendations

1.38 The regime for segregated prisoners should be enhanced, subject to individual assessments.

1.39 Reintegration plans for segregated prisoners should challenge the reasons for poor behaviour and detail how they will be reintegrated back to a residential unit. (Repeated recommendation 1.51).

Security

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

1.40 A total of 4,894 intelligence reports had been submitted in the previous six months, which was similar to the number at the time of the previous inspection, but much higher than at other category C establishments. The security department did not analyse reports promptly, and at the time of the inspection there was a backlog of 300. Although this had been reduced from a high of 500, the safety and stability of the prison were compromised by the delayed response to security information (see main recommendation S64).

1.41 The effectiveness of the monthly security meeting was undermined by the delayed analysis of security information. The meeting did not set security objectives, and the prison bulletin, which had previously contributed to staff awareness of security concerns, was no longer being published.

1.42 Overall, the restrictions on prisoners were appropriate for a category C prison, although, the routine strip-searching of prisoners on arrival on the segregation unit, and the random strip-searching of prisoners after each visit session, continued. Some basic security processes, such as effective supervision of prisoners, were weak (see also paragraph 2.4). In the previous week, there had been a serious assault by a prisoner, who had threatened servery workers with a weapon while there was no officer supervision. Staff regularly had difficulty in accounting for all their prisoners, and roll checks were often delayed (see also paragraph 3.3).

1.43 At the time of the inspection, eight prisoners were subject to closed visits, all for reasons related to incidents during visits or intelligence about the risk of receiving contraband during visits. Reviews were held monthly and decisions were based on up-to-date information about the prisoner's risk. Closed visits restrictions were removed appropriately when there was no supporting evidence of continued risk.

1.44 Security staff recognised that the main threats were from violence, drug use and gang affiliations. Around 80% of the population came from the London area, and prison staff continued to suspect that many incidents had been due to gang-related conflict which had arisen in their communities or in previous prisons. The prison did not obtain adequate information about the gang affiliations of prisoners received from London but had initiated interviews with new arrivals about their associations (see also paragraph 1.4). However, security staff told us that this was not always shared with them. Very little was done to understand, analyse and map prisoners' affiliations and potential conflicts, and consequently inform their safe management.

1.45 Drugs were too readily available, with 47% of respondents to our survey saying that they were easy to obtain. The mandatory drug testing positive rate, including new psychoactive substances (NPS),[7] had reduced from a high of 48% in August 2017 to 23.5% at the time of the inspection. This remained higher than in similar prisons. Although the prison was achieving its target for mandatory tests, only one suspicion-based test had been carried out in the previous six months (see main recommendation S65).

[7] 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.

1.46 Drug threats were responded to reactively, and the use of NPS, in particular, remained problematic. Most positive drug tests were for NPS and there had been 205 emergency health callouts to prisoners under the influence of these drugs in the previous three months. The prison had separated out the management of drug supply and demand but coordination of the two areas was poor (see also paragraph 2.92). The separate drug supply and demand reduction strategies and ensuing action plans were weak and did not tackle the specific concerns of the prison, and did not address NPS at all. Supply reduction meetings were not yet taking place. Some ad hoc actions had been taken to reduce drug availability – such as the introduction of the Rapiscan device, in July 2018, to detect drugs in prisoner mail – but such actions were not monitored for their effectiveness and impact on reducing drug availability

Recommendations

1.47 Security objectives should be set and shared with staff.

1.48 Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (Repeated recommendation 1.39)

1.49 The gang affiliations of prisoners should be better understood and shared, to provide effective management of these individuals and prevent violent behaviour.

1.50 The mandatory drug testing programme should be sufficiently resourced to undertake all types of testing within the required timescales. (Repeated recommendation 1.35)

Safeguarding

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

Suicide and self-harm prevention

1.51 There had been one self-inflicted death since the previous inspection. In the last six months, there had been 221 incidents of self-harm, an increase from 174 in a similar period before the previous inspection. When compared with all other category C prisons over the same period, the levels of self-harm were similar.

1.52 Although a variety of action plans set out some measures intended to improve support for prisoners in crisis, the prison lacked a coherent evidence-based strategy which identified the main causes of self-harm and the actions needed to reduce it. For example, we found a frequent link between bullying, debt and subsequent crisis, but there was no strategic work to reflect this.

1.53 The recent introduction of a monthly meeting focused on suicide and self-harm prevention was positive, but it was not yet sufficiently well informed to drive improvement. A large amount of useful information was gathered but analysis was too limited and did not identify trends across time. The complex needs meeting, where prisoners of concern were

discussed, lacked a set agenda and clear criteria to ensure that support was systematically delivered.

1.54 Support for those in crisis was weak. Assessment, care in custody and teamwork (ACCT) case management documents were too often a jumbled mess of case reviews, multiple front covers and outdated care maps. The latter were not used effectively to deliver the right support and reduce risk. Triggers were often not understood by staff. Quality assurance by managers failed to identify some of these key weaknesses. Officers who worked most closely with prisoners were not routinely involved in decisions about their care, mainly because they were too busy running wings to attend case reviews.

1.55 There were a number of barriers to Listener access. Most lived away from the main population, on the enhanced wing; they did not wear their identifying T-shirts; there were no functioning Listener suites and they were not allowed to see prisoners on the segregation unit. The number of recent call outs was remarkably low, and more action was needed to promote and extend the scheme to all. There were not enough working Samaritans telephones.

Recommendations

1.56 The prison should implement an evidence-based strategy which identifies the main causes of self-harm and actions to reduce it. Measures to drive improvement should be monitored over time.

1.57 All prisoners should have good, well-promoted access to Listeners 24 hours a day, and every wing should have a working Samaritans telephone.

Protection of adults at risk[8]

1.58 Measures to identify and protect adults at risk of abuse and neglect had lapsed. There was no responsible manager or department. No one from the prison currently attended the local safeguarding adults board. There was no safeguarding training for staff. We found no record of any prisoners about whom concerns had been raised. During the inspection, staff failed to identify a new arrival with vulnerabilities (see also paragraph 1.4).

1.59 The prison's existing processes confused the protection of vulnerable prisoners who might have been at risk of abuse with the provision of social care for those who needed help with basic daily tasks. For example, safeguarding issues had been incorporated into the ACCT process, but wrongly focused on identifying social care needs. A clearer delineation between these two aspects of safeguarding was needed.

Recommendation

1.60 The prison should implement effective processes to identify and protect adults at risk of harm, abuse or neglect.

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[8] 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 In our survey, most prisoners, although fewer than in similar prisons, said that most staff treated them respectfully. The prison had struggled with chronic staffing shortages, although this was gradually being addressed. It was managing a challenging and dynamic mix of prisoners with an inexperienced staff group. Seventy-eight per cent of prisoners were under the age of 40, and 29% had been held at the prison for less than three months. Twenty-seven per cent of available Band 3 officers had less than 12 months' service.

2.2 Prisoners told us that staff lacked experience and therefore were unable to help them to get things done. A few staff were unhelpful or disinterested. One prisoner answering our survey said: '… most staff don't have a clue, they just say fill an app in with everything'. Another said that there should be more staff: '…helping people more with problems and not just passing it on to the next officer and nothing happening'.

2.3 We saw many examples of poor prisoner behaviour going unchallenged, such as poor standards of dress, vaping in communal areas and the use of foul language.

2.4 We saw some polite and helpful interactions between staff and prisoners, and many prisoners we spoke to commented favourably on staff. However, staff were often stretched and supervision of some of the residential areas, including landings and serveries, were inadequate. The failure of staff over previous months to discharge basic responsibilities, such as unlocking prisoners and completing roll counts on time, had clearly had an adverse impact on relationships. This had been compounded by other systemic problems, such as poor access to prisoner property (see also paragraph 2.13 and recommendation 2.18) and confusion over kit change (see also paragraph 2.12 and recommendation 2.17).

2.5 We saw some balanced, detailed entries on prisoner behaviour in P-NOMIS (electronic case notes), but there were insufficient regular, detailed entries in most cases.

Recommendation

2.6 Staff should be skilled and confident in confronting and controlling poor prisoner behaviour and should be supported in undertaking their role.

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

2.7 Despite regular cleaning, many outside areas were consistently littered with rubbish thrown from cell windows (see Appendix IV). Internal communal areas, particularly on the older wings, were unkempt and dirty. In our survey, only 44% of respondents said that the communal areas on their wing were normally very or quite clean, which was far lower than we have found in recent inspections of similar prisons (61%). A number of wings had locked off rooms, some of which were empty and others were filled with broken furniture and other rubbish. Conditions on some of the newer wings were better, although there were still some serious issues there, such as dilapidated flooring (see Appendix IV).

2.8 Cellular accommodation varied widely, from the newer enhanced wing, with in-cell showers, to the many shabby, cramped cells on the older wings. Windows in the older wings were in very poor condition. Many were painted over, leaving cells dingy (see Appendix IV). Many cells were poorly decorated, although there was little graffiti. Some were poorly ventilated and very hot, even though the outside temperature was cold. Most toilets had seats, but they were poorly screened. Many cell windows were broken. The prison had just started a much needed, but long overdue, two-year cell refurbishment and window replacement programme.

2.9 Cells were generally reasonably furnished and well equipped with televisions and kettles. However, few cells, including shared ones, had lockable cupboards (see also paragraph 2.105 and recommendation 2.113), although most prisoners we spoke to had privacy keys.

2.10 There were problems with rats, and recent attempts to control the infestation had left some dying in wall cavities and vents, leaving an intolerable smell in some cells.

2.11 Some communal showers were poorly screened, dirty, mouldy and in very poor condition (see Appendix IV).

2.12 Prisoners struggled to access clean clothing and bedding. In our survey, only 55% of respondents said that they normally had enough clean, suitable clothes for the week, and 45% that they had clean sheets every week, both figures being lower than in similar prisons. Laundry facilities on the wings were poor, with too few working washing machines for the population. Arrangements for weekly kit change were very poorly managed. The work clothing issued was of poor quality, and there was a shortage of it. A problem with the sizing of work clothes meant that prisoners could be issued with items that did not fit them.

2.13 The management of prisoner property was poor. This resulted in long delays in prisoners receiving their property and a very high number of complaints. This was reflected in our survey, with only 20% of respondents saying that they could get their stored property if they needed it.

Recommendations

2.14 Outside and internal communal areas should be kept clean.

2.15 Cells should be maintained to a consistent standard and all toilets and showers should be screened to ensure privacy.

2.16 All cell windows should be in good condition.

2.17 Prisoners should have sufficient clean clothes and bedding for the week.

2.18 Prisoners should have prompt access to their property.

Residential services

2.19 Most prisoners we spoke to were negative about the quality and quantity of the food provided. In our survey, only 20% of respondents (against the 38% comparator) said that the quality of the food was very or quite good, and 19% (against the 33% comparator) that they got enough to eat at mealtimes. The portion sizes we saw were small but the quality of the food we saw being served, and that we sampled, was reasonably good. The menu catered for a range of diets, and prisoners were consulted about the menu through the prison council, wing comments books and a biannual food survey.

2.20 Lunch and the evening meal were served too early, at around 11.15am and 4.15pm, respectively. Breakfast packs were issued on the evening before consumption, and there was poor oversight of this process. Prisoner information desk (PID) workers (see also paragraph 2.27) issued these packs, but some prisoners received more than one pack and others nothing at all. The standard of hygiene in the main kitchen was reasonable, but some of the food trolleys were very dirty.

2.21 The serving of meals at the serveries was not adequately supervised. We observed some tension and altercations between prisoners at these times. Some prisoners received far more food than others, and some told us that it was intimidating to queue at the servery if staff were not monitoring the allocation of food (see also paragraph 1.42).

2.22 A wide range of products was available for prisoners to buy through the prison shop. Catalogue orders could also be placed for additional items, including clothing, shoes, newspapers and books, but these still incurred an administration fee, which was not appropriate. On most wings, orders were distributed securely at cell doors, to reduce the potential for bullying. Not all new prisoners could order goods immediately; depending on their day of arrival, some had to wait up to 12 days before they received their first order, increasing the risk of debt.

Recommendations

2.23 Breakfast should be served on the day it is to be eaten and the evening meal should be served after 5pm. (Repeated recommendation 2.90)

2.24 The serving of food, including the issuing of breakfast packs, should be supervised by staff.

2.25 New prisoners should be able to receive a prison shop order within two days of arrival.

Prisoner consultation, applications and redress

2.26 Consultation arrangements, overseen by the monthly meeting of the prison council, were reasonably good, although minutes showed that attendance by staff from appropriate departments was inconsistent and meant that some actions rolled on for too long.

2.27 The role of PID workers (prisoners employed to provide information and guidance to other prisoners) was positive, but we were not satisfied that it was appropriately defined and supervised (see also paragraph 2.20 and recommendation 2.24). PID worker offices were in poor condition, but were being improved.

2.28 The application system was ineffective and prisoners had little confidence in it. In our survey, only 34% of prisoners who had made an application said that these were dealt with fairly, and 26% that they were dealt with quickly, both figures being far worse than those in similar prisons (57% and 40%, respectively). Weak tracking of applications left the prison poorly placed to manage the system effectively.

2.29 Many complaints should have been resolved informally by wing staff, or by the applications system. Other systemic problems, such as poor access to prisoner property (see paragraph 2.13 and recommendation 2.18), were placing further unnecessary strain on the process. A total of 1,205 complaints had been submitted in the previous six months, which was relatively high. Nonetheless, the complaints process was effective and generally well managed. We found adequate stocks of complaints forms on the wings. There was good quality assurance of complaint responses. The timeliness of responses to most complaints was good, and better than we often see. Complaints were generally investigated well and responses were thorough, helpful and fair. Apologies were offered when appropriate.

2.30 However, the 'confidential access' process for more serious complaints was poorly managed. We were concerned to find that some complaints against staff had not been responded to. There was still no confidential health care complaints system advertised or readily available to prisoners (see paragraph 2.61)

2.31 Complaints were well monitored, but we were not satisfied that sufficient action was taken when trends were identified.

2.32 There were no dedicated legal services staff within the prison. However, the prison had facilitated a monthly drop-in legal advice surgery, run by a local firm of solicitors. There were appropriate facilities for confidential legal visits, and these could be booked promptly. The library was adequately stocked with legal texts.

Recommendations

2.33 Applications should be tracked and quality assured.

2.34 Confidential access complaints should be responded to promptly.

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[9] 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

2.35 The leadership and development of equality and diversity were weak and, despite some progress since the previous inspection, the prison had not developed a clear strategic approach. An equality policy was now in place, but it had not been updated for two years. New bimonthly equality action team (EAT) meetings, chaired by the governor, were well attended, but senior staff with designated lead roles for protected characteristics did not submit their reports routinely. There was still no dedicated equality manager to progress this area of work.

2.36 Local equality monitoring data were collected regularly but the analysis submitted to the EAT meeting was too limited. Covering just three areas (use of force, adjudications and complaints), these data were analysed only by age and ethnicity. Equality data on violence and self-harm were included in the safer custody meeting minutes, but it was unclear how these and the data submitted to the EAT meeting were being used to address or identify any discriminatory practice or unfair treatment.

2.37 Discrimination incident report forms (DIRFs) had been removed from the wings. A new process had been introduced and discriminatory incidents were now recorded on complaints forms and submitted via the main complaints system. However, equality DIRF boxes were still located on each wing and prisoners said that this was confusing, and that they had little faith in the process. A total of 118 discriminatory complaints had been submitted in the previous six months, which represented an increase of over 50% since the previous inspection. The investigations into these complaints were carried out reasonably well and most responses from staff in the sample we inspected were polite. However, too many were completed late. The quality of these responses was still not checked independently.

2.38 Consultation with prisoners took place bimonthly. A group of enthusiastic peer equality representatives offered support to prisoners on each of the wings, and attended the meeting regularly. Disability, age, and Gypsy, Roma, Traveller forums continued to take place, with the addition of a new race forum, but this did not represent all of the protected characteristics. The actions described in the minutes from these meetings were not resolved sufficiently promptly.

Recommendation

2.39 There should be clear personal leadership and accountability at senior level for ensuring that the needs and treatment of prisoners from minority groups are monitored and action taken to ensure their needs are met.

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

Protected characteristics

2.40 In our survey, prisoners from minority groups generally reported similarly to mainstream prisoners, with some notable exceptions. Far more prisoners with disabilities and with a mental health problem said that they had felt unsafe at the establishment at some time (76% versus 46% and 77% versus 42%, respectively). In addition, only 18% of Muslim (versus 43% of non-Muslim) prisoners said that they felt they were treated as an individual.

2.41 Prisoners from a black and minority ethnic background made up approximately 60% of the prison population. Those we spoke to said that racial conflict was not a problem in the prison. There was a well-attended race forum for this group. In response to the Lammy review,[10] a quarterly race incentives and earned privileges (IEP) forum had been set up to address perceptions that the IEP scheme might be treating some black and minority ethnic prisoners unfairly. Analysis of data carried out as part of the internal review of IEP outcomes had found evidence of some disproportionate treatment, which the prison was beginning to explore. Attendance at the first IEP forum had been good, and actions identified. This forum was a positive initiative, but it was too early to assess its effectiveness.

2.42 There were 28 foreign national prisoners at the establishment at the time of the inspection. Support for this group was underdeveloped, with no specific forum or named senior management lead overseeing this area of work. The monthly visit from immigration officers that was taking place at the time of the previous inspection had ended. There were no detainees being held beyond their sentence end date. Professional telephone interpreting services were available if needed, and staff understood how to use them.

2.43 Forums to support prisoners from a Traveller background took place bimonthly. These meetings were well attended by prisoners and staff. Actions from these meetings had been responded to promptly – for example, with sessions to celebrate the Appleby Horse Fair.

2.44 The prison had identified 16 prisoners (about 2.2%) with a disability at the time of the inspection, although in our survey 29% of respondents considered themselves to have a disability. We spoke to three prisoners with a disability whose needs had not been identified on arrival, which meant that adequate support had not been put in place for them promptly enough. No prisoners were in receipt of social care plans at the time of the inspection and we were concerned about the effectiveness of the referral system (see paragraph 2.77). A 'buddy' scheme, with 10 first-aid-trained prisoners, supported older prisoners and those with mobility issues. Special cell call bells were available for prisoners with limited mobility and those at risk of stroke or epilepsy. Although there was a dedicated personal emergency evacuation plan (PEEP) coordinator, not all prisoners with a disability had an up-to-date PEEP. Some staff on the wings, particularly night staff, did not know what a PEEP was or were unable to locate either the PEEPs or the prisoners on their wings who had them.

2.45 Work to support LGBT prisoners was underdeveloped. There was no support forum, leaflets or posters with information for this group. At the time of the inspection, there were no transgender prisoners in the prison. Lead managers were overseeing LGBT work, but there was no specific policy and no guidance available for staff to support them in working with this protected group.

2.46 Provision for older prisoners was reasonably good. The age profile at the time of the inspection was young, with 78% of the current population under the age of 40 and only 9.6% over 50. There was a bimonthly forum for older prisoners, along with two monthly support sessions run by the mental health team. A five-a-side football session at weekends and

[10] Lammy, D. (2017). The Lammy Review: An independent review into the treatment of, and outcomes for, Black, Asian and minority ethnic individuals in the criminal justice system. Available at https://www.basw.co.uk/system/files/resources/basw_82100-3_0.pdf

separate gym sessions were available for older prisoners. Most older prisoners were placed on L wing, which was a quieter enhanced wing with single cells.

Recommendations

2.47 Prisoner forums should take place for all protected characteristics.

2.48 Prisoners requiring a personal emergency evacuation plan should have one, and all staff having contact with prisoners should be aware of their responsibilities in relation to this procedure.

Faith and religion

2.49 Prisoners had good access to religious services, and the chaplaincy was well integrated into daily prison life. In our survey, 73% of respondents who had a religious belief said that they thought their beliefs were respected, and 91% that they could attend religious services if they wished.

2.50 Chaplains were visible around the prison during the inspection. A chaplain visited new prisoners in private within 24 hours of their arrival and also attended the segregation unit daily. Chaplains were actively involved in the assessment, care in custody and teamwork (ACCT) case management reviews of vulnerable prisoners, and visited those who were self-isolating on the wings.

2.51 A suitable range of services was provided. A duty chaplain was available every day, and worship, faith groups and study classes took place in the chapel, peer support room and/or multi-faith space. The main chapel was well equipped and provided an adequate space for corporate worship and celebrations. The multi-faith room was not big enough to accommodate all of the Muslim prisoners applying to attend Friday prayers. The sports hall was sometimes used instead, but this was not an appropriate alternative.

2.52 The chaplaincy provided a range of additional support. This included the Sycamore Tree victim awareness programme, which the Prison Fellowship delivered for up to 160 prisoners each year. Care for prisoners who had experienced bereavement was very good, with chaplains visiting prisoners in private, to provide support and help with any funeral arrangements or contact with family. The team saw all prisoners who were being released, offering them a range of advice and organised contact, and liaised with faith communities on their behalf.

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.

2.53 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)[11] and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

Strategy, clinical governance and partnerships

2.54 The CQC found no breaches of the relevant regulations.

2.55 Health services remained reasonably good and were still provided by Northamptonshire Healthcare NHS Foundation Trust (NHFT). There were good links with the prison, and regular governance meetings enabled good oversight of the service.

2.56 Lessons were learnt from incidents and complaints, and shared at an appropriate range of meetings to influence service development. Although there was some patient involvement in service development through the prison council and a patient survey, more still needed to be done to focus on health-specific engagement. There were no health care representatives or champions and only one recovery peer worker, who worked with substance use services.

2.57 Health care staffing levels were reasonable and vacancies were managed by regular agency nurses. A recently appointed head of health care was actively promoting staff support and development through regular clinical supervision and training opportunities. Most staff were up to date with their annual appraisal, and training was being implemented to support new managers with their role. Staff were easily identifiable and interactions with patients were professional.

2.58 All prisoners, regardless of location, had good access to health services but operational pressures within the prison sometimes affected prisoners' ability and motivation to attend clinics (see below).

2.59 A recent infection prevention and control audit had scored an impressive 92%, but we found some health care rooms that were in poor decorative order, and some that had inadequate hand-washing facilities. The use of one end of the health centre reception office for clinical procedures was inappropriate, given the close proximity of a toilet and the lack of confidentiality.

2.60 Medical emergencies were well managed, and resuscitation equipment located in the health centre was routinely checked. However, records for some checks were missing in the two other locations where emergency equipment was kept. Emergency grab bags (containing dressings, observation equipment and basic treatments), which were often taken to health care emergency callouts, were not checked and we found out-of-date medication and supplies. Action was taken to address this during the inspection.

[11] 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.

2.61 There was still no confidential health care complaints system advertised or readily available to prisoners. In the previous six months, 100 complaints had been submitted through the general prison complaints system. About 70% of these had been answered within acceptable time frames, and the responses that we sampled were generally good. Confidential complaint forms, and posters advertising these, were distributed across the prison during the inspection.

Recommendations

2.62 A representative health forum should be set up, to inform service developments and enable collective concerns to be addressed.

2.63 All clinical areas should comply with infection control standards and offer a decent, safe and confidential environment.

Promoting health and well-being

2.64 A range of health promotion material was available within the health centre, but not on the wings. There was no strategic, prison-wide approach to health promotion. Posters which focused on national campaigns had recently been displayed in the waiting area. The team was aware that more work was needed to promote health and well-being to prisoners. Two staff members had been given the responsibility of taking this forward and tailoring future campaigns to reflect the needs and age of the population. A recent health fair, held in conjunction with the gym, had aimed to promote exercise and a healthy lifestyle.

2.65 Immunisation, vaccination, blood-borne virus and smoking cessation programmes were in place. Sexual health services were provided, including input from a dedicated viral hepatitis clinical nurse specialist. Condoms were available but poorly advertised.

Recommendation

2.66 There should be a systematic, prison-wide strategy to promote prisoner well-being.

Primary care and inpatient services

2.67 It was usual practice for all prisoners to receive an initial health screen from a registered nurse on arrival. Appropriate referrals were made and a secondary health assessment was booked to take place within seven days. However, this did not always happen as prisoners either failed to attend these appointments or were prevented from doing so by the prison regime (see paragraph 3.3). As a result, secondary health screens were sometimes delayed.

2.68 During the inspection, the clinical room in reception was out of use because of a rodent infestation. Owing to operational pressures, prisoners were not taken to the health centre instead, so the initial health screening was delayed by 24 hours. To help to mitigate risk, a nurse spoke to all new arrivals in reception, to ensure that any immediate health needs were addressed.

2.69 A wide range of primary care services was available between 7.30am and 7.30pm on Mondays to Thursdays, 7.30am and 6.30pm on Fridays, and 8am and 6pm at weekends. Access was good and waiting times were reasonable. Prisoners could request an

appointment via an application system or via the communal telephones. Prison officers used the NHS 111 telephone line for out-of-hours health advice.

2.70 'Did not attend' rates were too high. Access was often impeded by the prison regime (see paragraph 3.3) or prisoners not receiving their appointment confirmation slip. Ways to reduce this were continually being considered and trialled to improve outcomes.

2.71 Prisoners who felt unwell and wanted to see a member of the health services team reported to wing staff, who subsequently informed the health care department. These prisoners were seen by a member of the health services team on the wing, and triaged to a minor illness clinic, the GP or a senior nurse.

2.72 Patients waited two weeks for a routine GP appointment but urgent appointments were available on the same day if needed. Specialist nurse-led minor illness clinics helped to reduce the amount of time that patients had to wait to see a GP.

2.73 Patients with long-term conditions received good support from the GP. Nursing staff were encouraged to undertake training in specific long-term conditions, in order to develop a nurse-led service. All patients with complex health needs had a care plan which reflected their current care and national clinical guidance, although work was being done to involve patients further in personalising plans.

2.74 Referrals to external hospital appointments were prompt and well managed. Four prisoners could attend hospital appointments from Monday to Friday. These were rarely cancelled by the prison. Health services staff contributed to the individual risk assessments of prisoners attending external appointments, helping to ensure that security measures were proportionate. We found some examples of prisoners returning to the prison out of hours, who were not then followed up by health services staff to ascertain ongoing treatment or confirm subsequent appointments. This was addressed during the inspection, and systems were implemented to reduce the risk of omitting ongoing treatment.

2.75 Prisoners received an appropriate pre-release assessment on discharge. All patients needing medication on release were given 14 days' supply.

Recommendation

2.76 All prisoners should have a secondary health screen within seven days of arrival.

Social care

2.77 The prison had links with Northamptonshire County Council. However, we were not confident that prisoners arriving with or developing social care needs while at the prison would be promptly identified, as the process and responsibility were unclear (see also paragraph 2.44).

2.78 Responsibility for such prisoners often fell to health services staff, who helped with both identification and arranging for assessments to take place. No prisoners were in receipt of a social care package at the time of the inspection, although one referral had been made by the GP.

2.79 There was a memorandum of understanding between the prison and the local authority in relation to the provision of social care but this was not dated, did not reflect the current

referral process and did not contain the necessary information that would enable prompt access to equipment or services.

2.80 Health services staff were aware of their safeguarding responsibilities and had received appropriate training. Consent to share medical information was sought routinely.

Recommendation

2.81 There should be a memorandum of understanding and information sharing agreement between agencies, to outline appropriate joint service provision of social care.

Mental health care

2.82 Mental health services were provided by NHFT, and staff were available on weekdays between 7.30am and 5.30pm.

2.83 At the time of the inspection, there were 46 prisoners assigned to a caseworker for mild to moderate mental health needs, of whom four had enduring mental health problems and were treated under the care programme approach. At least 4% of the population had more complex mental health needs, but they were unable to access specialist support owing to the lack of psychological interventions. A business case had recently been submitted to commissioners for funding for such interventions and 24-hour mental health advice.

2.84 At full strength, the integrated mental health team consisted of a clinical service manager shared with substance use services, two full-time mental health nurses, a learning disability nurse, an occupational therapist, a part-time Band 3 support worker and a psychiatrist who attended for one session a week. However, at the time of the inspection, the two mental health nursing posts remained vacant and the Band 3 worker had been deployed outside the prison. Agency nurses were used to fill gaps in provision.

2.85 Access was good, with self-referral via telephone. Prison staff also referred prisoners by telephone, followed by a paper summary. There had been 140 referrals in the previous six months, 12 of which had exceeded the seven-day assessment target. All reviews were discussed at the weekly referral meeting.

2.86 There was a segregation unit nurse liaison, who visited the unit daily, administered medication, engaged with the ACCT process, contributed to prisoner reviews and ensured that care plans were in place. During the inspection, there was one prisoner on the segregation unit who had been waiting almost five months for transfer to secure mental health services.

2.87 The mental health team prioritised ACCT reviews for those on their caseload and newly opened cases.

2.88 Groupwork was available to 45 patients, five days a week, for older prisoners, those needing mental health support and those with more enduring health issues. The group rooms were cluttered and the furniture was old and damaged.

2.89 Mental health awareness training had been delivered to 78% of custodial staff in the previous three years, and more was planned.

Recommendations

2.90 Needs-led psychological interventions should be available.

2.91 Transfers to hospital under the Mental Health Act should take place within Department of Health transfer target timescales.

Substance use treatment[12]

2.92 The prison had separated the strategic approach to demand reduction and supply reduction into two separate work streams, but these were not well linked (see also paragraph 1.46). Phoenix Futures took the lead on the development of the demand reduction strategy, but it was not based on a current, comprehensive needs assessment.

2.93 NHFT and Phoenix Futures worked well together to provide clinical and psychosocial support for prisoners with substance use issues; for example, Phoenix Futures recovery coordinators regularly accompanied their clients to their clinical reviews.

2.94 Following an emergency response to prisoners using new psychoactive substances (NPS; see paragraph 1.45), referrals were automatically made to psychosocial and clinical staff to provide ongoing support. A regular NPS clinic was run by the clinical team to support those suspected of taking these drugs.

2.95 An enthusiastic team of recovery coordinators and interventions workers provided psychosocial support for 236 prisoners (32% of the prison population). On average, 65 prisoners were referred to the service each month, from a variety of sources. Allocations and initial assessments took place appropriately and the team continued to use SystmOne (the electronic clinical record) to record case notes and plans.

2.96 The Phoenix Futures interventions team, which included a dedicated family worker, provided a range of appropriate structured interventions. The waiting times for these courses had improved, and were now between two weeks and one month. Non-structured interventions were available, and included some impressive work with families.

2.97 One-to-one support and in-cell workbooks were offered, based on individual need. We observed a well-organised Alcohol Awareness week event, which provided an excellent opportunity for prisoners to engage.

2.98 Mutual aid, through peer recovery support groups, was limited, and Alcoholics Anonymous and Narcotics Anonymous had not been available for the previous 10 months. However, there were plans to restart these interventions in the month after the inspection. There was only one peer recovery champion.

2.99 A total of 44 prisoners were being clinically managed by NHFT at the time of the inspection. The service was flexible and clinicians were easily accessible. Two GPs and a nurse prescriber provided two review clinics per week. All patients were seen at least every 13 weeks, in accordance with national guidance, but, as a result of close working with health services staff and Phoenix Futures, patients could easily be seen more often when required. A weekly multidisciplinary meeting was held to discuss patients with complex needs.

2.100 Prisoners arriving at the prison engaged in clinical treatment were well managed. In our survey, 17% of respondents said that they had developed a problem with illicit drugs while at

[12] 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).

the prison. Such prisoners were started on treatment, but did not routinely undergo close clinical monitoring for the first few days. This was addressed by health care managers during the inspection, and addressed appropriately through the planned implementation of Trust guidance.

2.101 Discharge arrangements for those engaged with drug services in the prison were good. Naloxone (an opiate reversal agent) was not currently available on release but there were plans to start providing this.

Recommendation

2.102 Prisoners starting clinical treatment for stabilisation should be monitored in accordance with national guidance.

Medicines optimisation and pharmacy services

2.103 Medicines were provided by Lloyds Pharmacy in an efficient and timely manner. The staffing model included two pharmacy technicians and a student technician. A regional senior pharmacist attended once a week but had no patient contact. The level of pharmacist time did not facilitate regular screening of medicines.

2.104 Medicines management had improved. Medicines were stored safely and stock was rotated. Medicine refrigerator temperatures were recorded daily in the main dispensary and were within the safe range, but in other dispensary areas were less consistent. General medicines were disposed of appropriately but there was still no audit trail.

2.105 Of the 290 prisoners on prescribed medication, 165 received it in-possession. The decision to supply medicines in this way was informed by a standardised risk assessment screening. There were 512 risk assessments in place, and weekly clinics were run by the pharmacy technicians to review individual risks. Not all prisoners had secure in-cell storage for their medication. Basic medicines, such as paracetamol, were available through the prison shop.

2.106 Medicines administration was safe, generally well supervised by prison staff and confidential. They were dispensed at 8am and 5pm by nurses, in accordance with national standards. This meant that some prisoners were issued with night-time medication too early.

2.107 The treatment room in the health centre had two dispensing hatches which were open at the same time. The checking of controlled drugs in the health centre was safe, but required a risk assessment as the health care worker checking the controlled drug administration worked both hatches simultaneously, which increased the risk of errors.

2.108 Patients with three missed doses of medication were routinely identified and followed up appropriately.

2.109 Health services staff could administer a reasonable range of medicines without a prescription, supported by up-to-date policies and patient group directions (which enable nurses to supply and administer prescription-only medicine).

2.110 A medicines management group was in place and prescribing trends were reviewed. The prescribing of tradable medicines had increased since the previous inspection. Although the medicines management group had some oversight of this, and there were referrals from the GP and physiotherapist to support the prescribing of pain medication, there was no pain management policy.

2.111 A quality assurance visit had been undertaken in February 2018 by commissioners, but some actions they had recommended were taking longer than expected to complete.

Recommendations

2.112 Drug refrigerator temperatures should be monitored effectively and action taken when appropriate.

2.113 All prisoners should have lockable cabinets in which to store their prescribed medicines safely.

2.114 Medicines should be prescribed and administered at clinically appropriate times, to ensure optimal treatment.

2.115 A pain management policy should be implemented in line with national guidance.

Dental services and oral health

2.116 Time For Teeth provided a good service. A full range of NHS dental treatments were available and oral health was promoted.

2.117 Waiting times were reasonable, at 6–8 weeks to see a dentist and four weeks to see a dental therapist. Embargoed slots ensured that urgent referrals were seen promptly. Out-of-hours provision was available if required.

2.118 The decontamination of equipment took place in the main clinical room; this did not comply with best practice. There were plans to convert the adjacent room to rectify this and provide a separate decontamination room.

2.119 The dental room met current infection control standards, and dental equipment was maintained and serviced regularly.

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 As a result of chronic staff shortages, a restricted regime had been in place for over four years and this continued to reduce the amount of time unlocked, particularly in the evenings and at weekends. Employed prisoners could expect a reasonable amount of time unlocked during the week, at around nine hours a day, but they had as little as three hours at weekends. There was still no evening association. Part-time and unemployed prisoners had about five hours a day out of their cell on weekdays. Prisoners on the basic level of the incentives and earned privileges scheme who were not attending activities had as little as one hour a day out of their cell.

3.2 The amount of time out of cell was gradually improving at weekends as staffing levels improved, and the prison was aiming to provide a full regime, with evening association, by February 2019.

3.3 Earlier in the 2018, the regime had been subject to unacceptable delays. This had improved in recent months, but had not disappeared, and daily problems in reconciling the prison roll continued (see also paragraph 1.42) and were adversely affecting access to some activities and health care appointments.

3.4 There was no scheduled period of exercise. Exercise yards were open for about an hour when prisoners returned from activities, but this took place at the same time as the domestic period and the serving of the evening meal.

3.5 In our roll checks, we found around 39% of prisoners locked in cells, which was far too high for a training prison.

3.6 Northamptonshire County Council ran the library. About 70% of prisoners were registered as users. New arrivals were brought to the library as part of their induction. The library was located on the main link corridor at the centre of the prison, so access for most wings was good, and this was reflected in our survey. However, access for prisoners on the outlying J, K and L wings was sometimes cancelled owing to a lack of escorting staff. There was a good emphasis on the library as a place of learning. Prisoners could book study sessions and use four stand-alone computers for word processing.

3.7 In our survey, only 47% of respondents said that the range of materials in the library met their needs, which was far fewer than in similar prisons. Although the county-wide library service had stopped buying stock owing to budget cuts, the librarian at Onley still held a good budget for buying materials. However, analysis of library attendance was much too limited to identify any excluded groups or inform provision.

3.8 Work to promote literacy had ended, which was a significant gap. There was no active Shannon Trust reading scheme (which provides peer-mentored reading plan resources and

training to prisons), even though we identified qualified mentors during the inspection. The library did not run a reading group or book club. The Reading Ahead scheme had been postponed owing to a delay in the delivery of ordered stock.

3.9 As the population was young (see paragraph 2.46) and levels of violence were high (see section on managing behaviour), PE had the potential to be a hugely valuable asset. However, according to the prison's most recent assessment, in June 2018, only 45% of the population had accessed PE. Prisoners who were not at activities, such as the unemployed and new arrivals, were not guaranteed a weekly gym session in the timetable. For those attending activities, PE continued routinely to interrupt their work and education (see also paragraph 3.19). The cross-deployment of PE staff to other duties eroded this provision further. In October 2018, almost half of all weekday evening gym sessions, mainly intended for those without an allocated activity, had been cancelled.

3.10 PE facilities were extensive but underused. Some equipment was shabby, and changing room showers, although clean, lacked privacy. The sports field was overgrown and unused, but the all-weather pitch was in good condition. The PE department had recently stopped offering vocational qualifications as funding had ended (see also paragraph 3.40 and recommendation 3.44). There was no analysis of attendance at PE to understand which particular wings, or groups with protected characteristics, might be excluded and improve provision.

Recommendations

3.11 The prison should operate a full regime, including evening and weekend association.

3.12 Efforts to promote literacy should be reintroduced and sustained across the prison.

3.13 Attendance at PE and the library should be routinely analysed, to understand if any groups are excluded and develop provision.

3.14 All prisoners should be able to access weekly gym sessions without interrupting work or education classes.

Education, skills and work activities (Ofsted)[13]

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.[14]

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

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

Management of education, skills and work

3.15 The prison offered a wide range of education, skills and work activities, but the number of activity places was insufficient for the population (see main recommendation S66). There were 84 full-time places in vocational training and around 160 in prison industries. About 80 prisoners attended part-time education classes and 227 were employed as wing workers and orderlies. Although the allocation process was efficient, and most available places were filled, almost a quarter of prisoners were unemployed. During the inspection, only 50% of prisoners were engaged in purposeful activity at any one time. Waiting lists for the more popular training and work places were long.

3.16 Managers reviewed the curriculum regularly, to ensure that it was well matched to employment opportunities for prisoners, and had developed good partnerships with employers. Three company-sponsored academies provided high-quality training in bicycle repair, car maintenance and reprographics for up to 34 prisoners. Strong links with a national catering company enhanced the prison's training in catering and hospitality. All of these companies provided opportunities for employment for prisoners after release, and around 50 had gained employment in the previous two years.

3.17 The education and training provision provided by Novus required improvement. Although quality monitoring procedures were in place, they had not been fully effective in securing improvements. Much of the teaching in vocational subjects was good, but the quality of teaching, and outcomes for learners, in classroom subjects had declined since the previous inspection and required improvement. This was recognised in the prison's self-assessment, which gave a generally accurate account of the provision. In prison workshops, managers had plans to introduce quality monitoring to identify where the provision could be improved.

[13] 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.

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

3.18 The prison's policy on English and mathematics aimed to raise the attainment of all prisoners to level 1 or 2, but not enough prisoners attended courses in these subjects. Recently, English and mathematics outreach teaching had been introduced to some workshops in an effort to increase participation, but it was too soon to assess the impact of this initiative.

3.19 Improvements to data collection and analysis were helping managers to understand and take action on poor punctuality and attendance. There had been some improvements in punctuality. Attendance was satisfactory in vocational training, but remained poor in education and some industry workshops (see main recommendation S66). Prisoners' gym sessions were scheduled during the working day (see also paragraph 3.9 and recommendation 3.14), which interrupted prisoners' learning, and undermined efforts to improve attitudes to work and work ethic.

3.20 Prison workshops provided a wide range of work opportunities to improve prisoners' employability skills, which instructors recorded well. Since the previous inspection, some facilities had been improved – for example, the new waste management facility. However, only three workshops offered accreditation of vocational skills to help prisoners to gain jobs on release. The prison's pay policy was equitable and provided incentives for prisoners to participate in purposeful activity.

3.21 Support for open and distance learning had recently been improved and was good, with more than 40 prisoners taking open learning courses, including 22 with the Open University. A successful partnership with the University of Northampton enabled a small number of prisoners to study undergraduate level social science modules alongside students from the university.

3.22 Prisoners received appropriate careers advice and guidance from Novus staff at induction, helping them to choose suitable training, education or work activities. The prison did not provide access to the virtual campus (internet access for prisoners to community education, training and employment opportunities) as broadband capacity in the area was inadequate to provide it. However, the community rehabilitation company (CRC) provided good support to prepare prisoners for employment after release. The pre-release programme included a high-quality employability course and contact with a range of organisations offering effective support for job search, before and after release. The education, training or employment that prisoners entered on release was carefully monitored, and outcomes were good, with almost half the prisoners discharged in the previous three months securing a job or training place.

Recommendation

3.23 The provision in mathematics and English should be adequate to ensure that all prisoners are able to improve these skills.

Quality of provision

3.24 The quality of vocational training delivered by college staff and prison trainers was good. Instructors were well qualified and experienced in their trade area. They used their vocational skills to help prisoners to gain trade skills and meet or exceed industry standards. In the staff restaurant, and in the Halford and Ricoh Academies, instructors set high expectations for prisoners and applied suitable commercial targets to their daily work routines. Prisoners rose to these challenges well, working with minimum supervision in most cases, developed occupationally relevant skills and produced work of a consistently good standard.

3.25 The management, quality and effectiveness of the Halfords Academy, which trained prisoners in bicycle repair and maintenance, were outstanding. Prisoners developed excellent skills in repairing complex gear and hydraulic brake systems.

3.26 In the staff restaurant, prisoners worked to commercial pressures in the busy and efficiently run kitchen and demonstrated good skills in customer service. They spoke with pride about the results they achieved. Prisoners on Novus' rail track course were enthusiastically learning useful skills to help them to work in the rail industry on release. They were interested in the specialist techniques and skills required when track laying, and appreciated industry-specific advice about job opportunities.

3.27 Work in the commercial assembly workshop, which provided 50 jobs, was mundane and provided little opportunity for skill development. Although this suited some prisoners, such as those for whom a structured working day or a predictable routine was essential to their rehabilitation, prison managers acknowledged that they needed to make work in this facility more purposeful.

3.28 Instructors in vocational skills workshops checked learning regularly and monitored progress effectively. They made suitable use of the results of initial assessments to identify and deal with any additional learning needs or barriers to learning. They had a good understanding of the abilities and limitations of the prisoners in their learning sessions and provided appropriate support to those requiring extra help. This enabled them to progress as well as their peers.

3.29 The quality of feedback on marked work was generally good, with clear and constructive comments to help prisoners to improve their work. In vocational training, instructors made good use of individual learning plans to monitor prisoners' progress regularly against key objectives.

3.30 Teachers and instructors made appropriate efforts to integrate English and mathematical skills with the main curriculum subject. For example, an art teacher embedded basic arithmetical skills related to shapes into topics in art. In vocational subjects, instructors ensured that prisoners learned the correct terms for the specialist tools used in rail track engineering, brickwork and barbering.

3.31 Teaching, learning and assessment in too many classroom sessions, which made up a relatively small minority of the provision, required improvement. Teachers were poorly prepared to deal with the range of prisoners' individual needs. This resulted in low-level disruption and a lack of progress for many prisoners.

Recommendations

3.32 The operation of the assembly shop should be reviewed, to make it effective in improving prisoners' attitudes and skills.

3.33 Classroom teaching should be of adequate quality to motivate learners, so that they can progress.

Personal development and behaviour

3.34 Too many prisoners were unemployed (see main recommendation S66) and, in some education and work areas, too many of those with an activity place failed to attend regularly.

These factors reduced prisoners' opportunities to develop and enhance the personal and employability skills needed for successful rehabilitation.

3.35 The deployment of peer mentors required improvement. Instructors made some use of prison orderlies to help during activity sessions, but few had been trained for the role, as no training had been offered for the previous four months. Consequently, their responsibilities were unclear, reducing their effectiveness in supporting prisoners' learning and skills development.

3.36 Instructors in most workshops and workplaces encouraged the development of prisoners' employability skills effectively. They set employability objectives against criteria such as teamwork and reliability, and reviewed individual prisoners' progress monthly. Prisoners could progress from 'Bronze' up to 'Gold' standard against each criterion, which helped to improve their confidence and motivation in the workplace. However, those employed as wing cleaners did not have these skills recognised or developed, and so were not well prepared for the world of work.

3.37 Prisoners' behaviour in work and in industries was good; they displayed courtesy and respect for their fellow prisoners, instructors and visitors. Most took responsibility for their own learning seriously and demonstrated suitable motivation to develop work skills to help them when released from custody. In practical and vocational training sessions and workshops, prisoners enjoyed their work, displayed good team work skills and were highly motivated to progress and achieve.

Recommendations

3.38 The importance of regular attendance in preparing for employment after release should be emphasised to prisoners in activities.

3.39 Peer mentors should be appropriately trained and effectively deployed by teachers and instructors.

Outcomes and achievements

3.40 Only a quarter of prisoners attended activities that offered an opportunity to gain a nationally recognised qualification. Most of these were in vocational training courses, where the majority made good progress, and those who completed generally achieved the qualification. Around 40 prisoners had gained paid employment with Halfords during the previous two years, and another 10 achieving qualifications had gone on to employment with Pret a Manger and companies contacted by the CRC. Prisoners were no longer able to gain vocational qualifications in the gym.

3.41 In education classes, outcomes in 2017/18 showed a decline from the previous year. Qualification pass rates were good in information and communications technology courses and in entry-level English. However, prisoners' progress in English was poor at levels 1 and 2, and results had declined, with less than 40% of those completing their course achieving a pass. In mathematics, the pass rate for those completing was better, at 61%, but more than a quarter of prisoners left the course before completing. Withdrawal rates were also high on some vocational courses.

3.42 Prisoners with disabilities, including learning disabilities, generally received the support needed to perform as well as the majority population. There were no significant differences in the performance of different ethnic groups.

3.43 In most workshops, prisoners made good progress from their starting points, developed useful skills and produced good standards of work. In some work places, such as the bicycle academy, concrete casting workshop and the staff restaurant, prisoners produced work of a high commercial standard.

Recommendation

3.44 There should be opportunities for all prisoners to gain vocational qualifications when working in a prison job, including the gym.

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 Services providing support for prisoners to maintain family ties had declined since the previous inspection. The generic family support worker had left and not been replaced. A new family support role had been introduced but its remit was to support prisoners with a substance use problem and so was not broad enough to cover the whole population. Family days took place monthly, but they were oversubscribed and offered to enhanced prisoners only. Although a parenting programme was now delivered, this was only available to prisoners with 12 weeks left of their sentence as part of their resettlement package. There were no formal programmes, interventions or family engagement staff to help all prisoners with problems in maintaining positive relationships with their family throughout their sentence.

4.2 The visitors centre, run by the local charity Inside Out, was open every day and provided a supportive service for visitors. Staff in the centre identified those visiting for the first time and offered them additional support and information.

4.3 The visits hall was a bright, clean and well-maintained space, with a relaxed atmosphere. Inside Out staff supervised the snack bar there, which offered hot and cold drinks, and food. There was a well-equipped children's play area, but this was not staffed by trained workers. The layout of the furniture in the hall did not provide sufficient privacy when it was busy. The visitors we spoke to were positive about the visits experience and said that they usually started on time. Demand for visits at the weekends was high, and at the time of the inspection there was a wait of more than three weeks to book a weekend visit.

4.4 Most of the visitors we spoke to had travelled to the prison from London, which was a long distance from the prison. In our survey, only 14% of prisoners said that it was very or quite easy for their family and friends to get to the prison. Despite over 80% of the population originating from the London area, the remote location of the prison and poor public transport links, the prison had still not arranged to provide transport to and from the local stations.

Recommendations

4.5 **Prisoners should be supported to maintain and re-establish family ties.**

4.6 **Prison managers should take into account distance from home in developing the children and families' pathway, and take steps to alleviate transport difficulties for visitors to the prison.** (Repeated recommendation 4.51)

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.[15]

4.7 The strategic management of resettlement was inadequate. There was a reducing reoffending policy document, dated 1 April 2017, but, despite beginning by stating that this was a live document which would be continuously updated, it was still on version one. The document lacked sufficient detail to describe the current position or intended direction of the work.

4.8 An offender management unit (OMU) policy had just been completed (dated November 2018) but this did not clearly outline the unit's work and limited the role of offender supervisors to responding to trigger points in the sentence. It did not include the important role of motivating and managing prisoners through their sentence, informed by an up-to-date and progressive sentence plan.

4.9 The reducing reoffending committee was scheduled to meet monthly but did not do so. Attendance levels were very poor and two recent meetings had had to be cancelled as managers had been unable to assemble enough attendees.

4.10 There was no comprehensive needs analysis to inform the work. A prisoner survey had just been completed, which was a good start, but this needed to be built upon, with data drawn from offender assessment system (OASys) assessments and other sources in order to become a complete and useful analysis of need.

4.11 The prison held a relatively long-term population, with 75% of prisoners serving four years or more and 250 assessed as presenting a high risk of serious harm to the public. The delivery of offender management was undermined by staff shortages and the cross-deployment of uniformed offender supervisors. Since the previous inspection, the number of uniformed offender supervisors had reduced from 16 to six, and redeployment of those remaining further reduced the time available for offender management work by 25%. This had had severe consequences for levels of contact with prisoners and for the completion of OASys assessments (see main recommendation S67).

4.12 At the time of the inspection, there was a backlog of 150 OASys assessments, of which 122 needed to be completed by the prison. This had arisen because of prisoners arriving without a completed assessment, but also the failure of offender managers and offender supervisors to complete reviews in some cases. Without an up-to-date assessment of risk and need, or a sentence plan, these prisoners could not make the appropriate progress – for example, they could not be assessed for any of the accredited programmes. In addition, levels of contact

[15] 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.

with prisoners by offender supervisors were poor, limited in most cases to reaction at key points in the sentence, with no proactive contact to do one-to-one work related to sentence plans, motivation and progression. Too many prisoners had not been seen at all, despite being at the prison for many months (see main recommendation S67).

4.13 Most high-risk offenders were supervised by probation officer offender supervisors. However, over the previous year there had been a 25% increase in the number of high-risk offenders in the prison. There were 40 cases held by the senior probation officer which were described as 'holding cases', for which only urgent matters were responded to. A further 25 high-risk prisoners were supervised by uniformed offender supervisors, with the same low levels of contact as for the medium- and low-risk prisoners (see main recommendation S67).

4.14 The sample of home detention curfew files that we examined confirmed that the procedures in place were adequate and well managed. Of 100 applications over the previous six months, 64 had been approved, and the reasons for rejection had been appropriate.

Recommendation

4.15 A comprehensive reducing reoffending strategy should be developed, based on a full analysis of offending-related needs and supported by a detailed action plan which is monitored and updated rigorously. (Repeated recommendation 4.4)

Public protection

4.16 The interdepartmental risk management team (IRMT) meeting met monthly, chaired by the senior probation officer, and was well attended. All multi-agency public protection arrangements (MAPPA) cases were reviewed at the meeting (regardless of their level of management), on arrival and again pre-release. The reports presented and the minutes of the meeting were sent to the responsible offender manager, providing a useful contribution to the management of high-risk and MAPPA prisoners.

4.17 Communication with offender managers to ascertain the management level set for MAPPA cases was undertaken on arrival and then at seven months before release; if no reply was received, this was then escalated to MAPPA coordinators six months pre-release. This process was well managed and, although there was evidence of a very low level of replies from offender managers, the oversight of all MAPPA cases at the IRMT was reassuring. MAPPA F reports were completed, reviewed and countersigned in a timely manner and the sample of reports we saw were of adequate quality.

4.18 Screening for public protection concerns on arrival was undertaken by the senior probation officer and was adequate. Mail and telephone monitoring was used in appropriate cases, with reviews informed by probation staff in the OMU and countersigned by the head of the OMU.

Recommendation

4.19 Multi-agency public protection arrangements (MAPPA) levels should be confirmed by offender managers at least six months before release.

Categorisation and transfers

4.20 Considerable improvements had been made to the recategorisation procedures. The previous backlog of 160 cases having gone beyond their review date had been reduced to 40. This had been achieved by proactive management intervention in scheduling the start of the review process earlier and in prompt follow-up of late contributions needed for review boards. Nevertheless, we received may complaints from prisoners about recategorisation – primarily, the impact of the lack of offending behaviour interventions on their ability to evidence a reduction in their risk and their suitability for category D status (see paragraph 4.24).

4.21 At the time of the inspection, 32 prisoners who had been granted category D status remained at Onley. Although this was the source of dissatisfaction and complaints from the prisoners concerned, few transfers were delayed by longer than three months. The delay was due to a lack of places at open prisons, and the prison was as proactive as it could be in seeking transfers at the earliest possible date. However, prisoners without an up-to-date OASys assessment risked being overlooked for progressive transfer opportunities.

Recommendation

4.22 **Progressive transfers to another prison should be clearly prioritised with the full involvement of offender supervisors.** (Repeated recommendation 4.23)

Interventions

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

4.23 There were insufficient accredited programme places to meet the needs of the prison population. The programmes team had undergone several staff changes during 2018, with the result that four of the six facilitators were still in their probationary period and not yet qualified to lead programmes. Three accredited offending behaviour programmes were available: the thinking skills programme (TSP), Resolve and the alcohol-related violence (ARV) course. Over the previous year, two TSP programmes had run (with 19 completions), and one Resolve programme (with 10 completions). The ARV programme had not been run at all, as there was insufficient demand for this programme among the population at the establishment. During the inspection, the scheduled ARV programme was withdrawn (because of a lack of potential attendees) and replaced with an additional Resolve programme.

4.24 Both the TSP and Resolve programmes had a waiting list for places. This resulted in many prisoners being refused category D status because they had not been able to demonstrate a reduction in risk by successful completion of a programme. Offender supervisors and the programme team felt that there was also a need for a domestic violence programme. The completion of a full needs analysis, building on the prisoner survey, was necessary to ensure that the programmes available met the need (see also paragraph 4.10 and recommendation 4.15).

4.25 The Sycamore Tree victim awareness programme was run regularly by the chaplaincy. Places were only available upon self-referral, and, although offender supervisors prompted some prisoners to apply, the lack of proactive contact with many suggested that not all those who could benefit would make it onto the waiting list.

4.26 The CRC MTC Novo team delivered a non-accredited four-week offending behaviour programme, 'Getting it Right', for those in the final 12 weeks of their sentence. This was a voluntary programme and, although all prisoners approaching release were invited to attend, only a small number completed the course, with 26 in the previous six months. The feedback from attendees was positive.

4.27 In our survey, 72% of prisoners due to be released said that they needed help to find accommodation. There were two accommodation specialists from St Mungo, to whom the CRC team referred those needing this help. The number of prisoners successfully placed in suitable and stable accommodation was collated one month following release, and was relatively high, consistently running at between 85% and 90%.

4.28 The Getting it Right programme included a half-day input on money management, and this was available for all pre-release prisoners to attend if they wished to do so. There was good provision for those with finance, benefit and debt problems. However, there was a large backlog of cases waiting to be dealt with, and some prisoners had left the prison with their application for assistance still not dealt with. Applications for bank accounts to be opened were managed effectively. Of 92 applications in the previous six months, 65 had been successfully completed.

Recommendations

4.29 **The full extent of the need for offending behaviour work should be evidenced, and an appropriate range of interventions and places should be provided to meet this.** (Repeated recommendation 4.57)

4.30 **All prisoners should receive sufficient help with finance, benefit and debt problems, in a timely manner, when such need is identified following their arrival at the prison.**

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.

4.31 An average of 37 prisoners per month were released, mostly to the London area, and London CRC was responsible for providing release services, subcontracted to MTC Novo. There were four full-time resettlement coordinators and one case administrator, managed by a resettlement manager. Two part-time St Mungo's workers were co-located with the team, providing help with accommodation.

4.32 All prisoners received the same input, regardless of where they were resettling to. Contact began on reception, and resettlement plans were reviewed 12 weeks before release. Plans and actions arising from these were completed on OASys, and those we saw were of good quality. Plans were accessible to all via OASys but also directly shared with offender supervisors and offender managers, and recorded as completed on P-NOMIS (electronic case notes). Up to 60 prisoners in the last 12 weeks of release were located on the resettlement unit (G wing), where they had open-door access to the OMU team, in addition to the planned contact with their offender supervisor. Those who were not on the unit were seen individually, and there was evidence of good contact and resettlement plans in all the cases that we examined.

4.33 The CRC team was well integrated within the prison, attended the reducing reoffending and IRMT meetings, and had good contact with the OMU. The team was well regarded. In addition to the work done within the prison, there were a number of mentoring services operating 'through the gate'.

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 first night environment should be welcoming and reassuring. New arrivals should be supported and informed by staff and peer workers. Cells should be clean and fully equipped. (S62)

5.2 Robust strategic action should be taken to reduce levels of violence and make the prison safer. This should include an analysis of violent incidents; a local violence reduction strategy, with associated action plans; and improved violence management and victim support processes which are well known to all staff and implemented reliably. (S63, repeated recommendation S45)

5.3 Security intelligence should be promptly and fully analysed, and effective action taken in response to the concerns identified. (S64, repeated recommendation S46)

5.4 A comprehensive drug supply reduction strategy and action plan should be implemented and monitored for effectiveness. (S65)

5.5 There should be sufficient education, training and work places for the population, and prisoners should attend their allocated activity. (S66)

5.6 All prisoners should have an up-to-date OASys assessment and sentence plan. Contact between prisoners and offender supervisors should be regular and meaningful, and should encourage and monitor progress against targets and actions to reduce offending. (S67, repeated recommendation S50)

Recommendation — To HMPPS

Reducing risk, rehabilitation and progression

5.7 Multi-agency public protection arrangements (MAPPA) levels should be confirmed by offender managers at least six months before release. (4.19)

Recommendations — To the governor

Managing behaviour

5.8 Violent incidents should be promptly investigated, and findings shared with safer custody and security staff as appropriate. (1.20)

5.9 The management of prisoners who self-isolate in their cell and those who do not leave their wing should include regular reviews of their status, and plans for their reintegration. (1.21)

5.10 The incentives and earned privileges scheme should be used consistently to challenge poor behaviour. (1.22)

5.11 Managerial oversight of disciplinary procedures should focus on ensuring that hearings are held and completed within a reasonable time. (1.26)

5.12 All use of force incidents should be fully documented and reviewed by managers, with the findings shared with relevant departments. (1.31)

5.13 The standard of video-recording of planned use of force should be good enough to enable meaningful review by managers. (1.32)

5.14 The regime for segregated prisoners should be enhanced, subject to individual assessments. (1.38)

5.15 Reintegration plans for segregated prisoners should challenge the reasons for poor behaviour and detail how they will be reintegrated back to a residential unit. (1.39, repeated recommendation 1.51).

Security

5.16 Security objectives should be set and shared with staff. (1.47)

5.17 Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (1.48, repeated recommendation 1.39)

5.18 The gang affiliations of prisoners should be better understood and shared, to provide effective management of these individuals and prevent violent behaviour. (1.49)

5.19 The mandatory drug testing programme should be sufficiently resourced to undertake all types of testing within the required timescales. (1.50, repeated recommendation 1.35)

Safeguarding

5.20 The prison should implement an evidence-based strategy which identifies the main causes of self-harm and actions to reduce it. Measures to drive improvement should be monitored over time. (1.56)

5.21 All prisoners should have good, well-promoted access to Listeners 24 hours a day, and every wing should have a working Samaritans telephone. (1.57)

5.22 The prison should implement effective processes to identify and protect adults at risk of harm, abuse or neglect. (1.60)

Staff-prisoner relationships

5.23 Staff should be skilled and confident in confronting and controlling poor prisoner behaviour and should be supported in undertaking their role. (2.6)

Daily life

5.24 Outside and internal communal areas should be kept clean. (2.14)

5.25 Cells should be maintained to a consistent standard and all toilets and showers should be screened to ensure privacy. (2.15)

5.26 All cell windows should be in good condition. (2.16)

5.27 Prisoners should have sufficient clean clothes and bedding for the week. (2.17)

5.28 Prisoners should have prompt access to their property. (2.18)

5.29 Breakfast should be served on the day it is to be eaten and the evening meal should be served after 5pm. (2.23, repeated recommendation 2.90)

5.30 The serving of food, including the issuing of breakfast packs, should be supervised by staff. (2.24)

5.31 New prisoners should be able to receive a prison shop order within two days of arrival. (2.25)

5.32 Applications should be tracked and quality assured. (2.33)

5.33 Confidential access complaints should be responded to promptly. (2.34)

Equality, diversity and faith

5.34 There should be clear personal leadership and accountability at senior level for ensuring that the needs and treatment of prisoners from minority groups are monitored and action taken to ensure their needs are met. (2.39)

5.35 Prisoner forums should take place for all protected characteristics. (2.47)

5.36 Prisoners requiring a personal emergency evacuation plan should have one, and all staff having contact with prisoners should be aware of their responsibilities in relation to this procedure. (2.48)

Health, well-being and social care

5.37 A representative health forum should be set up, to inform service developments and enable collective concerns to be addressed. (2.62)

5.38 All clinical areas should comply with infection control standards and offer a decent, safe and confidential environment. (2.63)

5.39 There should be a systematic, prison-wide strategy to promote prisoner well-being. (2.66)

5.40 All prisoners should have a secondary health screen within seven days of arrival. (2.76)

5.41 There should be a memorandum of understanding and information sharing agreement between agencies, to outline appropriate joint service provision of social care. (2.81)

5.42 Needs-led psychological interventions should be available. (2.90)

5.43 Transfers to hospital under the Mental Health Act should take place within Department of Health transfer target timescales. (2.91)

5.44 Prisoners starting clinical treatment for stabilisation should be monitored in accordance with national guidance. (2.102)

5.45 Drug refrigerator temperatures should be monitored effectively and action taken when appropriate. (2.112)

5.46 All prisoners should have lockable cabinets in which to store their prescribed medicines safely. (2.113)

5.47 Medicines should be prescribed and administered at clinically appropriate times, to ensure optimal treatment. (2.114)

5.48 A pain management policy should be implemented in line with national guidance. (2.115)

Time out of cell

5.49 The prison should operate a full regime, including evening and weekend association. (3.11)

5.50 Efforts to promote literacy should be reintroduced and sustained across the prison. (3.12)

5.51 Attendance at PE and the library should be routinely analysed, to understand if any groups are excluded and develop provision. (3.13)

5.52 All prisoners should be able to access weekly gym sessions without interrupting work or education classes. (3.14)

Education, skills and work activities

5.53 The provision in mathematics and English should be adequate to ensure that all prisoners are able to improve these skills. (3.23)

5.54 The operation of the assembly shop should be reviewed, to make it effective in improving prisoners' attitudes and skills. (3.32)

5.55 Classroom teaching should be of adequate quality to motivate learners, so that they can progress. (3.33)

5.56 The importance of regular attendance in preparing for employment after release should be emphasised to prisoners in activities. (3.38)

5.57 Peer mentors should be appropriately trained and effectively deployed by teachers and instructors. (3.39)

5.58 There should be opportunities for all prisoners to gain vocational qualifications when working in a prison job, including the gym. (3.44)

Children and families and contact with the outside world

5.59 Prisoners should be supported to maintain and re-establish family ties. (4.5)

5.60 Prison managers should take into account distance from home in developing the children and families' pathway, and take steps to alleviate transport difficulties for visitors to the prison. (4.6, repeated recommendation 4.51)

Reducing risk, rehabilitation and progression

5.61 A comprehensive reducing reoffending strategy should be developed, based on a full analysis of offending-related needs and supported by a detailed action plan which is monitored and updated rigorously. (4.15, repeated recommendation 4.4)

Categorisation and transfers

5.62 Progressive transfers to another prison should be clearly prioritised with the full involvement of offender supervisors. (4.22, repeated recommendation 4.23)

Interventions

5.63 The full extent of the need for offending behaviour work should be evidenced, and an appropriate range of interventions and places should be provided to meet this. (4.29, repeated recommendation 4.57)

5.64 All prisoners should receive sufficient help with finance, benefit and debt problems, in a timely manner, when such need is identified following their arrival at the prison. (4.30)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief Inspector
Alison Perry	Team leader
Jonathan Tickner	Inspector
Natalie Heeks	Inspector
Darren Wilkinson	Inspector
Deri Hughes-Roberts	Inspector
Fionnuala Gordon	Inspector
Paddy Doyle	Inspector
Andrew Rooke	Inspector
Jade Richards	Inspector
Charli Bradley	Researcher
Claudia Vince	Researcher
Joe Simmonds	Researcher
Rachel Duncan	Researcher
Liz Walsh	Lead health and social care inspector
Tania Osborne	Health and social care inspector
Gary Turney	Care Quality Commission inspector
Steve Oliver-Watts	Ofsted inspector
Jai Sharda	Ofsted inspector
Allan Shaw	Ofsted inspector
Keith Humphreys	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 2016, reception was welcoming and good support was provided by peer workers. First night and induction processes were weak. Too many prisoners felt unsafe. Levels of violence had increased sharply and were high but too little was done to make the prison safer. Level of self-harm had increased but the care for prisoners at risk of harm was not consistently good. Security arrangements were undermined by a huge backlog of intelligence reports. Drugs were easily available but supply reduction was weak. Use of adjudications, force and segregation was high. Management oversight of use of force was poor. Support for substance users was reasonably good. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

Robust strategic action should be taken to reduce levels of violence and make the prison safer. This should include an analysis of violent incidents; a local violence reduction strategy, with associated action plans; and improved violence management and victim support processes which are well known to all staff and implemented reliably. (S45)
Not achieved (recommendation repeated, S63)

Security intelligence should be promptly and fully analysed, and effective action taken in response to the concerns identified. (S46)
Not achieved (recommendation repeated, S64)

A comprehensive drug supply reduction strategy and action plan should be implemented. (S47)
Not achieved

Recommendations

Accommodation in escort vans should be clean and free of graffiti. (1.2)
Achieved

New arrivals should be moved from reception to their first night accommodation as soon as possible. (1.11)
Achieved

Accommodation for new arrivals should be equipped adequately and there should be procedures to check on their safety during their first night. (1.12)
Not achieved

All new arrivals should receive a private first night interview, and attention should be given to their immediate problems. (1.13)
Not achieved

The induction programme should be enhanced to ensure that all prisoners receive full information about the prison. (1.14)
Achieved

The reasons for the increased number of self-harm incidents should be analysed and strategic action taken to reduce it. (1.26)
Not achieved

Closed visits should only be continued each month if there is clearly documented, up-to-date intelligence to support the decision. (1.33)
Achieved

Prisoners should only be strip-searched on the basis of intelligence or specific suspicion. (1.34, repeated recommendation, 1.39)
Not achieved (recommendation repeated, 1.48)

The mandatory drug testing programme should be sufficiently resourced to undertake all types of testing within the required timescales. (1.35)
Not achieved (recommendation repeated, 1.50)

Review boards should include wing staff and, wherever possible, the prisoner should be able to make representations. (1.39)
Not achieved

Managerial oversight of disciplinary procedures should focus on reducing the number of adjudications, and ensuring that all charges are laid appropriately and that all hearings are held and completed within a reasonable time. (1.42)
Not achieved

Governance of use of force, particularly special accommodation, mechanical restraints, planned interventions and use of batons, should be improved. (1.46)
Not achieved

Reintegration plans for segregated prisoners should challenge the reasons for poor behaviour and detail how they will be reintegrated back to a residential unit. (1.51)
Not achieved (recommendation repeated, 1.39)

The cells in the segregation unit should be kept free of graffiti. (1.52)
Achieved

The drugs and alcohol committee should oversee the strategic approach to drugs and alcohol, underpinned by a comprehensive, regularly reviewed drug and alcohol strategy and dynamic action plan that are informed by an annual needs assessment. (1.57)
Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2016, the prison grounds were often littered, despite regular cleaning. Most communal areas and cells were clean but clothing and equipment were often in short supply. Staff–prisoner relationships were reasonably good. Equality and diversity lacked senior leadership and direction, although outcomes for most protected characteristics were good. Faith provision was comprehensive. Complaint forms were not freely available but the quality of responses was appropriate. Health services were reasonably good. Prisoners were dissatisfied with the food served. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Cells should be maintained to a consistent standard, all toilets and showers should be screened to ensure privacy, and all cell windows should be able to be closed. (2.10)
Not achieved

There should be sufficient correctly sized clothing to equip prisoners appropriately for work. (2.11)
Not achieved

The role of the prisoner information desk workers should be standardised across the prison and should not include the issuing of complaint or application forms, and the latter should be freely available during unlock periods. (2.12)
Not achieved

Low-level misbehaviour should be challenged promptly by wing staff. (2.16)
Not achieved

Equality and diversity provision should be driven and supported by senior leadership and strategic direction. (2.22)
Not achieved

All discrimination incident report form investigations should be completed thoroughly and the process quality assured by an external body. (2.23)
Not achieved

All minority groups should be supported and consulted, to ensure that their needs are assessed, and that negative perceptions are understood and inequalities of treatment addressed. (2.30)
Not achieved

A non-uniformed member of staff should empty the complaints boxes daily. (2.38)
Achieved

All staff should have regular managerial and clinical supervision, underpinned by a current performance appraisal. (2.57)
Achieved

The emergency resuscitation equipment should be in good order, with an effective monitoring system. Sufficient custody staff should be trained in the use of the automated defibrillator and first aid to ensure an adequate response to emergencies during the day and night. (2.58)
Not achieved

Access to sexual health services should be within an acceptable timeframe to meet the needs of the prison population. (2.65)
Achieved

Prisoners should have timely access to external hospital appointments. (2.66)
Achieved

The medicines management committee should review the in-possession policy and ensure that it is implemented robustly. (2.75)
Achieved

The administration of medication should be at times that ensure the best treatment for prisoners, with completed administration records and action taken to follow up on those who do not attend. (2.76)
Partially achieved

Custody officers should actively manage medication queues, to maintain confidentiality and minimise potential bullying and the diversion of supplies. Prisoners in shared cells should have a lockable cupboard to store their medication securely. (2.77)
Partially achieved

All custody officers should receive regular mental health awareness training. (2.84)
Not achieved

Prisoner comments on food servery logs should be reviewed and responses should be quality assured. (2.89)
Achieved

Breakfast should be served on the day it is to be eaten and the evening meal should be served after 5pm. (2.90)
Not achieved (recommendation repeated, 2.23)

Prisoners should not be charged an administrative fee on catalogue orders. (2.94)
Not achieved

Purposeful activity

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

At the last inspection, in 2016, chronic staff shortages had resulted in a restricted regime and reduced time unlocked, leaving many prisoners locked up for too long. The leadership and management of learning and skills and work activities required improvement. The range of provision had increased but key training was yet to be introduced. There were sufficient activity places for most of the population. Attendance and punctuality were often poor. The quality of teaching and learning was good. Too few activities attracted accreditation but those who took qualifications achieved well. Library services were reasonably good. Access to PE was problematic. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

All available activity places should be filled and prisoners should attend on time. Activity places should not be closed and other regime activities, including the gym, should not interrupt the working day. (S48)
Not achieved

Recommendations

The prison should operate a full category C regime, which includes lunchtime unlock and evening association. The regime should be widely published and adhered to. (3.4)
Not achieved

The prison should further develop its education, training and work provision so that it supports all prisoners' resettlement needs. (3.10)
Partially achieved

All of the prison's learning and skills provision should be subject to robust quality assurance and improvement practice. (3.11)
Not achieved

The prison should ensure that learners' employability is developed through the routine use of appropriate short-term target setting and review. (3.22)
Achieved

Trainers in vocational and production workshops should effectively reinforce prisoners' understanding of relevant health and safety practice. (3.23)
Achieved

The prison should provide work that is increasingly more challenging, to improve prisoners' employability on release. (3.24)
Achieved

All learners should receive effective support to improve their English and mathematics skills. (3.25)
Not achieved

The quality of the facilities in waste management and the 'Goods Again' assembly workshop should be improved. (3.26)
Achieved

The prison should introduce strategies to improve all learners' personal and social skill development, to support successful resettlement. (3.30)
Achieved

The prison should ensure that all learners are challenged to develop the highest standards of employability, as well as English and mathematics skills. (3.35)
Not achieved

Learners should be helped to identify and record their achievements so they can be used to enrich their job applications. (3.36)
Achieved

The prison should provide library orderlies with the opportunity to achieve relevant qualifications. (3.41)
Not achieved

Library staff should analyse the available data on library usage to identify and address any incidences where particular groups of prisoners are not accessing library services. (3.42)
Not achieved

Reductions in the delivery of planned gym sessions should be minimised. (3.47)
Not achieved

Recreational gym should not be provided during the core day. (3.48)
Not achieved

The range of accredited PE qualifications should be extended. (3.49)
Not 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 2016, the effectiveness of offender management was critically undermined by the cross-deployment of offender supervisors. Offender supervisor contact with prisoners was very limited. Most prisoners did not have an up-to-date offender assessment system (OASys) assessment, which severely affected their ability to progress. Basic public protection processes were sound but other risk management arrangements were weak. Reintegration planning was reasonably good. Support for prisoners across the resettlement pathways was mostly good, especially the good advice and assistance provided to address family relationships. Not enough was done to help prisoners with financial issues and to assist with visits travelling arrangements. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

All prisoners transferring from local prisons should have a comprehensive offender assessment system (OASys) assessment and plan. (S49)
Not achieved

All prisoners should have an up-to-date OASys assessment and sentence plan. Contact between prisoners and offender supervisors should be regular and meaningful, and should encourage and monitor progress against targets and actions to reduce reoffending. (S50)
Not achieved (recommendation repeated, S67)

Recommendations

A comprehensive reducing reoffending strategy should be developed, based on a full analysis of offending related needs and supported by a detailed action plan which is monitored and updated rigorously. (4.4)
Not achieved (recommendation repeated, 4.15)

Risk of harm assessments and plans should be comprehensive, analysing all available evidence and providing up-to-date actions to minimise the risks. (4.11)
Not achieved

Wing staff and offender supervisor reports should be submitted on time, to support the timely completion of home detention curfew assessments. (4.12)
Achieved

The effectiveness of multi-departmental risk management planning should be improved, to ensure that all relevant cases are considered and reviewed regularly, and that comprehensive risk management plans are developed and delivered. (4.17)
Achieved

Multi-agency public protection arrangements (MAPPA) levels should be confirmed at least six months before release, to enable the offender management unit to contribute fully to release plans. (4.18)
Not achieved

Information sharing on public protection issues should be improved, including access to Delius and the use of P-NOMIS. (4.19)
Achieved

Progressive transfers to another prison should be clearly prioritised, with the full involvement of offender supervisors. (4.23)
Not achieved (recommendation repeated, 4.22)

London community rehabilitation company (CRC) should be clearly advertised as the resettlement team, and CRC staff should be involved in the induction programme, to ensure that prisoners know whom to turn to for help across all of the resettlement pathways. (4.31)
Achieved

The prison should ensure that all prisoners who would benefit from the 'Strive' programme participate in it. (4.38)
Achieved

The prison should provide a virtual campus to support prisoners' resettlement. (4.39)
Not achieved

Prison managers should take into account distance from home in developing the children and families pathway, and take steps to alleviate transport difficulties for visitors to the prison. (4.51)
Not achieved (recommendation repeated, 4.6)

Visits should start at the advertised time. (4.52)
Achieved

Children under the age of 18 should not be considered as adults for the purpose of visits. (4.53)
Achieved

The full extent of the need for offending behaviour work should be evidenced, and an appropriate range of interventions and places should be provided to meet this. (4.57)
Not achieved (recommendation repeated, 4.29)

Appendix III: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	0	661	91.0
Recall	0	26	3.6
Convicted unsentenced	0	0	0.0
Indeterminate	0	39	5.4
Remand	0	0	0.0
Civil prisoners	0	0	0.0
Detainees	0	0	0.0
Total	**0**	**726**	**100**

Sentence	18–20-year-olds	21 and over	%
Unsentenced	0	0	0.0
Less than six months	0	0	0.0
six months to less than 12 months	0	2	0.3
12 months to less than 2 years	0	19	2.6
2 years to less than 3 years	0	91	12.5
3 years to less than 4 years	0	104	14.3
4 years to less than 10 years	0	377	51.9
10 years and over (not life)	0	88	12.1
ISPP (indeterminate sentence for public protection)	0	26	3.6
Life	0	19	6.2
Total	**0**	**726**	**100**

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years	0	0.0
21 years to 29 years	345	47.5
30 years to 39 years	220	30.3
40 years to 49 years	90	12.4
50 years to 59 years	58	8.0
60 years to 69 years	11	1.5
70 plus years	2	0.3
Please state maximum age here:	75	
Total	**726**	**100**

Nationality	18–20-year-olds	21 and over	%
British	0	698	96.1
Foreign nationals	0	26	3.6
Total	**0**	**726**	**100**

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	0	0	0.0
Uncategorised sentenced	0	0	0.0
Category A	0	0	0.0
Category B	0	0	0.0
Category C	0	688	94.8
Category D	0	38	5.2
Other			
Total	**0**	**726**	**100**

Ethnicity	18–20-year-olds	21 and over	%
White			
British	0	241	33.2
Irish	0	9	1.2
Gypsy/Irish Traveller	0	21	2.9
Other white	0	22	3
Mixed			
White and black Caribbean	0	41	5.6
White and black African	0	8	1.1
White and Asian	0	3	0.4
Other mixed	0	17	2.3
Asian or Asian British			
Indian	0	15	2.1
Pakistani	0	25	3.4
Bangladeshi	0	21	2.9
Chinese	0	1	0.1
Other Asian	0	21	2.9
Black or black British			
Caribbean	0	136	18.7
African	0	72	9.9
Other black	0	47	6.5
Other ethnic group			
Arab	0	5	0.7
Other ethnic group	0	14	1.9
Not stated	0	7	1
Total	**0**	**726**	**100**

Religion	18–20-year-olds	21 and over	%
Baptist	0	0	0.0
Church of England	0	97	13.4
Roman Catholic	0	119	16.4
Other Christian denominations	0	126	17.4
Muslim	0	229	31.5
Sikh	0	6	0.8
Hindu	0	4	0.6
Buddhist	0	5	0.7
Jewish	0	7	1
Other	0	17	2.3
No religion	0	116	16
Total	**0**	**726**	**100**

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

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0.0%	74	10.2
1 month to 3 months	0	0.0%	136	18.7
3 months to 6 months	0	0.0%	178	24.5
six months to 1 year	0	0.0%	187	25.8
1 year to 2 years	0	0.0%	124	17.1
2 years to 4 years	0	0.0%	21	2.9
4 years or more	0	0.0%	6	0.8
Total	**0**	**0.0%**	**726**	**100**

Sentenced prisoners only

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

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0.0%	0	0.0
1 month to 3 months	0	0.0%	0	0.0
3 months to six months	0	0.0%	0	0.0
six months to 1 year	0	0.0%	0	0.0
1 year to 2 years	0	0.0%	0	0.0
2 years to 4 years	0	0.0%	0	0.0
4 years or more	0	0.0%	0	0.0
Total	**0**	**0.0%**	**0**	**0.0**

Appendix IV: Photographs



Rubbish on C wing exercise yard



L wing flooring



Painted over cell window on A wing



A wing showers



Ceiling in A wing shower room

Appendix V: Prisoner survey methodology and results

Prisoner survey methodology

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

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.[16]

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

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

Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.[17] In smaller establishments we may offer a questionnaire to the entire population.

Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity. [18] Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 12 November 2018 the prisoner population at HMP Onley was 741. Using the sampling method described above, questionnaires were distributed to 211 prisoners. We received a total of 181 completed questionnaires, a response rate of 86%. This included two questionnaires completed via face-to-face interview. Eleven prisoners declined to participate in the survey and 19 questionnaires were either not returned at all, or returned blank.

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

17 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

18 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 Onley. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared. [19] Missing responses have been excluded from all analyses.

Full survey results

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

Responses from HMP Onley 2018 compared with those from other HMIP surveys[20]

- Survey responses from HMP Onley in 2018 compared with survey responses from the most recent inspection at all other category C training prisons.
- Survey responses from HMP Onley in 2018 compared with survey responses from other category C training prisons inspected since September 2017.
- Survey responses from HMP Onley in 2018 compared with survey responses from HMP Onley in 2016.

Comparisons between sub-populations of prisoners within HMP Onley 2018[21]

- White prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- Muslim prisoners' responses compared with those of non-Muslim prisoners.
- Responses of prisoners who reported that they had a disability compared to those who did not.
- Responses of prisoners who reported that they had mental health problems compared with those who did not.
- Responses of prisoners aged 50 and over compared with those under 50.
- Responses of prisoners aged 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.[22]

In the comparator analyses, statistically significant differences are indicated by shading.[23] Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

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

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

[20] 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.

[21] These analyses are carried out on summary data from selected survey questions only.

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

[23] 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.

Survey summary

Background information

1.1 What wing or house block are you currently living on?

A Wing	13 (7%)
B Wing	15 (8%)
C Wing	14 (8%)
D Wing	14 (8%)
E Wing	15 (8%)
G Wing	16 (9%)
H Wing	13 (7%)
I Wing	23 (13%)
J Wing	18 (10%)
K Wing	20 (11%)
L Wing	17 (9%)
Segregation unit (F Wing)	3 (2%)

1.2 How old are you?

Under 21	0 (0%)
21 - 25	55 (31%)
26 - 29	41 (23%)
30 - 39	44 (24%)
40 - 49	21 (12%)
50 - 59	16 (9%)
60 - 69	2 (1%)
70 or over	1 (1%)

1.3 What is your ethnic group?

White - English/ Welsh/ Scottish/ Northern Irish/ British	60 (34%)
White - Irish	4 (2%)
White - Gypsy or Irish Traveller	5 (3%)
White - any other White background	3 (2%)
Mixed - White and Black Caribbean	11 (6%)
Mixed - White and Black African	3 (2%)
Mixed - White and Asian	3 (2%)
Mixed - any other Mixed ethnic background	7 (4%)
Asian/ Asian British - Indian	4 (2%)
Asian/ Asian British - Pakistani	8 (4%)
Asian/ Asian British - Bangladeshi	9 (5%)
Asian/ Asian British - Chinese	0 (0%)
Asian - any other Asian Background	1 (1%)
Black/ Black British - Caribbean	30 (17%)
Black/ Black British - African	19 (11%)
Black - any other Black/ African/ Caribbean background	4 (2%)
Arab	4 (2%)
Any other ethnic group	3 (2%)

1.4 How long have you been in this prison?

Less than 6 months	54 (32%)
6 months or more	116 (68%)

1.5 Are you currently serving a sentence?

Yes	171 (96%)
Yes - on recall	7 (4%)
No - on remand or awaiting sentence	0 (0%)
No - immigration detainee	0 (0%)

1.6 How long is your sentence?

Less than 6 months	2 (1%)
6 months to less than 1 year	3 (2%)
1 year to less than 4 years	68 (38%)
4 years to less than 10 years	77 (43%)
10 years or more	20 (11%)
IPP (indeterminate sentence for public protection)	8 (4%)
Life	0 (0%)
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	19 (11%)
No	150 (85%)
Don't remember	7 (4%)

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

Less than 2 hours	91 (51%)
2 hours or more	81 (46%)
Don't remember	6 (3%)

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

Yes	143 (82%)
No	21 (12%)
Don't remember	10 (6%)

2.4 Overall, how were you treated in reception?

Very well	44 (25%)
Quite well	104 (59%)
Quite badly	11 (6%)
Very badly	11 (6%)
Don't remember	7 (4%)

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

Problems getting phone numbers	37 (22%)
Contacting family	40 (23%)
Arranging care for children or other dependants	3 (2%)
Contacting employers	5 (3%)
Money worries	28 (16%)
Housing worries	32 (19%)
Feeling depressed	52 (30%)
Feeling suicidal	18 (10%)
Other mental health problems	33 (19%)
Physical health problems	24 (14%)
Drug or alcohol problems (e.g. withdrawal)	17 (10%)
Problems getting medication	19 (11%)
Needing protection from other prisoners	19 (11%)
Lost or delayed property	51 (30%)
Other problems	22 (13%)
Did not have any problems	45 (26%)

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

Yes	29 (17%)
No	98 (57%)
Did not have any problems when I first arrived	45 (26%)

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	115 (65%)
Toiletries / other basic items	96 (55%)
A shower	100 (57%)
A free phone call	96 (55%)
Something to eat	140 (80%)
The chance to see someone from health care	133 (76%)
The chance to talk to a Listener or Samaritans	91 (52%)
Support from another prisoner (e.g. Insider or buddy)	35 (20%)
Wasn't offered any of these things	20 (11%)

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

Very clean	3 (2%)
Quite clean	41 (23%)
Quite dirty	53 (30%)
Very dirty	77 (43%)
Don't remember	4 (2%)

3.3 Did you feel safe on your first night here?

Yes	108 (62%)
No	56 (32%)
Don't remember	11 (6%)

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

	Yes	No	Don't remember
Access to the prison shop / canteen?	63 (37%)	100 (59%)	7 (4%)
Free PIN phone credit?	60 (35%)	104 (61%)	6 (4%)
Numbers put on your PIN phone?	65 (41%)	79 (50%)	14 (9%)

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

Yes	76 (44%)
No	87 (50%)
Have not had an induction	10 (6%)

On the wing

4.1 Are you in a cell on your own?

Yes	133 (74%)
No, I'm in a shared cell or dormitory	46 (26%)

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

Yes	46 (26%)
No	106 (60%)
Don't know	24 (14%)
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?	97 (55%)	77 (44%)	1 (1%)
Can you shower every day?	155 (89%)	19 (11%)	1 (1%)
Do you have clean sheets every week?	77 (45%)	95 (55%)	1 (1%)
Do you get cell cleaning materials every week?	93 (53%)	81 (46%)	1 (1%)
Is it normally quiet enough for you to relax or sleep at night?	121 (70%)	48 (28%)	4 (2%)
Can you get your stored property if you need it?	33 (20%)	102 (60%)	34 (20%)

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

Very clean	12 (7%)
Quite clean	64 (37%)
Quite dirty	54 (31%)
Very dirty	44 (25%)

Food and canteen

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

Very good	3 (2%)
Quite good	31 (18%)
Quite bad	73 (42%)
Very bad	65 (38%)

5.2 Do you get enough to eat at mealtimes?

Always	6 (3%)
Most of the time	27 (15%)
Some of the time	80 (45%)
Never	63 (36%)

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

Yes	96 (55%)
No	79 (45%)
Don't know	1 (1%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	111 (66%)
No	58 (34%)

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

Yes	101 (59%)
No	71 (41%)

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

Yes	39 (23%)
No	134 (77%)

6.4 How helpful is your personal or named officer?

Very helpful	18 (11%)
Quite helpful	35 (21%)
Not very helpful	21 (13%)
Not at all helpful	35 (21%)
Don't know	28 (17%)
Don't have a personal / named officer	30 (18%)

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

Regularly	9 (5%)
Sometimes	47 (27%)
Hardly ever	105 (60%)
Don't know	13 (7%)

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

Yes	62 (36%)
No	109 (64%)

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

Yes, and things sometimes change	27 (16%)
Yes, but things don't change	52 (31%)
No	69 (41%)
Don't know	22 (13%)

Faith

7.1 What is your religion?

No religion	38 (22%)
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	76 (43%)
Buddhist	2 (1%)
Hindu	1 (1%)
Jewish	3 (2%)
Muslim	52 (30%)
Sikh	1 (1%)
Other	3 (2%)

7.2 Are your religious beliefs respected here?

Yes	98 (57%)
No	20 (12%)
Don't know	17 (10%)
Not applicable (no religion)	38 (22%)

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

Yes	85 (48%)
No	15 (8%)
Don't know	39 (22%)
Not applicable (no religion)	38 (21%)

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

Yes	127 (72%)
No	9 (5%)
Don't know	3 (2%)
Not applicable (no religion)	38 (21%)

Contact with family and friends

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

Yes	32 (18%)
No	141 (82%)

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

Yes	93 (53%)
No	82 (47%)

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

Yes	164 (93%)
No	12 (7%)

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

Very easy	4 (2%)
Quite easy	21 (12%)
Quite difficult	41 (23%)
Very difficult	104 (59%)
Don't know	6 (3%)

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

More than once a week	2 (1%)
About once a week	15 (9%)
Less than once a week	95 (55%)
Not applicable (don't get visits)	62 (36%)

8.6 Do visits usually start and finish on time?

Yes	67 (60%)
No	44 (40%)

8.7 Are your visitors usually treated respectfully by staff?

Yes	85 (79%)
No	22 (21%)

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	86 (49%)
Yes, but these times are not usually kept to	70 (40%)
No	19 (11%)

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	29 (16%)
2 to 6 hours	75 (43%)
6 to 10 hours	48 (27%)
10 hours or more	11 (6%)
Don't know	13 (7%)

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

Less than 2 hours	19 (11%)
2 to 6 hours	112 (64%)
6 to 10 hours	21 (12%)
10 hours or more	7 (4%)
Don't know	17 (10%)

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	10 (6%)
1 or 2	37 (21%)
3 to 5	22 (13%)
More than 5	98 (56%)
Don't know	7 (4%)

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

None	7 (4%)
1 or 2	21 (12%)
3 to 5	24 (13%)
More than 5	117 (65%)
Don't know	10 (6%)

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

None	6 (3%)
1 or 2	9 (5%)
3 to 5	33 (19%)
More than 5	118 (67%)
Don't know	9 (5%)

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

Twice a week or more	65 (37%)
About once a week	47 (27%)
Less than once a week	22 (13%)
Never	40 (23%)

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

Twice a week or more	32 (19%)
About once a week	88 (51%)
Less than once a week	18 (11%)
Never	33 (19%)

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

Yes	62 (38%)
No	70 (42%)
Don't use the library	33 (20%)

Applications, complaints and legal rights

10.1 Is it easy for you to make an application?

Yes	121 (69%)
No	52 (30%)
Don't know	3 (2%)

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?	53 (33%)	102 (63%)	8 (5%)
Are applications usually dealt with within 7 days?	40 (25%)	114 (70%)	8 (5%)

10.3 Is it easy for you to make a complaint?

Yes	117 (67%)
No	42 (24%)
Don't know	15 (9%)

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?	33 (21%)	94 (59%)	31 (20%)
Are complaints usually dealt with within 7 days?	28 (18%)	97 (62%)	31 (20%)

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

Yes	32 (19%)
No	115 (68%)
Not wanted to make a complaint	21 (13%)

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?	56 (33%)	45 (26%)	45 (26%)	26 (15%)
Attend legal visits?	50 (30%)	19 (11%)	60 (36%)	37 (22%)
Get bail information?	20 (12%)	29 (18%)	64 (39%)	51 (31%)

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

Yes	71 (42%)
No	51 (30%)
Not had any legal letters	49 (29%)

Health care

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

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	14 (8%)	55 (31%)	59 (34%)	35 (20%)	13 (7%)
Nurse	20 (12%)	67 (39%)	42 (25%)	25 (15%)	17 (10%)
Dentist	3 (2%)	15 (9%)	47 (27%)	90 (52%)	17 (10%)
Mental health workers	9 (5%)	32 (19%)	32 (19%)	36 (21%)	62 (36%)

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	28 (17%)	60 (36%)	31 (19%)	19 (11%)	28 (17%)
Nurse	25 (15%)	61 (37%)	27 (16%)	21 (13%)	30 (18%)
Dentist	10 (6%)	38 (23%)	25 (15%)	32 (20%)	57 (35%)
Mental health workers	13 (8%)	28 (18%)	25 (16%)	17 (11%)	77 (48%)

11.3 Do you have any mental health problems?

Yes	69 (40%)
No	105 (60%)

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

Yes	29 (17%)
No	39 (23%)
Don't have any mental health problems	105 (61%)

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

Very good	13 (8%)
Quite good	71 (42%)
Quite bad	34 (20%)
Very bad	35 (20%)
Don't know	18 (11%)

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	50 (29%)
No	122 (71%)

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

Yes	10 (6%)
No	37 (22%)
Don't have a disability	122 (72%)

12.3 Have you been on an ACCT in this prison?

Yes	23 (13%)
No	149 (87%)

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

Yes	7 (4%)
No	14 (8%)
Have not been on an ACCT in this prison	149 (88%)

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

Very easy	17 (10%)
Quite easy	27 (16%)
Quite difficult	4 (2%)
Very difficult	13 (8%)
Don't know	103 (60%)
No Listeners at this prison	8 (5%)

Alcohol and drugs

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

Yes	15 (9%)
No	160 (91%)

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

Yes	8 (5%)
No	5 (3%)
Did not / do not have an alcohol problem	160 (92%)

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

Yes	47 (27%)
No	127 (73%)

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

Yes	28 (16%)
No	142 (84%)

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

Yes	12 (7%)
No	159 (93%)

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

Yes	25 (15%)
No	29 (17%)
Did not / do not have a drug problem	115 (68%)

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

Very easy	63 (36%)
Quite easy	19 (11%)
Quite difficult	9 (5%)
Very difficult	4 (2%)
Don't know	79 (45%)

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

Very easy	29 (17%)
Quite easy	29 (17%)
Quite difficult	11 (6%)
Very difficult	9 (5%)
Don't know	97 (55%)

Safety

14.1 Have you ever felt unsafe here?

Yes	98 (55%)
No	79 (45%)

14.2 Do you feel unsafe now?

Yes	45 (26%)
No	125 (74%)

14.3 Have you experienced any of the following types of bullying / victimisation from other prisoners here?

Verbal abuse	50 (30%)
Threats or intimidation	49 (29%)
Physical assault	39 (23%)
Sexual assault	6 (4%)
Theft of canteen or property	41 (24%)
Other bullying / victimisation	30 (18%)
Not experienced any of these from prisoners here	94 (56%)

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

Yes	39 (23%)
No	129 (77%)

14.5 Have you experienced any of the following types of bullying / victimisation from staff here?

Verbal abuse	52 (32%)
Threats or intimidation	48 (30%)
Physical assault	20 (12%)
Sexual assault	7 (4%)
Theft of canteen or property	25 (15%)
Other bullying / victimisation	29 (18%)
Not experienced any of these from staff here	83 (51%)

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

Yes	63 (38%)
No	104 (62%)

Behaviour management

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

Yes	57 (33%)
No	93 (54%)
Don't know what the incentives / rewards are	21 (12%)

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

Yes	56 (33%)
No	88 (52%)
Don't know	23 (14%)
Don't know what this is	3 (2%)

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

Yes	29 (17%)
No	145 (83%)

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	4 (2%)
No	21 (12%)
Don't remember	1 (1%)
Not been restrained here in last 6 months	145 (85%)

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

Yes	21 (12%)
No	149 (88%)

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?	10 (53%)	9 (47%)
Could you shower every day?	18 (90%)	2 (10%)
Could you go outside for exercise every day?	17 (85%)	3 (15%)
Could you use the phone every day (if you had credit)?	14 (70%)	6 (30%)

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	80 (49%)	43 (26%)	38 (23%)	3 (2%)
Vocational or skills training	56 (35%)	57 (36%)	43 (27%)	2 (1%)
Prison job	78 (50%)	60 (38%)	17 (11%)	2 (1%)
Voluntary work outside of the prison	8 (5%)	40 (26%)	51 (33%)	56 (36%)
Paid work outside of the prison	6 (4%)	36 (24%)	49 (32%)	60 (40%)

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	63 (40%)	51 (32%)	43 (27%)
Vocational or skills training	60 (41%)	42 (29%)	45 (31%)
Prison job	45 (29%)	90 (58%)	19 (12%)
Voluntary work outside of the prison	27 (19%)	28 (20%)	86 (61%)
Paid work outside of the prison	27 (19%)	24 (17%)	89 (64%)

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

Yes	92 (54%)
No	71 (42%)
Not applicable (e.g. if you are retired, sick or on remand)	7 (4%)

Planning and progression

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

Yes	103 (60%)
No	68 (40%)

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

Yes	83 (81%)
No	12 (12%)
Don't know what my objectives or targets are	7 (7%)

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

Yes	29 (29%)
No	64 (64%)
Don't know what my objectives or targets are	7 (7%)

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	29 (31%)	15 (16%)	49 (53%)
Other programmes	23 (25%)	14 (15%)	54 (59%)
One to one work	15 (17%)	9 (10%)	64 (73%)
Being on a specialist unit	1 (1%)	6 (7%)	74 (91%)
ROTL - day or overnight release	1 (1%)	5 (6%)	78 (93%)

Preparation for release

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

Yes	38 (22%)
No	126 (73%)
Don't know	9 (5%)

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

Very near	0 (0%)
Quite near	3 (8%)
Quite far	10 (26%)
Very far	25 (66%)

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

Yes	22 (58%)
No	16 (42%)

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	6 (17%)	20 (56%)	10 (28%)
Getting employment	9 (27%)	17 (52%)	7 (21%)
Setting up education or training	3 (10%)	11 (38%)	15 (52%)
Arranging benefits	6 (18%)	15 (45%)	12 (36%)
Sorting out finances	6 (18%)	16 (48%)	11 (33%)
Support for drug or alcohol problems	5 (17%)	6 (21%)	18 (62%)
Health / mental health support	3 (11%)	10 (36%)	15 (54%)
Social care support	1 (4%)	7 (26%)	19 (70%)
Getting back in touch with family or friends	1 (4%)	6 (22%)	20 (74%)

More about you

19.1 Do you have children under the age of 18?

Yes	86 (50%)
No	86 (50%)

19.2 Are you a UK / British citizen?

Yes	166 (95%)
No	8 (5%)

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

Yes	8 (5%)
No	165 (95%)

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

Yes	3 (2%)
No	170 (98%)

19.5 What is your gender?

Male	174 (100%)
Female	0 (0%)
Non-binary	0 (0%)
Other	0 (0%)

19.6 How would you describe your sexual orientation?

Straight / heterosexual	170 (98%)
Gay / lesbian / homosexual	0 (0%)
Bisexual	0 (0%)
Other	3 (2%)

19.7 Do you identify as transgender or transsexual?

Yes	1 (1%)
No	163 (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	16 (10%)
Less likely to offend	79 (48%)
Made no difference	70 (42%)

HMP Onley 2018

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

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

- Summary statistics from most recent surveys of all other category C training prisons (39 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.

- Summary statistics from surveys of category C training prisons conducted since the introduction of the new questionnaire in September 2017 (15 prisons). Please note that this does not include all category C training prisons.

- Summary statistics from HMP Onley in 2018 are compared with those from HMP Onley in 2016. Please note that we do not have comparable data for the new questions introduced in September 2017.

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*

			HMP Onley 2018	All other category C training prisons	HMP Onley 2018	All other category C training prisons surveyed since September 2017	HMP Onley 2018	HMP Onley 2016
	Number of completed questionnaires returned		181	6,689	181	2,601	181	182
		n=number of valid responses to question (HMP Onley 2018)						
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION								
1.2	Are you under 21 years of age?	*n=180*	0%	4%	0%	8%	0%	1%
	Are you 25 years of age or younger?	*n=180*	31%		31%	29%	31%	
	Are you 50 years of age or older?	*n=180*	11%	18%	11%	11%	11%	7%
	Are you 70 years of age or older?	*n=180*	1%	2%	1%	1%	1%	0%
1.3	Are you from a minority ethnic group?	*n=178*	60%	26%	60%	31%	60%	62%
1.4	Have you been in this prison for less than 6 months?	*n=170*	32%		32%	35%	32%	
1.5	Are you currently serving a sentence?	*n=178*	100%	100%	100%	100%	100%	100%
	Are you on recall?	*n=178*	4%	8%	4%	9%	4%	10%
1.6	Is your sentence less than 12 months?	*n=178*	3%	6%	3%	8%	3%	7%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	*n=178*	5%	7%	5%	3%	5%	2%
7.1	Are you Muslim?	*n=176*	30%	14%	30%	17%	30%	33%
11.3	Do you have any mental health problems?	*n=174*	40%		40%	43%	40%	
12.1	Do you consider yourself to have a disability?	*n=172*	29%	28%	29%	33%	29%	21%
19.1	Do you have any children under the age of 18?	*n=172*	50%	49%	50%	50%	50%	47%
19.2	Are you a foreign national?	*n=174*	5%	11%	5%	10%	5%	5%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	*n=173*	5%	4%	5%	5%	5%	6%
19.4	Have you ever been in the armed services?	*n=173*	2%	7%	2%	6%	2%	3%
19.5	Is your gender female or non-binary?	*n=174*	0%		0%	1%	0%	
19.6	Are you homosexual, bisexual or other sexual orientation?	*n=173*	2%	4%	2%	4%	2%	3%
19.7	Do you identify as transgender or transsexual?	*n=164*	1%		1%	2%	1%	
ARRIVAL AND RECEPTION								
2.1	Were you given up-to-date information about this prison before you came here?	*n=176*	11%		11%	16%	11%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	*n=178*	51%	54%	51%	48%	51%	54%
2.3	When you were searched in reception, was this done in a respectful way?	*n=174*	82%	85%	82%	83%	82%	81%
2.4	Overall, were you treated very / quite well in reception?	*n=177*	84%		84%	86%	84%	

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

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- Orange shading shows significant differences in demographics and background information
- No shading means that differences are not significant and may have occurred by chance
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** less than 1% probability that the difference is due to chance*

			HMP Onley 2018	All other category C training prisons	HMP Onley 2018	All other category C training prisons surveyed since September 2017	HMP Onley 2018	HMP Onley 2016
	Number of completed questionnaires returned		181	6,689	181	2,601	181	182
		n=number of valid responses to question (HMP Onley 2018)						
2.5	When you first arrived, did you have any problems?	*n=172*	74%	66%	74%	72%	74%	73%
2.5	Did you have problems with:							
	- Getting phone numbers?	*n=172*	22%	19%	22%	26%	22%	17%
	- Contacting family?	*n=172*	23%	22%	23%	27%	23%	22%
	- Arranging care for children or other dependents?	*n=172*	2%		2%	2%	2%	
	- Contacting employers?	*n=172*	3%	2%	3%	2%	3%	4%
	- Money worries?	*n=172*	16%	14%	16%	17%	16%	18%
	- Housing worries?	*n=172*	19%	12%	19%	12%	19%	30%
	- Feeling depressed?	*n=172*	30%		30%	29%	30%	
	- Feeling suicidal?	*n=172*	11%		11%	9%	11%	
	- Other mental health problems?	*n=172*	19%		19%	20%	19%	
	- Physical health problems?	*n=172*	14%	14%	14%	13%	14%	15%
	- Drugs or alcohol (e.g. withdrawal)?	*n=172*	10%		10%	11%	10%	
	- Getting medication?	*n=172*	11%		11%	21%	11%	
	- Needing protection from other prisoners?	*n=172*	11%	5%	11%	6%	11%	4%
	- Lost or delayed property?	*n=172*	30%	20%	30%	22%	30%	27%
	For those who had any problems when they first arrived:							
2.6	Did staff help you to deal with these problems?	*n=127*	23%	36%	23%	33%	23%	25%
FIRST NIGHT AND INDUCTION								
3.1	Before you were locked up on your first night, were you offered:							
	- Tobacco or nicotine replacement?	*n=176*	65%	65%	65%	66%	65%	82%
	- Toiletries / other basic items?	*n=176*	55%	51%	55%	50%	55%	54%
	- A shower?	*n=176*	57%	34%	57%	42%	57%	36%
	- A free phone call?	*n=176*	55%	41%	55%	45%	55%	34%
	- Something to eat?	*n=176*	80%	62%	80%	75%	80%	71%
	- The chance to see someone from health care?	*n=176*	76%	66%	76%	58%	76%	66%
	- The chance to talk to a Listener or Samaritans?	*n=176*	52%	31%	52%	25%	52%	31%
	- Support from another prisoner (e.g. Insider or buddy)?	*n=176*	20%		20%	23%	20%	
	- None of these?	*n=176*	11%		11%	6%	11%	
3.2	On your first night in this prison, was your cell very / quite clean?	*n=178*	25%		25%	36%	25%	
3.3	Did you feel safe on your first night here?	*n=175*	62%	77%	62%	73%	62%	73%
3.4	In your first few days here, did you get:							
	- Access to the prison shop / canteen?	*n=170*	37%	31%	37%	39%	37%	28%
	- Free PIN phone credit?	*n=170*	35%		35%	47%	35%	
	- Numbers put on your PIN phone?	*n=158*	41%		41%	47%	41%	
3.5	Have you had an induction at this prison?	*n=173*	94%	92%	94%	94%	94%	81%
	For those who have had an induction:							
3.5	Did your induction cover everything you needed to know about this prison?	*n=163*	47%		47%	56%	47%	

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ON THE WING								
4.1	Are you in a cell on your own?	*n=179*	74%		74%	63%	74%	
4.2	Is your cell call bell normally answered within 5 minutes?	*n=176*	26%	33%	26%	29%	26%	24%
4.3	On the wing or houseblock you currently live on:							
	- Do you normally have enough clean, suitable clothes for the week?	*n=175*	55%	69%	55%	67%	55%	52%
	- Can you shower every day?	*n=175*	89%	88%	89%	88%	89%	92%
	- Do you have clean sheets every week?	*n=173*	45%	68%	45%	64%	45%	19%
	- Do you get cell cleaning materials every week?	*n=175*	53%	62%	53%	57%	53%	65%
	- Is it normally quiet enough for you to relax or sleep at night?	*n=173*	70%	69%	70%	67%	70%	61%
	- Can you get your stored property if you need it?	*n=169*	20%	26%	20%	26%	20%	15%
4.4	Are the communal / shared areas of your wing or houseblook normally very / quite clean?	*n=174*	44%		44%	61%	44%	
FOOD AND CANTEEN								
5.1	Is the quality of the food in this prison very / quite good?	*n=172*	20%		20%	38%	20%	
5.2	Do you get enough to eat at meal-times always / most of the time?	*n=176*	19%		19%	33%	19%	
5.3	Does the shop / canteen sell the things that you need?	*n=176*	55%	56%	55%	60%	55%	34%
RELATIONSHIPS WITH STAFF								
6.1	Do most staff here treat you with respect?	*n=169*	66%	75%	66%	69%	66%	76%
6.2	Are there any staff here you could turn to if you had a problem?	*n=172*	59%	73%	59%	70%	59%	64%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	*n=173*	23%	31%	23%	28%	23%	18%
6.4	Do you have a personal officer?	*n=167*	82%		82%	82%	82%	
	For those who have a personal officer:							
6.4	Is your personal or named officer very / quite helpful?	*n=137*	39%		39%	44%	39%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	*n=174*	5%		5%	10%	5%	
6.6	Do you feel that you are treated as an individual in this prison?	*n=171*	36%		36%	43%	36%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	*n=170*	47%		47%	51%	47%	
	If so, do things sometimes change?	*n=79*	34%		34%	30%	34%	
FAITH								
7.1	Do you have a religion?	*n=176*	78%	70%	78%	68%	78%	82%
	For those who have a religion:							
7.2	Are your religious beliefs respected here?	*n=135*	73%		73%	69%	73%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	*n=139*	61%		61%	71%	61%	
7.4	Are you able to attend religious services, if you want to?	*n=139*	91%		91%	87%	91%	

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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=173*	19%		19%	26%	19%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	*n=175*	53%	47%	53%	57%	53%	44%
8.3	Are you able to use a phone every day (if you have credit)?	*n=176*	93%		93%	86%	93%	
8.4	Is it very / quite easy for your family and friends to get here?	*n=176*	14%		14%	37%	14%	
8.5	Do you get visits from family/friends once a week or more?	*n=174*	10%		10%	17%	10%	
	For those who get visits:							
8.6	Do visits usually start and finish on time?	*n=111*	60%		60%	48%	60%	
8.7	Are your visitors usually treated respectfully by staff?	*n=107*	79%		79%	74%	79%	
TIME OUT OF CELL								
9.1	Do you know what the unlock and lock-up times are supposed to be here?	*n=175*	89%		89%	91%	89%	
	For those who know what the unlock and lock-up times are supposed to be:							
9.1	Are these times usually kept to?	*n=156*	55%		55%	56%	55%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	*n=176*	17%	14%	17%	18%	17%	10%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	*n=176*	6%	15%	6%	8%	6%	12%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	*n=176*	11%		11%	25%	11%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	*n=176*	4%		4%	3%	4%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	*n=174*	56%		56%	55%	56%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	*n=179*	65%		65%	63%	65%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	*n=175*	67%		67%	63%	67%	
9.7	Do you typically go to the gym twice a week or more?	*n=174*	37%		37%	53%	37%	
9.8	Do you typically go to the library once a week or more?	*n=171*	70%	46%	70%	49%	70%	41%
	For those who use the library:							
9.9	Does the library have a wide enough range of materials to meet your needs?	*n=132*	47%	61%	47%	56%	47%	49%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS								
10.1	Is it easy for you to make an application?	*n=176*	69%	79%	69%	73%	69%	73%
	For those who have made an application:							
10.2	Are applications usually dealt with fairly?	*n=155*	34%	57%	34%	51%	34%	43%
	Are applications usually dealt with within 7 days?	*n=154*	26%	40%	26%	37%	26%	27%
10.3	Is it easy for you to make a complaint?	*n=174*	67%	60%	67%	62%	67%	52%
	For those who have made a complaint:							
10.4	Are complaints usually dealt with fairly?	*n=127*	26%	32%	26%	30%	26%	24%
	Are complaints usually dealt with within 7 days?	*n=125*	22%	27%	22%	25%	22%	28%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	*n=147*	22%		22%	28%	22%	

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	For those who need it, is it easy to:							
10.6	Communicate with your solicitor or legal representative?	*n=146*	38%		38%	38%	38%	
	Attend legal visits?	*n=129*	39%		39%	47%	39%	
	Get bail information?	*n=113*	18%		18%	16%	18%	
	For those who have had legal letters:							
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	*n=122*	58%	51%	58%	56%	58%	46%
HEALTH CARE								
11.1	Is it very / quite easy to see:							
	- Doctor?	*n=176*	39%		39%	30%	39%	
	- Nurse?	*n=171*	51%		51%	52%	51%	
	- Dentist?	*n=172*	11%		11%	14%	11%	
	- Mental health workers?	*n=171*	24%		24%	23%	24%	
11.2	Do you think the quality of the health service is very / quite good from:							
	- Doctor?	*n=166*	53%		53%	45%	53%	
	- Nurse?	*n=164*	52%		52%	56%	52%	
	- Dentist?	*n=162*	30%		30%	33%	30%	
	- Mental health workers?	*n=160*	26%		26%	28%	26%	
11.3	Do you have any mental health problems?	*n=174*	40%		40%	43%	40%	
	For those who have mental health problems:							
11.4	Have you been helped with your mental health problems in this prison?	*n=68*	43%		43%	40%	43%	
11.5	Do you think the overall quality of the health services here is very / quite good?	*n=171*	49%		49%	41%	49%	
OTHER SUPPORT NEEDS								
12.1	Do you consider yourself to have a disability?	*n=172*	29%	28%	29%	33%	29%	21%
	For those who have a disability:							
12.2	Are you getting the support you need?	*n= 47*	21%		21%	31%	21%	
12.3	Have you been on an ACCT in this prison?	*n=172*	13%		13%	16%	13%	
	For those who have been on an ACCT:							
12.4	Did you feel cared for by staff?	*n=21*	33%		33%	42%	33%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	*n=172*	26%		26%	40%	26%	
ALCOHOL AND DRUGS								
13.1	Did you have an alcohol problem when you came into this prison?	*n=175*	9%	15%	9%	14%	9%	15%
	For those who had / have an alcohol problem:							
13.2	Have you been helped with your alcohol problem in this prison?	*n=13*	62%	59%	62%	51%	62%	64%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	*n=174*	27%	26%	27%	28%	27%	28%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	*n=170*	17%	13%	17%	17%	17%	13%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	*n=171*	7%		7%	11%	7%	
	For those who had / have a drug problem:							
13.6	Have you been helped with your drug problem in this prison?	*n= 54*	46%	56%	46%	46%	46%	65%
13.7	Is it very / quite easy to get illicit drugs in this prison?	*n=174*	47%		47%	50%	47%	
13.8	Is it very / quite easy to get alcohol in this prison?	*n=175*	33%		33%	32%	33%	

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SAFETY								
14.1	Have you ever felt unsafe here?	*n=177*	55%	43%	55%	47%	55%	44%
14.2	Do you feel unsafe now?	*n=170*	27%	19%	27%	23%	27%	22%
14.3	Have you experienced any of the following from other prisoners here:							
	- Verbal abuse?	*n=168*	30%		30%	33%	30%	
	- Threats or intimidation?	*n=168*	29%		29%	30%	29%	
	- Physical assault?	*n=168*	23%		23%	17%	23%	
	- Sexual assault?	*n=168*	4%		4%	2%	4%	
	- Theft of canteen or property?	*n=168*	24%		24%	25%	24%	
	- Other bullying / victimisation?	*n=168*	18%		18%	16%	18%	
	- Not experienced any of these from prisoners here	*n=168*	56%		56%	55%	56%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	*n=168*	23%		23%	33%	23%	
14.5	Have you experienced any of the following from staff here:							
	- Verbal abuse?	*n=162*	32%		32%	30%	32%	
	- Threats or intimidation?	*n=162*	30%		30%	23%	30%	
	- Physical assault?	*n=162*	12%		12%	11%	12%	
	- Sexual assault?	*n=162*	4%		4%	2%	4%	
	- Theft of canteen or property?	*n=162*	15%		15%	9%	15%	
	- Other bullying / victimisation?	*n=162*	18%		18%	15%	18%	
	- Not experienced any of these from staff here	*n=162*	51%		51%	59%	51%	
14.6	If you were being bullied / victimised by staff here, would you report it?	*n=167*	38%		38%	49%	38%	
BEHAVIOUR MANAGEMENT								
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	*n=171*	33%		33%	40%	33%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	*n=170*	33%		33%	37%	33%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	*n=174*	17%	10%	17%	13%	17%	14%
	For those who have been restrained in the last 6 months:							
15.4	Did anyone come and talk to you about it afterwards?	*n=26*	15%		15%	20%	15%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	*n=170*	12%		12%	9%	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?	*n=19*	53%		53%	57%	53%	
	Could you shower every day?	*n=20*	90%		90%	74%	90%	
	Could you go outside for exercise every day?	*n=20*	85%		85%	75%	85%	
	Could you use the phone every day (if you had credit)?	*n=20*	70%		70%	64%	70%	

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EDUCATION, SKILLS AND WORK							
16.1	In this prison, is it easy to get into the following activities:						
	- Education? *n=164*	49%		49%	59%	49%	
	- Vocational or skills training? *n=158*	35%		35%	39%	35%	
	- Prison job? *n=157*	50%		50%	45%	50%	
	- Voluntary work outside of the prison? *n=155*	5%		5%	5%	5%	
	- Paid work outside of the prison? *n=151*	4%		4%	4%	4%	
16.2	In this prison, have you done the following activities:						
	- Education? *n=157*	73%	81%	73%	80%	73%	87%
	- Vocational or skills training? *n=147*	69%	74%	69%	68%	69%	85%
	- Prison job? *n=154*	88%	84%	88%	80%	88%	88%
	- Voluntary work outside of the prison? *n=141*	39%		39%	33%	39%	
	- Paid work outside of the prison? *n=140*	36%		36%	32%	36%	
	For those who have done the following activities, do you think they will help you on release:						
	- Education? *n=114*	55%	59%	55%	61%	55%	45%
	- Vocational or skills training? *n=102*	59%	61%	59%	67%	59%	54%
	- Prison job? *n=135*	33%	43%	33%	41%	33%	37%
	- Voluntary work outside of the prison? *n=55*	49%		49%	54%	49%	
	- Paid work outside of the prison? *n=51*	53%		53%	59%	53%	
16.3	Do staff encourage you to attend education, training or work? *n=163*	56%		56%	59%	56%	
PLANNING AND PROGRESSION							
17.1	Do you have a custody plan? *n=171*	60%		60%	57%	60%	
	For those who have a custody plan:						
17.2	Do you understand what you need to do to achieve your objectives or targets? *n=102*	81%		81%	82%	81%	
17.3	Are staff helping you to achieve your objectives or targets? *n=100*	29%		29%	43%	29%	
17.4	In this prison, have you done:						
	- Offending behaviour programmes? *n=93*	47%		47%	47%	47%	
	- Other programmes? *n=91*	41%		41%	40%	41%	
	- One to one work? *n=88*	27%		27%	36%	27%	
	- Been on a specialist unit? *n=81*	9%		9%	19%	9%	
	- ROTL - day or overnight release? *n=84*	7%		7%	14%	7%	
	For those who have done the following, did they help you to achieve your objectives or targets:						
	- Offending behaviour programmes? *n=44*	66%		66%	70%	66%	
	- Other programmes? *n=37*	62%		62%	65%	62%	
	- One to one work? *n=24*	63%		63%	66%	63%	
	- Being on a specialist unit? *n=7*	14%		14%	48%	14%	
	- ROTL - day or overnight release? *n=6*	17%		17%	40%	17%	

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PREPARATION FOR RELEASE							
18.1	Do you expect to be released in the next 3 months? *n=173*	22%		22%	26%	22%	
	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=38*	8%		8%	42%	8%	
18.3	Is anybody helping you to prepare for your release? *n=38*	58%		58%	58%	58%	
18.4	Do you need help to sort out the following for when you are released:						
	- Finding accommodation? *n=36*	72%		72%	61%	72%	
	- Getting employment? *n=33*	79%		79%	61%	79%	
	- Setting up education or training? *n=29*	48%		48%	49%	48%	
	- Arranging benefits? *n=33*	64%		64%	66%	64%	
	- Sorting out finances? *n=33*	67%		67%	56%	67%	
	- Support for drug or alcohol problems? *n=29*	38%		38%	43%	38%	
	- Health / mental Health support? *n=28*	46%		46%	49%	46%	
	- Social care support? *n=27*	30%		30%	36%	30%	
	- Getting back in touch with family or friends? *n=27*	26%		26%	40%	26%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:						
	- Finding accommodation? *n=26*	23%		23%	38%	23%	
	- Getting employment? *n=26*	35%		35%	22%	35%	
	- Setting up education or training? *n=14*	21%		21%	25%	21%	
	- Arranging benefits? *n=21*	29%		29%	26%	29%	
	- Sorting out finances? *n=22*	27%		27%	25%	27%	
	- Support for drug or alcohol problems? *n=11*	46%		46%	50%	46%	
	- Health / mental Health support? *n=13*	23%		23%	31%	23%	
	- Social care support? *n=8*	13%		13%	24%	13%	
	- Getting back in touch with family or friends? *n=7*	14%		14%	31%	14%	
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=165*	48%		48%	50%	48%	

HMP Onley 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.

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		Black and minority ethnic	White	Muslim	Non-Muslim
	Number of completed questionnaires returned	106	72	52	124
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2	Are you under 25 years of age?	41%	15%	33%	30%
	Are you 50 years of age or older?	9%	14%	12%	10%
1.3	Are you from a minority ethnic group?			89%	47%
7.1	Are you Muslim?	45%	9%		
11.3	Do you have any mental health problems?	36%	44%	33%	42%
12.1	Do you consider yourself to have a disability?	21%	41%	18%	35%
19.2	Are you a foreign national?	2%	7%	6%	4%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	12%	0%	7%
	ARRIVAL AND RECEPTION				
2.3	When you were searched in reception, was this done in a respectful way?	80%	86%	80%	83%
2.4	Overall, were you treated very / quite well in reception?	77%	93%	75%	88%
2.5	When you first arrived, did you have any problems?	70%	78%	76%	73%
	For those who had any problems when they first arrived:				
2.6	Did staff help you to deal with these problems?	15%	34%	19%	24%
	FIRST NIGHT AND INDUCTION				
3.3	Did you feel safe on your first night here?	59%	64%	64%	61%
3.5	Have you had an induction at this prison?	94%	94%	96%	93%
	For those who have had an induction:				
3.5	Did your induction cover everything you needed to know about this prison?	44%	52%	53%	45%
	ON THE WING				
4.2	Is your cell call bell normally answered within 5 minutes?	28%	24%	29%	26%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	52%	59%	54%	57%
	- Can you shower every day?	87%	90%	94%	87%
	- Do you have clean sheets every week?	42%	47%	43%	46%
	- Do you get cell cleaning materials every week?	47%	64%	52%	54%
	- Is it normally quiet enough for you to relax or sleep at night?	68%	73%	65%	73%
	- Can you get your stored property if you need it?	14%	28%	6%	26%

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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	106	72	52	124
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	18%	20%	14%	22%
5.3 Does the shop / canteen sell the things that you need?	50%	61%	60%	53%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	59%	76%	56%	70%
6.2 Are there any staff here you could turn to if you had a problem?	53%	67%	49%	62%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	19%	28%	22%	23%
6.6 Do you feel that you are treated as an individual in this prison?	30%	47%	18%	43%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	69%	82%	75%	73%
7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?	62%	62%	75%	54%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	16%	23%	14%	20%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	54%	51%	57%	51%
8.3 Are you able to use a phone every day (if you have credit)?	94%	92%	94%	93%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	74%	89%	68%	83%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	14%	20%	23%	13%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	7%	6%	12%	4%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	41%	57%	40%	51%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	65%	73%	67%	70%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	32%	40%	39%	33%
10.3 Is it easy for you to make a complaint?	64%	71%	64%	70%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	26%	28%	30%	24%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	22%	22%	21%	21%

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	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	106	72	52	124
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	35%	47%	37%	41%
- Nurse?	50%	53%	52%	51%
- Dentist?	9%	13%	10%	11%
- Mental health workers?	23%	27%	22%	26%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	39%	48%	18%	53%
11.5 Do you think the overall quality of the health services here is very / quite good?	47%	52%	46%	51%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	22%	21%	29%	18%
SAFETY				
14.1 Have you ever felt unsafe here?	52%	62%	53%	57%
14.2 Do you feel unsafe now?	26%	29%	27%	27%
14.3 Not experienced bullying / victimisation by other prisoners	63%	46%	59%	54%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	22%	25%	16%	25%
14.5 Not experienced bullying / victimisation by members of staff	55%	48%	48%	53%
14.6 If you were being bullied / victimised by staff here, would you report it?	46%	28%	45%	35%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	33%	35%	28%	37%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	28%	41%	29%	35%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	17%	17%	17%	16%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	9%	17%	14%	12%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	56%	56%	48%	62%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	55%	68%	46%	67%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	25%	36%	17%	34%
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?	44%	92%	43%	63%
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?	46%	49%	37%	53%

HMP Onley 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of prisoners aged 25 and under are compared with those of prisoners over 25
- 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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** less than 1% probability that the difference is due to chance*

	25 and under	Over 25	50 and over	Under 50
Number of completed questionnaires returned	55	125	19	161
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2	Are you under 21 years of age?	0%			0%
	Are you 70 years of age or older?		1%	5%	
1.3	Are you from a minority ethnic group?	80%	51%	47%	61%
7.1	Are you Muslim?	32%	29%	33%	29%
11.3	Do you have any mental health problems?	31%	43%	42%	39%
12.1	Do you consider yourself to have a disability?	18%	34%	39%	28%
19.2	Are you a foreign national?	2%	6%	11%	4%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6%	4%	0%	5%
ARRIVAL AND RECEPTION				
2.3	When you were searched in reception, was this done in a respectful way?	73%	86%	100%	80%
2.4	Overall, were you treated very / quite well in reception?	76%	87%	90%	83%
2.5	When you first arrived, did you have any problems?	76%	73%	74%	74%
	For those who had any problems when they first arrived:				
2.6	Did staff help you to deal with these problems?	13%	27%	36%	21%
FIRST NIGHT AND INDUCTION				
3.3	Did you feel safe on your first night here?	45%	69%	67%	61%
3.5	Have you had an induction at this prison?	92%	95%	94%	94%
	For those who have had an induction:				
3.5	Did your induction cover everything you needed to know about this prison?	31%	53%	71%	44%
ON THE WING				
4.2	Is your cell call bell normally answered within 5 minutes?	24%	27%	28%	26%
4.3				
	- Do you normally have enough clean, suitable clothes for the week?	55%	56%	68%	54%
	- Can you shower every day?	82%	92%	94%	88%
	- Do you have clean sheets every week?	38%	48%	67%	42%
	- Do you get cell cleaning materials every week?	32%	63%	84%	49%
	- Is it normally quiet enough for you to relax or sleep at night?	68%	71%	78%	69%
	- Can you get your stored property if you need it?	15%	22%	33%	18%

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

	25 and under	Over 25	50 and over	Under 50
Number of completed questionnaires returned	55	125	19	161
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	15%	21%	11%	20%
5.3 Does the shop / canteen sell the things that you need?	56%	54%	47%	55%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	51%	72%	90%	63%
6.2 Are there any staff here you could turn to if you had a problem?	49%	63%	68%	58%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	11%	28%	16%	23%
6.6 Do you feel that you are treated as an individual in this prison?	27%	40%	47%	35%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	68%	75%	73%	73%
7.3 Are you able to speak to a Chaplain of your faith in private, if you want to?	49%	66%	56%	62%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	9%	23%	28%	17%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	57%	52%	56%	53%
8.3 Are you able to use a phone every day (if you have credit)?	94%	93%	100%	92%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	69%	84%	89%	79%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	17%	16%	16%	17%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	4%	7%	11%	6%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	39%	51%	46%	47%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	58%	73%	84%	67%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	20%	40%	35%	34%
10.3 Is it easy for you to make a complaint?	56%	72%	74%	67%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	15%	31%	38%	25%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	19%	23%	15%	22%

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

	25 and under	Over 25	50 and over	Under 50
Number of completed questionnaires returned	55	125	19	161

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	23%	46%	47%	38%
	- Nurse?	35%	57%	63%	49%
	- Dentist?	8%	12%	6%	11%
	- Mental health workers?	22%	25%	12%	25%
	For those who have mental health problems:				
11.4	Have you been helped with your mental health problems in this prison?	25%	48%	50%	42%
11.5	Do you think the overall quality of the health services here is very / quite good?	31%	56%	78%	46%
OTHER SUPPORT NEEDS					
	For those who have a disability:				
12.2	Are you getting the support you need?	0%	25%	25%	21%
SAFETY					
14.1	Have you ever felt unsafe here?	59%	55%	42%	57%
14.2	Do you feel unsafe now?	28%	26%	16%	28%
14.3	Not experienced bullying / victimisation by other prisoners	60%	54%	53%	56%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	8%	29%	22%	23%
14.5	Not experienced bullying / victimisation by members of staff	57%	49%	47%	52%
14.6	If you were being bullied / victimised by staff here, would you report it?	41%	36%	33%	38%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	27%	36%	33%	33%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	8%	43%	44%	32%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	17%	17%	6%	18%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	14%	12%	6%	13%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	45%	61%	35%	59%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	47%	66%	69%	60%
	For those who have a custody plan:				
17.3	Are staff helping you to achieve your objectives or targets?	22%	31%	20%	30%
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?	50%	63%	67%	57%
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?	44%	49%	42%	48%



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.

