

Report on an unannounced inspection of

HMP Humber

by HM Chief Inspector of Prisons

21 November, 4–8 December 2017

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Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	27
Section 3. Purposeful activity	41
Section 4. Rehabilitation and release planning	47
Section 5. Summary of recommendations and good practice	53
Section 6. Appendices	59
Appendix I: Inspection team	59
Appendix II: Progress on recommendations from the last report	61
Appendix III: Care Quality Commission Requirement Notice	69
Appendix IV: Photographs	71
Appendix V: Prison population profile	77
Appendix VI: Prisoner survey methodology and results	81

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.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMP Humber is a large category C training prison in East Yorkshire holding more than 1,000 adult male prisoners. An amalgamation of the old Everthorpe borstal and the formerly privately run, more modern Wolds prison, Humber is a very large site comprising two distinct environments or, as they are termed, zones. The rural setting, extended perimeter and geographical extent of the prison presented real security vulnerabilities and supervisory challenges.

Added to this, there was evidence of significant need among the comparatively young population. Many prisoners were serving short sentences and nearly 60% had been at the prison for less than six months. There was no doubt that the prison was managing considerable risks. However, we were told repeatedly by managers, staff and, to an extent, prisoners that the prison had improved markedly over the last year. There was evidence to support this proposition, and while our healthy prison assessments had changed only marginally since our last inspection in 2015, we found a reasonably stable prison where there seemed to be a new-found and growing confidence about its future.

Despite this optimism, Humber was still not safe enough. New prisoners were received reasonably well but concerning data showed high levels of victimisation, intimidation and violence, some of it serious. The evidence suggested that much of the violence was underpinned by a pervasive drug culture. Nearly two-thirds of prisoners thought drugs were easy to obtain and 29% claimed to have acquired a drug problem while at the prison. Drug testing data suggested a positive rate – when psychoactive substances were included – of 38%, which made clear the extent of the problem. The prison had pursued several initiatives, some more advanced than others, to combat violence and confront drugs. It was too early to be sure this work was meaningfully improving outcomes. We identified the need for more joined-up thinking with respect to the ongoing battle against drugs and have made a main recommendation to that effect.

In keeping with the challenges still being faced, the use of formal disciplinary processes was significant, as was the use of force. We were concerned that the quality of oversight and supervision with respect to the use of force was insufficient to ensure proper accountability and, again, we have made a main recommendation seeking improvement. Overall, we assessed the application of security measures to be competent and generally proportionate. Similarly, the use of segregation was limited and those men for whom there was no alternative were generally well cared for.

The extent of vulnerability in the population was arguably reflected in the high levels of self-harm. Five prisoners had sadly taken their own lives since we last inspected, although all but one were before 2017. The prison's response to the Prison and Probation Ombudsman's (PPO) investigations of these deaths had been positive and case management of those at risk was generally very good. Prisoners at risk we spoke to felt supported by the prison.

Humber remained a reasonably respectful prison. Staff-prisoner relationships were good, the prison environment was generally decent and most cells were adequate, although too many were overcrowded. Food was adequate overall, and general complaints procedures were well managed and responsive. The promotion of equality was less effective and over-reliant on a limited number of individual staff. Systems to identify and support minority groups existed but they were usually partial or applied inconsistently. Most prisoners had a reasonable experience of health care but there were shortcomings in the provision of ongoing mental health interventions – a particular problem in a prison population presenting high levels of need. Support for prisoners with drug problems was commendable despite staffing shortages.

Prisoners were provided with a predictable daily routine, although a third of prisoners were locked up during the working day, which was very disappointing for a training prison. There was evidence that the quality of work, training and education was improving but there remained insufficient places

for all, with at least 250 men recorded as unemployed. With the exception of maths and English, teaching was mostly good, but opportunities to accredit skills and learning acquired by men were too often missed.

Resettlement work was reasonable overall, and underpinned by a comprehensive policy. The prison was working hard to address a significant backlog of OASys (offender assessment system) assessments, with half of prisoners arriving at Humber without a completed or up-to-date OASys assessment. Most cases were well managed, although contact with supervisors was too limited. It was to the prison's credit that despite this, 87% of prisoners knew of their custody targets. The highest-risk prisoners were being appropriately prioritised but public protection arrangements needed improvement. Support for those being released was generally good.

Humber was a prison with significant issues to address. That said, we were confident that the new governor and her team were aware of the gaps and had the capability and confidence to continue their programme of improvement. They needed to sustain the progress of the preceding year and build on what they had achieved. The prison was, in our view, well led and the staff group appeared to us to be committed. There was good reason to be optimistic about what could be achieved at Humber.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

January 2018

Fact page

Task of the establishment

Category C resettlement prison for adult males.

Certified normal accommodation and operational capacity

Prisoners held at the time of inspection:	1,062
Certified normal capacity:	947
Operational capacity:	1,069

Notable features from this inspection

The prison had 18 separate units and covered a large area. It was an amalgam of two establishments that were joined together in 2013.

There had been 175 fights and assaults in the six months before the inspection.

Thirty-eight per cent of random drug tests proved positive in the previous six months.

Five prisoners had taken their own lives since the previous inspection, and 115 prisoners had harmed themselves in the previous six months.

In our survey, 71% of prisoners said most staff treated them with respect.

Strong management of activities was leading to improvements but more than a third of prisoners were still locked in their cells during the working day.

About a quarter of the prison population were not engaged in purposeful activity, and many who did have jobs were underemployed.

OASys (offender assessment system) documentation was good quality but 168 prisoners did not have an up-to-date OASys assessment.

Prison status (public or private) and key providers

Public

Physical health provider:	City Health Care Partnership Community Interest Company
Mental health provider:	City Health Care Partnership Community Interest Company
Substance misuse provider:	City Health Care Partnership Community Interest Company
Learning and skills provider:	Novus
Community rehabilitation company (CRC):	Humberside, Lincolnshire and North Yorkshire CRC
Escort contractor:	GEOAmev

Region

Yorkshire

Brief history

HMP Humber was formed in June 2013 by the amalgamation of two former prisons, HMPs Everthorpe (originally opened as a borstal in 1958) and Wolds (opened in 1992 as a category B establishment and the first privately run prison in Europe). HMP Humber is now a category C resettlement prison.

Short description of residential units

Zone 1 - comprised of wings A to G. These are small, open gallery units.

Zone 2 - comprised of wings H to N. Apart from a modern induction block, these are mostly older tier-style units, and include the segregation unit.

Name of governor and date in post

Marcella Goligher since October 2016

Independent Monitoring Board chair

Mike Austin

Date of last inspection

13–24 July 2015

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)*.¹ 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.²

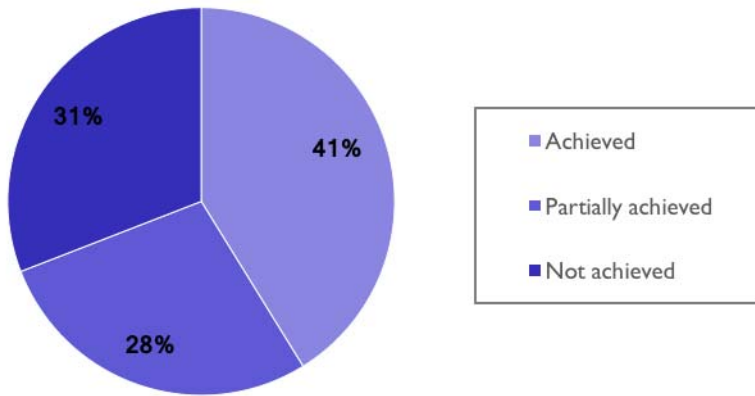
¹ <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

² 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 Humber in 2015 and made 68 recommendations overall. The prison fully accepted 85% of the recommendations and partially (or subject to resources) accepted 13%. It rejected 1% of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 28 of those recommendations, partially achieved 19 recommendations and not achieved 21 recommendations.

Figure 1: HMP Humber progress on recommendations from last inspection (n=68)



- S3 Since our last inspection outcomes for prisoners stayed the same in all healthy prison areas apart from rehabilitation and release planning, which had improved. Outcomes were reasonably good in respect, and rehabilitation and release planning, and were not sufficiently good in safety and purposeful activity.

Figure 2: HMP Humber healthy prison outcomes 2015 and 2017³



³ 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 *The reception area was welcoming and induction was informative. Despite good violence management work, a high number of prisoners reported being victimised and levels of violence were high. Use of force was high and governance was weak. Segregation was managed well and used sparingly, and reintegration was good. Security was generally proportionate and there had been some effective work to reduce incidents involving new psychoactive substances (NPS);⁴ however, availability of drugs remained high. Self-harm was high but at-risk prisoners had good support through case management. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S5 *At the last inspection in 2015 we found that outcomes for prisoners in HMP Humber were not sufficiently good against this healthy prison test. We made 22 recommendations in the area of safety.⁵ At this inspection we found that 12 of the recommendations had been achieved, four had been partially achieved and six had not been achieved.*

S6 Reception processes for new arrivals were swift and the area was bright and spacious. Relationships between the experienced reception staff and prisoners were good, and prisoners' immediate needs were usually identified. However, the practice of completing the first night risk and needs assessment without the prisoner present increased the risk that needs were missed. All new arrivals were seen by a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). There were no additional checks on prisoners during their first night, and staff were unaware of new arrivals during our night visit. Induction commenced the day after arrival and provided prisoners with useful information. The induction unit was an appropriate environment for newly arrived prisoners, but they spent too long locked in their cells between sessions.

S7 Violence reduction work had improved since the previous inspection and included thorough recording and investigation of incidents, and better support for victims. However, levels of violence were high compared with other category C training prisons, with 175 fights and assaults in the previous six months. Some incidents were serious and, in our survey, almost half of prisoners said they had been victimised by staff and prisoners. Much violence was related to debt and drugs. The Kairos unit, a day centre intended to support prisoners who were unwilling to mix with the general population, was a promising initiative but not yet sufficiently resourced or established.

S8 There was sufficient difference between the levels of the incentives and earned privileges (IEP) scheme to promote and reward positive behaviour. The basic level was used sparingly but too many men were not clearly informed when warnings had been issued or how to appeal downgrades. Adjudication hearings that we reviewed were fair, proportionate and followed due process.

S9 The use of force was high, with 206 incidents in the previous six months, more than at our last inspection and at other category C training prisons. Oversight was weak. Video footage was not routinely reviewed to learn lessons, and the use of force committee had only met three times in 2017. A large amount of paperwork was missing and accountability was therefore lacking. Available paperwork and videos that we reviewed showed good briefings and generally appropriate use of approved techniques, but some officers were too quick to

⁴ New drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

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

resort to force. We also found an illegitimate use of force that had caused injuries to a passive prisoner; it was concerning that other staff who had witnessed this incident took no action.

- S10 Fewer men were held in the segregation unit than at other category C training prisons and at our last inspection. The segregation environment was reasonably decent and cells were largely free of graffiti, but the exercise yard was stark and the shower unit was in poor condition. Relationships between staff and prisoners were good. Segregation reviews demonstrated that managers aimed to minimise the use of segregation, and efforts to reintegrate were good.
- S11 Security was generally proportionate but there were exceptions, such as routine strip searching of all prisoners going to the segregation unit and unwarranted handcuffing for emergency hospital escorts. The flow of intelligence was good and information was analysed and processed quickly. Positive rates for the actions taken were good, but in the previous six months most suspicion drug testing had not taken place. The supply reduction strategy was not yet embedded, and the action plan was not up to date. Prisoners were only allowed photocopies of their post to prevent paper soaked in NPS from entering the prison. There had been a reduction in NPS-related incidents after this measure was introduced and it had been a justifiable short-term response to a very serious NPS problem. However, this intrusive measure had caused much anger among prisoners, and needed to remain demonstrably proportionate and effective. Despite the measures taken, 38% of prisoners still tested positive for drugs, usually NPS. In our survey, 63% of prisoners said it was easy to get illegal drugs and 29% said they had developed a drug problem since being at Humber. Work to tackle extremism and corruption was good.
- S12 There was evidence of considerable vulnerability in the population. In our survey, half said they had mental health problems and 11% said they felt suicidal on arrival at the prison. There had been five self-inflicted deaths since the previous inspection - four in 2016 and one in 2017. Most Prisons and Probation Ombudsman (PPO) recommendations to the prison had been fully achieved. There had been 335 incidents of self-harm in the previous six months, which was high. Reviews of at-risk prisoners on assessment, care in custody and teamwork (ACCT) case management were multidisciplinary, there was consistency of case managers, and many entries in ACCTs demonstrated good care and interaction with prisoners. We spoke to many prisoners on ACCT who were positive about the support they received from staff, but many reported problems accessing Listeners.
- S13 There was a local safeguarding policy and links had been made with the local safeguarding adults board. However, most staff were unfamiliar with safeguarding procedures, which increased the risk that needs were not identified or met.
- S14 There was evidence of strong leadership and management and good governance in many safety areas, although most outcomes had yet to improve. Notably, there had been robust action to address drugs supply, generally good work to manage violence, and it was unusual to find such thorough ACCT procedures. A significant exception was use of force, a risk area where much more should have been done sooner.

Respect

S15 *Staff-prisoner relationships were good. Some residential units were overcrowded and lacked sufficient furniture or decency screening, but most accommodation was in reasonable condition. The complaints system was well managed. Food was adequate but portions could be small. Equality and diversity work was underdeveloped. Faith provision was good. Health services were reasonable overall, but unable to meet all ongoing mental health needs. Support for prisoners with substance misuse problems had improved. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S16 *At the last inspection in 2015 we found that outcomes for prisoners in HMP Humber were reasonably good against this healthy prison test. We made 22 recommendations in the area of respect. At this inspection we found that eight of the recommendations had been achieved, six had been partially achieved and eight had not been achieved.*

S17 Prisoners were generally positive about staff and we saw mostly respectful and responsive interactions between staff and prisoners. The 'Humber Pilot' peer support scheme⁶ was valued and effective.

S18 The prison had joined two previously separate establishments: The Wolds, known as zone 1, and Everthorpe, known as zone 2. It covered a large area and had 18 separate units. Communal areas on residential wings were mostly clean. Cells were generally in reasonable condition but many window grilles had accumulated litter and debris. About a quarter of prisoners were sharing cells originally designed for one. The problem of overcrowding could not be resolved by local managers. Many toilets remained inadequately screened, and this had not been addressed systematically. Shortages of furniture were dealt with during the inspection. Some prisoners had ongoing problems in obtaining clean sheets. Prisoners had good access to showers. In our survey, only a third of prisoners said that their cell call bell was answered within five minutes, and there was no monitoring of response times.

S19 The quality of food was reasonable, although portions for the evening meal could be small. Prisoners could buy a wide range of products from the prison shop, but some new arrivals experienced significant delays in making their first order.

S20 Prisoner consultation was limited and it was not always clear if issues raised were resolved. The prison had identified some problems with the management of applications and a new process had recently been introduced. The complaints system was managed well and quality assurance arrangements were robust. Most responses to complaints were polite and dealt with the issue raised. Prisoners had reasonable access to legal textbooks. Legal visits booths allowed for confidential discussions.

S21 The management of equality and diversity work was over-reliant on the work of one manager. Equality monitoring was hindered by the absence of up-to-date data, and disparities indicating potential discrimination were not investigated. Some consultation forums were taking place with minority groups, although outcomes were unclear. Discrimination incident reports were reasonably well managed. Investigations were overseen by a scrutiny panel but some took too long to complete. Discrimination incident reporting forms were not freely available on wings.

⁶ Named after the fleet of pilot boats on the River Humber.

- S22 The prison had not identified all prisoners with protected characteristics. Most prisoners with disabilities we spoke to were positive about the support they received. There was insufficient awareness of the personal emergency evacuation plan process, but the quality of completed plans was reasonable. There was little provision for LGBT and younger prisoners.
- S23 The chaplaincy provided a wide range of services, and the team was prominent in many aspects of prison life. Places of worship were in reasonably good condition.
- S24 Health services provided appropriate treatment for most prisoners, and access to them was generally adequate. Some elements of operational management were weak; for example, emergency equipment was not routinely checked, and there was a significant backlog of unanswered health care complaints. Clinics led by nurses were underdeveloped but there were advanced plans to improve the service. The care of prisoners with long-term conditions was reasonably good. The primary care team identified prisoners of concern and added them to a 'virtual ward' where they were discussed at each shift handover and had their welfare regularly checked; this was an innovative approach to caring for complex prisoners. Pharmacy services were adequate but medication in one wing treatment room was poorly managed. Prison officers supervised medication queues well.
- S25 There was a very high level of mental health need. Prisoners with mental health problems received prompt assessments and reasonable individual support. However, the range of interventions and staffing did not meet the high level of ongoing need for prisoners requiring longer term interventions. Social care assessments were timely and provision was good. Dental provision was generally good but waiting times for routine care were too long.
- S26 The demand for drug and alcohol misuse support was very high. Despite significant staffing shortages, psychosocial support had improved since our previous inspection and was now reasonably good, but the range of interventions remained limited. The strategic approach to drugs and alcohol work was underdeveloped. It was commendable that the substance misuse team saw all prisoners for harm-reduction advice before their release.
- S27 Leadership and management of some areas of respect, such as complaints and health care, were leading to positive changes. However, equality work had suffered from a lack of staff and focus.

Purposeful activity

S28 *The regime was predictable but over a third of prisoners were locked in their cells during the working day. There were insufficient activity places. About a quarter of the population was unemployed and many others were underemployed. Most prisoners had reasonable access to decent library and gym facilities. The management of activities was strong and leading to improvements. There were some very good workshops but not enough accreditation of skills. There were good links with outside employers. Teaching was good for most courses but not for English and maths. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S29 *At the last inspection in 2015 we found that outcomes for prisoners in HMP Humber were not sufficiently good against this healthy prison test. We made 12 recommendations in the area of purposeful activity. At this inspection we found that four of the recommendations had been achieved, four had been partially achieved and four had not been achieved.*

S30 A consistent and predictable regime provided many prisoners with more than nine hours out of cell each day. However, more than a third of prisoners were locked up during the

working day, which was high for a category C prison. Unemployed prisoners on the basic level of the IEP scheme could be locked up for up to 23 hours a day. Prisoners could only exercise for 30 minutes at most, which was too short.

- S31 Access to the library and gym was generally reasonable. The two libraries contained an adequate range of books and resources, but one was only open part-time, which affected prisoner access. There was a reasonable range of PE facilities and recreational activities, but no accredited courses were delivered as a result of staffing shortfalls. There was innovative work with the health care department to promote health and well-being.
- S32 There was a robust strategy for the development of learning and skills, and several improvements had been made. Links with local industry were particularly good. Partnership arrangements with Novus, the learning and skills provider, were good. Quality improvement measures in English and mathematics had not been sufficiently successful in improving the provision.
- S33 Despite efforts by managers, there were not enough activity places. At least 250 men were without work and too many were underemployed in wing cleaning jobs and some workshops. There were very good facilities for vocational training in construction skills workshops and in art and IT. However, not enough workshops offered accreditation of vocational skills, which would have better prepared prisoners for working outside. Provision to record employability skills had been introduced, but was not yet fully implemented. There was insufficient education outreach provision to workshops. Learning and skills induction was well managed and effective.
- S34 The range of learning and skills resettlement provision was adequate, but the work of the various agencies was not fully coordinated to ensure that all prisoners received the support they needed. The Novus 'Across the Gate' programme had been successful in getting some prisoners into work after release. The National Careers Service provision was good.
- S35 With the significant exception of English and mathematics, teaching was good and prisoners usually developed skills to a high standard. However, in most mathematics and English classes, prisoners made slow progress, teaching did not differentiate between different skill levels and teachers did not check learning sufficiently.
- S36 Prison workshops were well maintained and provided a good commercial environment. There was particularly good quality work in the computer code writing workshop, where prisoners achieved industry-standard skills. Identification and support for prisoners with additional learning needs were weak in workshops.
- S37 Punctuality had improved and was satisfactory in workshop areas, but less good in education. Attendance was reasonable overall but required improvement in a minority of workshops. Prisoners were motivated and well behaved in classes, workshops and work. Prisoners' skills and progression were often not recorded. The Humber Pilot peer mentoring scheme provided very good development for mentors and was effective in assisting many other prisoners.
- S38 Prisoners in vocational training generally made good progress, and outcomes for the small number taking qualifications in work areas were good. There was good development of skills in vocational workshops and ICT, and good quality work in construction, art, cleaning and catering. Novus data indicated good pass rates for those who completed their courses, but withdrawal rates were high on most education courses. Too few prisoners obtained vocational qualifications in workshops.

Rehabilitation and release planning

S39 *Prisoners had good access to visits and there were regular family days, but family engagement work was generally weak. Resettlement functions were appropriately managed. There was a backlog of OASys (offender assessment system) assessments, but completed assessments were good quality. We saw generally adequate work in individual cases but not always enough contact. Home detention curfew (HDC) decisions were appropriate. There were some weaknesses in public protection procedures. Interventions did not meet all the main offending behaviour needs. Resettlement planning and work were generally good, with very good work to secure sustainable accommodation. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S40 *At the last inspection in 2015 we found that outcomes for prisoners in HMP Humber were not sufficiently good against this healthy prison test. We made 12 recommendations in the area of resettlement.⁷ At this inspection, we found that four of the recommendations had been achieved, five had been partially achieved and three had not been achieved.*

S41 There were some initiatives to support prisoners' family contact, including regular family visits and reading schemes, but there was a very limited range of provision. Families we spoke to were reasonably positive about their visits experience but did not always receive the full allotted visiting time. We saw some very good individual support for prisoners whose children had special needs. The visits hall was a comfortable and relaxed area, and visits searching processes were respectful. The visitors' centre was an unwelcoming environment and provided little support.

S42 The reducing reoffending policy was comprehensive and the monthly reducing reoffending strategy group meeting provided effective oversight. About half of prisoners arrived at Humber without an up-to-date OASys assessment, and the backlog remained significant. This issue diverted significant resources from the offender management unit, and needed resolution at a regional level. The quality of completed OASys assessments was good, but associated sentence plan targets were not sufficiently individualised or focused on risk.

S43 All new arrivals were seen by offender supervisors and Shelter peer advisers. Although several different plans ran in parallel, 87% of prisoners in our survey said they knew what their custody plan targets were. Contact between offender supervisors and prisoners was often limited, and focused too much on practical issues rather than risk reduction and sentence progression. The introduction of regular wing surgeries to address prisoners' practical concerns was positive.

S44 Many high risk prisoners were managed by officer offender supervisors. While the cases were reasonably well managed and were prioritised for interventions, there was insufficient oversight of some. Officer offender supervisors still did not receive regular casework supervision, which created some risks for their work with high risk cases. All indeterminate sentence prisoners were appropriately allocated to one of the probation offender supervisors. The prison was due to open a dedicated unit for prisoners on indeterminate sentences, which was a welcome development. Prisoners subject to child protection restrictions and/or harassment procedures were properly identified and managed through the weekly inter-departmental risk management team meeting. However, arrangements for identifying and managing prisoners subject to MAPPA (multi-agency public protection

⁷ This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated *Expectations* (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

arrangements) were not sufficiently robust. Local managers had not been sufficiently aware of these weaknesses in MAPPA.

- S45 The only accredited programmes were the Thinking Skills Programme and Resolve, with a total target of 90 completions a year. Although a recent needs analysis suggested there was no significant need for interventions to address domestic abuse, a large number of men had relevant current or historic offences.
- S46 Only a fifth of prisoners assessed for HDC were subsequently released. However, a review of recent cases showed that all the decisions were justified. Category D reviews were managed appropriately.
- S47 Support for prisoners' finance, benefit and debt need was generally sufficient, although the demand remained surprisingly low. A range of support was also provided by Shelter. The support for prisoners with housing need was generally good. Although around 15% of prisoners left Humber without settled accommodation, we saw excellent examples of work to secure provision.
- S48 Virtually all prisoners were seen by Shelter before release and the quality of engagement was generally good. Communication with community responsible officers was reasonably good. However, pre-release coordination with other departments across the prison was far too variable. Few men received through-the-gate mentoring support.

Main concerns and recommendations

- S49 Concern:** The use of force was high, yet management oversight was weak. The use of force committee did not meet frequently enough. Video footage was not reviewed routinely to learn lessons and improve practice. A large amount of paperwork justifying the use of force was missing, as were reports from health care staff. Staff were sometimes too quick to resort to force. Officers swore at prisoners during some planned interventions.

Recommendation: The governance of use of force should provide assurance that it is always used as a last resort. All planned interventions should be filmed and reviewed, and all documentation completed. Lessons should be learned and disseminated to improve practice.

- S50 Concern:** Despite some positive initiatives to reduce drug supply, illicit drugs and alcohol remained too easily available. The supply reduction strategy was not yet embedded, the action plan was not up to date, and intelligence did not always result in timely suspicion drug testing and searching.

Recommendation: The prison should develop, implement and dynamically review a comprehensive drug supply reduction action plan. Required responses to intelligence should be completed promptly, with all prisoners suspected of taking drugs being tested within required timescales.

- S51 Concern:** There were too few activity places and about a third of prisoners were locked behind their doors during the working day. About a quarter of prisoners were not involved in an activity, and many who did have jobs were underemployed. There was often not enough work to keep prisoners in workshops busy for the whole day.

Recommendation: All prisoners of working age should have a full-time programme of activity that keeps them purposefully occupied and helps to prepare them for release into the community.

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.

- I.1 Journeys for most prisoners arriving at the prison were short, and vans were not unduly delayed in entering the prison. Prisoners we spoke to were positive about their experiences during escort, and were offered refreshment during transfer. Prisoners were not routinely handcuffed when they disembarked from the escort vehicle. They were only strip searched on arrival if intelligence indicated this was necessary.
- I.2 The main holding room was clean and bright, had a television and useful information, and a toilet with adequate privacy. Two very small additional holding cells were used occasionally for prisoners who required searching or who had to be kept separate from other prisoners.
- I.3 New arrivals were processed quickly by reception staff and transferred swiftly on to the induction unit, H wing. They were also seen individually in reception by one of two peer workers, who offered them a hot drink and support. The peer workers were also Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners).
- I.4 We observed good communication between reception staff and new arrivals, but prisoners did not have a private safety interview with them or the induction staff. Reception staff completed a first night risk and needs assessment, but this did not consider all areas of risk or vulnerability and was not based on information obtained from speaking with the prisoner directly. There were also no additional safety checks on prisoners during their first night and, during our night visit, staff working on the first night centre were not aware of that day's new arrivals. First night cells were clean and had a television and a kettle, although there was some graffiti and some toilets lacked privacy screening.
- I.5 Induction commenced the day after arrival, with an informative PowerPoint presentation from two officers. The published week-long induction programme supported prisoner integration into the regime, and was delivered by staff from a wide range of departments. However, prisoners spent too long locked in their cells between these sessions (see main recommendation S51).

Recommendation

- I.6 **Reception and first night staff should thoroughly assess the immediate needs and vulnerabilities of new arrivals and ensure that adequate support is offered. First night centre staff should be aware of all new arrivals and check on them regularly through the night.**

Managing behaviour

Expected outcomes:

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

Encouraging positive behaviour

- I.7** The prison used the national incentives and earned privileges (IEP) scheme to encourage positive behaviour. At the time of our inspection, 40% of prisoners were on the enhanced level, 54% on standard and 6% on basic. While officers used the basic level in moderation, they did not clearly inform prisoners when issuing warnings or how to appeal against a downgrade. In our survey, only 37% of prisoners said that they had been treated fairly in the scheme. Unemployed prisoners on the basic level could spend up to 23 hours a day in their cells, alone and without a television. Some targets to improve behaviour were meaningful and directed to the individual. Although downgrades should have been reviewed every seven days, this did not always happen. The prison also encouraged positive behaviour through a wing cleaning completion every other month.
- I.8** Levels of violence were high for a category C training prison. In the previous six months, there had been 23 assaults on staff, 110 assaults on prisoners and 42 fights. Some incidents were serious and involved improvised weapons and hospitalisation. Much violence was related to drugs and debts.
- I.9** In our survey, 48% of prisoners said that they had felt unsafe at some time at Humber and 22% currently felt unsafe. Almost half of prisoners had experienced victimisation by staff and prisoners; while most prisoners reported verbal intimidation, 20% said they had been physically assaulted by other prisoners and 14% by an officer. The prison had not undertaken a survey of prisoners to understand their perceptions of safety (see also use of force section).
- I.10** Managers had improved the strategic approach to reducing violence since the last inspection. A violence reduction strategy was underpinned by an action plan. The safer custody team met monthly and monitored a wide range of data to inform the strategy. The recording of violent incidents was rigorous and investigations were reasonably thorough. Support for victims was better than at our last inspection, but interventions for perpetrators were limited. Other than using the IEP scheme and disciplinary procedures, there was little action to manage perpetrators. In the previous six months, only six individual management plans were opened for perpetrators despite the high levels of violence. The prison was preparing to pilot the new national HMPPS behaviour management policy in 2018.
- I.11** Support for self-isolating prisoners had greatly improved and was now reasonably good. Self-isolators could attend the Kairos unit, a day centre where they could work and study without mixing with the rest of the population. Prisoners attending the unit spoke positively about how it encouraged and motivated them. This very promising initiative was not yet fully established or able to meet demand.

Recommendations

- I.12 Officers should issue written incentives and earned privileges warnings and information about appealing downgrades to prisoners.**
- I.13 The prison should survey prisoners' perceptions of safety annually, and use the results to inform the strategic management of violence reduction.**
- I.14 Perpetrators of violence should receive support to change their behaviour.**

Adjudications

- I.15** In the previous six months, 1,389 disciplinary hearings were heard. While this was more than we normally find at category C training prisons, we found no evidence of inappropriate charges. Hearings that we observed and the records we reviewed showed that adjudications were fair and followed due process. We saw an adjudicator help prisoners who clearly did not understand the process. Punishments were generally proportionate. Prisoners found guilty for the first time of taking drugs were given a suspended punishment and referred to the drug and alcohol recovery team. Management oversight of disciplinary procedures was lax; the adjudications and standardisation meeting had met only twice in the last year.

Recommendation

- I.16 Adjudicators should regularly and consistently analyse data to ensure that the adjudication process fully supports discipline in the establishment and to promote best practice.** (Repeated recommendation I.53)

Good practice

- I.17** *Prisoners who were found guilty for the first time of taking drugs were given a suspended punishment and referred to the drug and alcohol recovery team for intervention.*

Use of force

- I.18** Force had been used 206 times in the previous six months, more than at our last inspection and high for a category C training prison. Management scrutiny of force was weak. The use of force committee had only met three times in 2017, despite the high number of incidents. The prison did not routinely review the video footage of incidents to learn and disseminate lessons. A large volume of paperwork was missing, including statements from officers and health care staff, which meant a lack of accountability. The paperwork and videos we reviewed showed detailed briefings and generally appropriate use of approved techniques. However, in several instances we saw officers resorting to force too quickly during planned removals before they had given prisoners sufficient opportunity to comply with instructions. In other cases we heard officers swear at prisoners. (See main recommendation S49.)
- I.19** During the inspection, we were told by prisoners of an excessive use of force. On investigation, it transpired that an officer used force illegitimately against a prisoner who had put his foot in his cell door to prevent officers closing it - the officer kicked the prisoner's leg several times, causing injuries. Worryingly, officers who witnessed the incident and nurses who treated the prisoner did not report it to managers. The matter was referred to the police after we raised it.

- I.20** The special cell was stark and windowless, apart from a small skylight. It had been used once in the previous six months. Batons had been drawn on four occasions and used once. The documentation gave sufficient justification for these exceptional measures.
- I.21** Two prisoners had been placed in body belts since the last inspection. Both incidents involved men whose behaviour was very difficult to control - one who attempted to remove stitches from a wound with his teeth, and another was resisting transfer to another prison. While such an extreme intervention is unusual, particularly in a category C establishment, the response was proportionate and followed correct and accountable authorisation.

Segregation

- I.22** Despite high levels of violence and force, use of the segregation unit was low. In the previous six months, 124 men were segregated, fewer than at other category C training prisons and at our last inspection. The average length of segregation had also decreased to 15 days. Twenty prisoners had been segregated for more than 30 days, fewer than at our last inspection. The segregation unit now comprised 14 cells and a special cell. Most prisoners were segregated for reasons of good order or discipline, and few for their own protection.
- I.23** The segregation environment was reasonably decent and cells were largely free of graffiti. The two exercise yards were stark with graffiti etched into brickwork. Two prisoners could exercise at the same time, one in each yard. There had been efforts to improve the shower unit during our inspection, but it remained in poor condition with deficient ventilation and drainage.
- I.24** Relationships between staff and prisoners on the unit were good. Officers knew and interacted with the men well. In our survey, 63% of prisoners who had been segregated said that staff had treated them well. Officers strip searched all prisoners before they went into segregation without an individual risk assessment, which was disproportionate. Segregation reviews showed that managers tried to minimise the time prisoners were segregated. Care plans drawn up for prisoners held for more than 30 days demonstrated good efforts to reintegrate them.
- I.25** Segregated prisoners had daily access to exercise, telephones, showers, distraction packs, library books and some educational activities. Some, but not all, were given a radio.

Security

Expected outcomes:

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

- I.26** Physical security arrangements were proportionate and aligned to risks. However, some elements of procedural security were disproportionate. For example, there was routine strip searching of all prisoners located to the segregation unit (see paragraph I.24), and several prisoners transferring to hospital in an emergency were handcuffed without adequate justification. The Prisons and Probation Ombudsman (PPO) had previously raised concerns about this practice (see paragraph I.34) and we were told by senior managers that it would cease during the inspection. Managers providing risk assessment authorisation did not always have relevant health care considerations to aid their decision-making.

- I.27** Strategic management of security was good. There were two security meetings a month. An overarching executive meeting identified current threats and risks. This was followed by a security committee that met to formulate the actions that were then required.
- I.28** The flow of intelligence into the security department was good. Staff had submitted an average of 997 incident reports a month, which was higher than at the last inspection and for the type of prison. These were processed and categorised by regional security analysts and usually led to mostly swift actions. In the previous six months, finds from searches had resulted in the recovery of 108 mobile phones, 30 weapons and 128 drug packages.
- I.29** Despite efforts to tackle the supply of drugs, they were still too easily available. In our survey, 63% of prisoners said that it was easy to get illegal drugs, and 46% that it was easy to get alcohol. About a third of prisoners said they had developed a drug problem while at the prison, against the comparator of 12% and 15% at the last inspection. The use of new psychoactive substances (NPS)⁸ was especially problematic. In the previous six months, 18% of prisoners tested positive for drugs during random drug tests, rising to 38% when NPS were included. However, NPS-related incidents had reduced from a very high number earlier in 2017. The prison attributed this largely to the photocopying of all prisoner mail to prevent paper soaked in NPS from entering the prison. This approach had been carefully considered by senior managers before implementation, and had been a justifiable short-term response to a very serious NPS problem. However, it was an intrusive measure that had caused much anger among prisoners. It was not part of an effective wider drug supply reduction strategy, and its ongoing value had not recently been reviewed.
- I.30** While there had been action to reduce drug supply, in the previous six months most suspicion drug testing had not taken place. Figures were not kept systematically but we were told that 72 suspicion tests were requested from January to the end of November 2017, but only 17 had been completed, all in the previous three months. There was no up-to-date drug supply action plan (see main recommendation S50 and paragraph 2.82). Mandatory drug testing facilities were satisfactory and testing was carried out as required.
- I.31** Four prisoners were subject to closed visits, and these were reviewed regularly. Until the week before our inspection, closed visits had been used in response to non-visits-related activities; managers told us that this practice had ceased. There was good work to tackle staff corruption. Management of extremists was sound with effective interagency involvement.

Recommendations

- I.32 Prisoners should only be handcuffed during escort to hospital following an assessment of individual risk.**
- I.33 The practice of photocopying all prisoner mail should be reviewed to ensure that it remains proportionate and is effective.**

⁸ New drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

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

- I.34** In our survey, 11% of prisoners said that they felt suicidal on arrival at Humber, and half said that they had mental health problems. The number of self-harm incidents was higher than at similar prisons and at the last inspection. There had been 335 self-harm incidents by 115 prisoners in the previous six months. Several cases had been complex, and five prisoners had been responsible for 80 incidents. Five prisoners had killed themselves since our last inspection – one in 2017 and four in 2016. There was a death in custody action plan and there had been good progress in meeting the recommendations of the PPO. Deaths in custody were a standing agenda item on the monthly safer custody meetings.
- I.35** The quality of documents for at-risk prisoners on assessment, care in custody and teamwork (ACCT) case management was good and generally well completed. Cases were well managed with consistency of case managers. Most case reviews were multidisciplinary, care maps were meaningful and time bound, and most entries in ACCT documents suggested good interaction with prisoners. Mental health in-reach staff attended many ACCT reviews, as did members of the drug and alcohol recovery team (DART). Prisoners on an ACCT who we spoke to were positive about staff support. However, post-closure reviews did not always take place, and when they did, some prisoners had completed the section on the relevant form that staff were meant to complete; this had not been identified through quality assurance.
- I.36** The strategic approach to suicide and self-harm was good. Data from local monitoring were presented at the monthly safer custody meeting. Individual prisoners in crisis were discussed at the weekly safer custody meetings. Minutes from these meetings indicated that action was taken in response to identified trends. For example, the meeting had identified that several self-harm incidents occurred just after evening lock up. As a result, Listeners were made available on wings during this time to support prisoners, although not all unit staff were aware of this initiative and it was not always consistently applied. Listeners were generally positive about support from safer custody staff and the Samaritans, but in our survey, only 41% of prisoners said that it was easy to speak to a Listener if needed. The reasons for this were unclear.
- I.37** ‘Andy’s man club’ was a newly formed peer support group for prisoners based on a model in the community. Prisoners could meet weekly to discuss any issues of concern and there were no restrictions on who could attend. A prisoner coordinated the group on each wing. This was a good initiative but not yet fully embedded across the establishment.

Recommendations

- I.38** Actions identified by the safer custody meeting should be clearly communicated to unit staff to ensure a consistent approach and application.
- I.39** The prison should explore and address prisoners' negative perceptions of access to Listeners to ensure they have confidence in the scheme and can access Listeners when requested.

Protection of adults at risk⁹

- I.40** The prison had an adequate safeguarding adults' policy. However, there was no designated safeguarding lead and many staff were unfamiliar with safeguarding policy and procedures, which increased the risk of needs being missed. Although the prison should have had an active representative on the safeguarding adults board, no one had attended in the previous six months, and there had been no referrals to the safeguarding board during this period.

Recommendation

- I.41** The prison should have a designated safeguarding lead who should be an active member of the local safeguarding adults board. All staff should be trained in safeguarding policy and procedures.

⁹ 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, prisoners were generally positive about staff, and 71% said that most staff treated them with respect. This figure was similar to the comparator although lower than at the last inspection. We observed generally positive and respectful staff interactions with prisoners. The allocation of wing staff to residential units was mostly consistent, allowing them to develop knowledge of wing regimes and build rapport with the men in their care. Most prisoners had a named personal officer and wing staff generally completed personal officer case notes well. A sample were quality assured by managers each month.
- 2.2** The ‘Humber Pilot’ prisoner consultation and peer support scheme¹⁰ was a positive initiative, which employed 27 well-trained prisoner mentors. It had clear terms of reference and a written code of practice. Five senior ‘pilots’ managed the other 22 men. It was valued and appeared effective in supporting prisoners, but staff oversight and supervision of the scheme was weak. The Humber Pilot team did not meet regularly to discuss their work or share good practice.

Recommendation

- 2.3 Mentors employed by the Humber Pilot scheme should have routine staff oversight, support and supervision to ensure a safe and appropriate service.**

Daily life

Expected outcomes:

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

Living conditions

- 2.4** The prison was an amalgam of two previously separate establishments that were joined in 2013: The Wolds, known as zone 1, and Everthorpe, known as zone 2. As a consequence, it was spread over a large site and had 18 separate units. Communal areas on residential wings were mostly clean. Outside areas were generally tidy, and the gardens were pleasant and well maintained. Most cells were in reasonable condition, and prisoners generally took

¹⁰ Named after the fleet of pilot boats on the River Humber.

responsibility for keeping them clean and had access to sufficient stocks of cleaning materials. There had been some improvement in the cleanliness of the in-cell toilets since the last inspection, and new in-cell furniture was being installed in zone one units during the inspection. However, many of the cell window grilles were filled with litter and debris, and there were many protruding aerials extended by prisoners to improve their cell TV signal.

- 2.5** Almost a quarter of prisoners were sharing cells originally designed for one. Conditions in these cells were cramped, too many toilets were still not adequately screened, and not all prisoners had keys to their cells. As at the last inspection, not all prisoners had in-cell lockable storage to secure their personal belongings, although lockers for small quantities of medication had just been installed.
- 2.6** Prisoners had good access to showers and most could shower every day. Showers in zone two units were mostly clean with adequate privacy, but some of those in zone one were mouldy and had inadequate ventilation.
- 2.7** There was poor provision of some basic items. For example, too many prisoners did not have their prison-issue bedding cleaned and replaced weekly, and some were sleeping on bare mattresses because bedding had been lost or not returned. Although prisoners could wash their own items in the wing laundries, the service from the main prison laundry was inefficient. In our survey, fewer prisoners than the comparator and at the last inspection, 46% against 67% and 57%, said they had clean sheets every week. When we checked the wing stores, no clean bed linen was available. A new sheet exchange pilot had been introduced on one wing but was yet to roll out across the whole prison.
- 2.8** In our survey, only a third of prisoners said that their cell call bell was answered within five minutes. We observed wing staff leave emergency call bells unanswered on several occasions. There was no management oversight to record or monitor staff response times to the emergency cell call bells.

Recommendations

- 2.9** **Prisoners should not be held in overcrowded conditions.**
- 2.10** **Toilets in cells should be adequately screened, and prisoners should have access to clean bedding weekly.**
- 2.11** **Officers should respond to cell bells promptly, and the timeliness of responses should be monitored and action taken to address delays.**

Residential services

- 2.12** The quality of food was reasonable, although in our survey, only 21% of prisoners said the food was good. Breakfast packs were still issued the evening before. They were slightly more substantial than at the previous inspection, but still meagre. The evening meal could also be small, although portions were equitable. Staff supervision of the serveries during mealtimes was inconsistent. During our night visit, we saw some wing serveries and food trolleys that were still dirty after service. Food temperatures were not routinely recorded on the wings.
- 2.13** Prisoners living in zone one units could eat with others out of cell, but zone two prisoners did not have this opportunity. There were two food surveys of prisoners a year, and kitchen

staff checked comments books weekly on each wing. There was limited equipment for prisoners to cook for themselves, but there were plans to improve facilities in zone two.

- 2.14** Some new arrivals could wait up to 10 days to receive their first shop order, which was too long. In our survey, prisoners were positive about the range of items available from the prison shop. They could also shop from catalogues, although there was an administration charge for each order.

Recommendations

- 2.15** Prisoners should be provided with adequate portions at all mealtimes.
- 2.16** New arrivals should be able to obtain a first shop order promptly after arrival.

Prisoner consultation, applications and redress

- 2.17** In our survey, 71% of prisoners said it was currently easy to make an application, lower than the comparator (81%). Of those who had made an application, only 46% said it was dealt with fairly. There were two different applications systems on the wings, which was confusing, and tracking of responses was weak. Managers had identified the problems with the applications system and introduced a new process that seemed likely to be more effective, but it was too early to assess its effectiveness.
- 2.18** Five Humber Pilots (see paragraph 2.2) were part of a core group who represented the whole prison in weekly consultation meetings, but this small group did not fully represent the views of each prison wing or the wider prison population. The minutes of consultation meetings were not detailed enough to determine if issues raised had been resolved or actions completed.
- 2.19** In our survey, almost two-thirds of prisoners said it was easy to make a complaint. There was an average of 213 complaints a month. A full range of complaint forms was readily available on wings, including forms for the Prisons and Probation Ombudsman (PPO) and the Independent Monitoring Board (IMB). Complaints were collected daily by non-wing staff, and a designated team in the business hub logged and monitored them electronically. The management oversight of complaints was good. Emerging issues and trends were identified and reported to the senior management team. All complaints were quality assured to check their content and response times. Most responses to complaints were timely, polite and dealt with the issue raised.
- 2.20** The libraries on both sites stocked a small range of legal books and resources for prisoners, but there were no 'access to justice' computers to assist prisoners with their legal representations. Legal visits took place three mornings a week, and the 10 legal visits booths provided sufficient privacy for confidential legal consultations. In our survey, more prisoners than the comparator said staff had opened letters from their solicitor or legal representative when they were not present. This appeared to be related partly to the security measure that entailed photocopying all incoming prisoner correspondence (see paragraph 1.29).

Recommendation

- 2.21** Prisoner consultation meetings should be more representative of the general prison population. Minutes of the meeting should identify clear action points and show whether they have been achieved.

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 characteristics¹¹ and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

- 2.22** The management of equality was underdeveloped and relied too much on the equality manager. A small equality team comprised an equality manager, one part-time administrative support and some prison officers who were routinely redeployed to other duties because of staffing pressures.
- 2.23** There was an equality strategy, but the recently updated equality action plan did not consider all protected characteristics or sufficiently outline how the needs of some groups would be met. Senior managers had been identified to lead protected characteristic strands, but were not yet taking responsibility for these areas. There had only been one equality action team meeting in the previous six months. It was chaired by the governor and included prisoner representation, which was positive. However, there were only two prisoner equality representatives at the time of our inspection.
- 2.24** There had been no national equality monitoring tool data for the previous five months. The last data had indicated some potential areas for discrimination but these had not been investigated. Local data were also gathered but were not sophisticated enough to identify over- or under-representation of protected characteristics in a variety of areas. The data available focused primarily on ethnicity. Impact assessments were completed if a local issue or practice raised concern. The examples that we viewed were of a satisfactory standard.
- 2.25** There had been 25 discrimination incident reporting forms (DIRFs) submitted in the previous six months, which was similar to our last inspection. Most related to race or religious discrimination. DIRFs were available on all wings but prisoners had to ask for them, which compromised confidentiality. The equality manager carried out most investigations, but some responses to prisoners had taken too long. The quality of investigations was reasonable and replies were polite and signed off by the deputy governor, although some had been signed off three months after the investigation was concluded. A scrutiny panel met twice a year and involved HMP Hull and a representative from the Humberside diversity panel.
- 2.26** Consultation forums took place for black and minority ethnic prisoners, those identifying as Travellers, and older prisoners. All forums were facilitated by the equality manager and relevant strand lead. They were not minuted and outcomes were unclear.
- 2.27** The equality manager gave all new staff an equality handbook and delivered an awareness session as part of their induction. Staff could access equality training through a Civil Service e-learning package, although there was no local system to track completion rates.

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

Recommendations

- 2.28** The equality strategy and action plan should outline how the needs of all protected groups will be addressed, and be underpinned by information obtained from consultation. Staff should have sufficient time to implement the action plan.
- 2.29** Discrimination incident reporting forms should be freely available on all residential units.
- 2.30** The national equality monitoring tool should cover all protected characteristics and produce data that is not more than a month old.

Protected characteristics

- 2.31** Ten per cent of the prison population were from black or minority ethnic backgrounds. In our survey, the responses of black and minority ethnic prisoners were similar to those of white prisoners. Some men told us that staff did not challenge inappropriate and racist behaviour, or that staff were insufficiently culturally aware. Managers felt that this had some validity. As a result, the chaplaincy had been asked to provide cultural awareness training, although this had not yet been delivered.
- 2.32** There was some support for the 32 foreign national prisoners held at the time of the inspection. They were given an additional £5 telephone credit a month to facilitate family contact abroad, and classes in English for speakers of other languages (ESOL) continued to be delivered in education. There was a reasonably regular Home Office immigration enforcement surgery but no independent immigration advice.
- 2.33** The prison had recorded only 250 prisoners with disabilities, although our survey suggested the figure was even higher, equating to around 370 prisoners. Prisoners who reported disabilities were referred to the health care or education provider, depending on whether it was a physical or learning disability. There were some adapted cells on H, K and M wings, while all G wing cells had wide doors suitable for wheelchair access. The adapted cells we viewed were reasonable, including guard rails and cell call buttons and light switches by beds. We saw some instances of unmet need but prisoners we spoke to were reasonably positive about the adjustments made for them. There was no carer scheme to support men with disabilities who needed extra support.
- 2.34** The personal emergency evacuation plans (PEEPs) that we viewed were of a reasonable standard, but there was insufficient staff awareness of their purpose, location and contents. The health department completed care plans for prisoners, which incorporated health care considerations, but there was insufficient oversight to ensure that residential application of the care plans had been thoroughly documented and acted on.
- 2.35** The prison had a young profile: 43% of prisoners were in their twenties but only 7% were aged 50 or over with very few men over 60. The most recent monitoring data had shown that younger prisoners were over-represented on the basic level of the incentives and earned privileges scheme. The prison had not explored this outcome further, and there were no forums with this group (see recommendation 2.28). The prison had made good efforts to engage with the small number of older prisoners and held regular forums with those over 55 to discuss their needs. Age-appropriate activities provided included regular 'walk your way to fitness' sessions and walking football classes. Prisoners who had reached retirement age were not required to work and were not locked in their cells during the core day.

- 2.36** The prison had identified five gay or bisexual prisoners, fewer than indicated by our survey. The prison had developed links with a local sexual health organisation, MESMAC,¹² and was keen to involve them to promote interest and engagement with this group. Events to raise awareness had included marking the international day against homophobia, biphobia and transphobia.
- 2.37** In our survey, two prisoners identified as transgender or transsexual but this had not been identified by the prison. However, there was an appropriate policy for such prisoners and the equality manager had undertaken training and awareness to ensure needs could be met. Transgender awareness training had been delivered to staff recently.

Recommendation

- 2.38** **There should be a paid carer scheme to support prisoners with disabilities who need extra support, and all staff should be aware of the personal emergency evacuation plan system.**

Faith and religion

- 2.39** The managing chaplain was Muslim and supported by two part-time Catholic chaplains. The prison catered for all major faiths, except for Buddhism and Rastafarianism. In our survey, 88% of prisoners said they could attend religious services and 72% could speak to a chaplain of their faith in private, which was good.
- 2.40** Chaplaincy facilities for the entire establishment were located in zone two and included a chapel, multi-faith room and two group rooms, which facilitated a range of weekly activities, including study groups and meditation. Friday Muslim prayers were held in the multi-faith room and washing facilities were available, although the area was grubby and neglected. The managing chaplain, who was the religion strand lead for the prison, convened a religion forum for prisoners.
- 2.41** The chaplaincy managed the official prison visitors' scheme, and trained team members delivered the Sycamore Tree restorative justice victim awareness programme. Chaplaincy facilities were used for Alcoholics Anonymous and Narcotics Anonymous groups, and counselling through Cruse bereavement care.
- 2.42** The chaplaincy visited new arrivals and those held in the segregation unit. Chaplains attended segregation review boards, and saw all prisoners subject to assessment, care in custody and teamwork (ACCT) case management monitoring at least weekly. The managing chaplain, or one of his team, attended a variety of relevant prison meetings, as well as ACCT reviews.
- 2.43** The chaplaincy saw all prisoners, regardless of faith, six weeks before release. There were some links with external religious organisations and other support groups, with details provided to prisoners.

Recommendation

- 2.44** **Buddhist and Rastafarian chaplains should be available for prisoners who follow those faiths.**

¹² 'Men who have Sex with Men – Action in the Community' – an acronym that the organisation no longer officially uses.

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.

2.45 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹³ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. Areas have been identified that require improvement with a subsequent notice issued by the CQC, detailed in Appendix III of this report.

Strategy, clinical governance and partnerships

2.46 City Health Care Partnership Community Interest Company (CHCP) provided 24-hour health and social care services for prisoners. CHCP was well embedded, and clinical leadership remained strong and enthusiastic. We saw some good examples of joint working and positive relationships between managers. Appropriate governance monitored the service but oversight was poor in some areas, including medicines management.

2.47 We observed professional interactions between staff and prisoners, and it was clear that staff knew their prisoners well. There was only one vacancy in the primary care team, but significant delays in security clearance meant ongoing use of consistent agency nurses, and the use of management time to cover shortfalls. Appropriate training opportunities were available to all staff. Most staff had regular appraisals and were engaged in clinical supervision. There were plans to commence peer review of practice.

2.48 Prisoner engagement to support service development was limited. There were no routine patient satisfaction surveys, and the only service user forum was with the drug and alcohol recovery team (DART).

2.49 The on-line Datix system was well used to record and monitor incidents. Since July 2017, 26 had been recorded and appropriately investigated. A CHCP governance team had good oversight of the investigation process to ensure timely action and to identify lessons learned. Data were shared with staff through regular staff meetings and handovers, but we were not clear how they were communicated with pharmacy staff.

2.50 Clinical records were of a good standard. Slowness in the information technology had resulted in a large backlog of scanned documents (including hospital letters) waiting to be uploaded to patient records. While clinical staff saw these communications, this presented a high risk for other clinicians with no knowledge of or instant access to the documents during patient reviews. This backlog was being addressed and had been reduced by 500 in the previous month, but remained high at around 1,600 items.

2.51 Health care was delivered from two health care centres, one in each of the two zones. Clinical rooms in the health care centre in zone two were clean and well equipped, but there was a lack of space for therapeutic activity in the health care centre in zone one. Waiting rooms in both centres were in a poor condition. Seating was inappropriate, the rooms were

¹³ 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>.

dirty and the walls displayed no health information. Prisoners spent too long waiting in them. There was a schedule of audits, including infection control.

- 2.52** Medical emergencies were well managed by appropriately trained staff, but some of the emergency equipment was not checked regularly and we found out-of-date emergency medication.
- 2.53** The confidential complaints system had been overhauled following the discovery of a backlog of 88 complaints. We were informed that the backlog had been cleared a week after our inspection. In the previous five weeks, since the new system had been in place, 40 complaints were logged. The responses to all those we sampled were polite and generally prompt, but did not always address all the issues raised. CHCP analysis of complaints was good and informed service improvement.

Recommendations

- 2.54** **The health care provider should routinely gather and analyse prisoners' views on health care to support service development.**
- 2.55** **Waiting areas in the health care centres should be furnished appropriately and cleaned regularly.**
- 2.56** **Emergency resuscitation equipment should be kept in good order, with regular documented checks.**

Promoting health and well-being

- 2.57** A health promotion worker from HMP Hull supported the service one day a week, with a full-time worker due to start in early 2018. There was a health promotion plan based on national health campaigns. A recent well-being event, organised by the health care department, was a positive initiative and well attended. There were particularly good links with the gym, which supported prisoners with physical and mental health needs (see paragraph 3.8).
- 2.58** Accessible health promotion material was not widely available across the prison. Other than a recovery champion working with the DART, the prison had no health care representatives or peer workers. However, the Humber Pilots (see paragraph 2.2) were used informally to monitor concerns and share information.
- 2.59** Disease prevention and screening programmes available included flu vaccinations and screening for abdominal aortic aneurism, bowel cancer and blood-borne viruses. Sexual health services were good. Condoms were available but this was not widely advertised.
- 2.60** The health care department was supporting the prison to be smoke-free from January 2018 and smoking cessation clinics were well attended.
- 2.61** Prisoners were given health promotion advice on release during their discharge interview.

Primary care and inpatient services

- 2.62** Health screening of new arrivals on reception was well managed. Immediate need was identified early, and onward referral was generally timely (see paragraph 2.75), ensuring

prompt access to specialist follow up if required. Comprehensive secondary health assessments took place within 48 hours.

- 2.63** There was an appropriate range of primary care services, including physiotherapy. Waiting times were low, except for the GP, where waits for a routine appointment were up to two weeks. Urgent GP appointments were facilitated on the same day. Out-of-hours GP cover was provided to the same level as in the community.
- 2.64** Prisoners had complained about poor access to health services, and in our survey only 21% said it was easy to see a doctor. There was a new system to enable access for routine appointments, but it was too early to judge its effectiveness. Prisoners reporting sick could access health care through their wing officer and were seen the same day.
- 2.65** The primary care team offered some nurse-led clinics, including wound care. Prisoners with long-term conditions and complex health needs were overseen by nurses who liaised with the GP to ensure a coordinated approach. Prisoners were involved in the creation of their individual care plans, which were good, supported continuity of care and were based on national clinical guidance. Prisoners with palliative and end-of-life needs received personalised care.
- 2.66** Health care staff frequently visited prisoners on the wing when required. The non-attendance rate for most clinics was high. Information on those who did not attend was collected and analysed, with action taken to decrease the rate.
- 2.67** The primary care team used a 'virtual ward', which enabled them to provide regular support for their more complex prisoners and those of concern. These prisoners were discussed at each shift handover and seen regularly for welfare checks.
- 2.68** Prisoners had access to secondary care services. External hospital appointments were well managed, with good support from the prison.
- 2.69** Prisoners received pre-release assessments by a nurse to help them register with community health services.

Good practice

- 2.70** *The primary care team used a 'virtual ward' where they allocated prisoners of concern and those with complex needs. These prisoners were discussed at each handover and had regular welfare checks.*

Social care

- 2.71** Prisoners with social care needs were identified promptly, and coordinated working with East Riding of Yorkshire Council ensured prompt assessments by a qualified social worker. Three prisoners were in receipt of a care package at the time of our inspection.
- 2.72** Person-centred comprehensive care plans helped ensure that social care needs were met consistently by sufficiently trained and supervised staff. When required, equipment and adaptations were provided promptly and well maintained. Effective coordination ensured that care packages could be continued on release.

Mental health care

- 2.73** In our survey, 50% of prisoners reported they had mental health problems, but only 38% of those with mental health problems said they had been helped. The mental health team worked effectively with the prison, and engagement with ACCT reviews was good. Most custody staff had completed recent mental health training, either through the safer custody training or their prison officer training.
- 2.74** The small integrated mental health nursing team provided individual support for immediate needs but had high caseloads, and there were insufficient interventions to meet longer term needs. Skilled regular agency nurses filled staffing vacancies.
- 2.75** The referral and allocation process was generally prompt and effective; the mental health manager was addressing intermittent weaknesses in the reception referral process. Waiting times for routine nurse and psychiatrist appointments were reasonable at around two and nine weeks respectively, but those with urgent need were seen quickly.
- 2.76** The team was supporting 153 prisoners, including five under the care programme approach (CPA). Most prisoners were seen on the wings or in activities to improve engagement, but the lack of suitable therapeutic rooms remained a problem. Record keeping, including care planning, was generally satisfactory, but CPA reviews were not sufficiently multidisciplinary.
- 2.77** The counselling post had been vacant for six months but a new counsellor was being security cleared. There were no groups or psychological well-being practitioners, although there were plans for these interventions. Bereavement counselling was available through the chaplaincy (see paragraph 2.41). Two nurses were trained in psychological therapies, but could not consistently provide them as crisis management took priority.
- 2.78** Two prisoners had required transfer under the Mental Health Act in the past 13 months and both had experienced delays of four to five weeks due to external issues, including assessment and bed availability.
- 2.79** Pre-release planning for prisoners and engagement with community services were satisfactory.

Recommendations

- 2.80** **Prisoners with mental health problems should have prompt access to a comprehensive range of care-planned support that meets their identified needs, including one-to-one support, groupwork and psychologically informed interventions, provided in a safe and appropriate environment.**
- 2.81** **Prisoners requiring transfer under the Mental Health Act should be assessed and transferred within agreed Department of Health timescales.**

Substance misuse treatment¹⁴

- 2.82** In our survey, significantly more prisoners than the comparator, 40% against 25%, reported a drug problem on arrival, but only 41% against 62% said they had been helped with it. There had been a new drug strategy since October 2017 but it lacked a comprehensive action plan

¹⁴ In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

to drive its implementation. The agenda and timing of drug strategy meetings had recently changed to improve attendance and efficacy. The substance misuse team was well integrated with the prison, including effective participation in ACCT reviews.

- 2.83** CHCP provided the integrated psychosocial and clinical DART, including a small groupwork interventions team working across HMPs Hull and Humber. Provision had improved and was reasonably good, but staffing shortages meant access to groups was inadequate for most, and high caseloads limited the intensity of individual work.
- 2.84** Prisoner consultation and prison feedback informed service delivery, including evening and weekend wing-based clinics, and an intervention for prisoners who received a positive adjudication for synthetic cannabis as an alternative to a punishment.
- 2.85** DART was supporting 478 prisoners (44% of the population). Practitioners saw all new referrals promptly, provided induction groups for new arrivals, and saw those on their caseload regularly in accordance with need.
- 2.86** DART and the substance use and mental health nurses provided a 12-session group to support F wing prisoners reduce their opiate substitute dependence. All prisoners could access a range of mutual aid groups, including Narcotics Anonymous, Alcoholics Anonymous and self-management and recovery training (SMART), but the frequency did not meet the need. There had been only one prisoner recovery champion for many months, but recruitment was ongoing. There was no family work.
- 2.87** DART provided an excellent range of therapeutic interventions for residents on the recovery wing, but half the prisoners there were not in recovery and group participation was inconsistent.
- 2.88** Between a fifth and a quarter of all prisoners were on methadone and around 60% were maintained, mainly due to high numbers transferring in on methadone and forthcoming release dates. Waiting times for specialist prescribing appointments were short, including for those who used illicitly in the prison, although clinical monitoring when methadone was initiated was inadequate. DART clinical and psychosocial staff attended all prescribing reviews, and prisoners we spoke to confirmed prescribing was flexible. There were plans to pilot prescription of buprenorphine.
- 2.89** Case notes were appropriate and were on SystemOne (the clinical IT system), which improved continuity of care, but insufficient terminals and slow IT connections created inefficiencies (see paragraph 2.50).
- 2.90** Pre-release planning for prisoners with substance misuse needs was effective. A monthly pre-release group included a local community service (East Riding) on alternate months. A DART worker gave every prisoner harm reduction advice before release, which was commendable, but naloxone (opiate reversal agent) and the related training were not available.

Recommendations

- 2.91** **Prisoners with substance misuse issues should have easy access to a comprehensive range of interventions to meet their assessed needs, including groupwork, peer support, family work and clinical monitoring post-methadone initiation.**
- 2.92** **Prisoners who need it should have access to overdose training and a naloxone pack before their release.**

Good practice

- 2.93** *The provision of face-to-face harm reduction and overdose prevention to all prisoners before their release, including those not engaged with drug services, reduced their risk of overdose and substance misuse-related harm.*

Medicines optimisation and pharmacy services

- 2.94** Medicines were supplied by an in-house pharmacy. Prisoners could consult with the pharmacist at a weekly clinic and on request. There was no clinical oversight of prescribing.
- 2.95** Nurses completed in-possession medicines risk assessments as part of the reception for new arrivals. Approximately 64% of patients received their medicines in possession. Lockable storage for those who needed it was being installed. Not all in-possession risk assessments were reviewed regularly, but prisoners identified as at risk of self-harm were immediately reviewed. Spot checks were triggered by intelligence but were not routine practice.
- 2.96** Prisoners were encouraged to order external preparations and inhalers themselves, but pharmacy staff ordered all other medicines, which limited patient opportunity to take responsibility for their own care.
- 2.97** Prisoners had access to a range of medicines without seeing a doctor, and there was an appropriate range of up-to-date patient group directions (authorising appropriate health care professionals to supply and administer prescription-only medicine) to facilitate this. Prisoners could purchase paracetamol from the prison shop, but there was no attempt to monitor this.
- 2.98** Prison officers supervised all queues of prisoners waiting outside wing treatment areas for in-possession medication, supervised treatments and methadone administration.
- 2.99** Medicines management in the prison was generally safe, but storage and disposal of medicines on one wing did not meet requirements. Pharmacy staff did not routinely audit medicines management across the prison. Nursing staff recorded temperatures of fridges holding medications on most days, although one fridge had exceeded the maximum temperature for 27 days with no action taken.
- 2.100** Staff followed a range of up-to-date standard operating procedures that covered all aspects of dispensing. The pharmacist was on the local drugs and therapeutics committee. While incidents were reported, feedback was poor and learning was not disseminated effectively. Pharmacy staff were not routinely appraised.
- 2.101** There were systems to supply routine discharge medicines for prisoners on release, including short notice discharges.

Recommendations

- 2.102** **The in-possession medicines policy should be adhered to, particularly compliance checks and regular review of patient status.**
- 2.103** **All medicines should be stored appropriately and fridge temperatures recorded regularly, with remedial action taken when temperatures fall outside the required range of 2-8°C.**

Dental services and oral health

- 2.104** Prisoners had prompt access to emergency dental services, prioritised by clinical need. A full range of NHS-equivalent treatment were available, but waits for routine treatment were too long at around 10-12 weeks. An additional clinic to reduce this wait was having a positive effect. Oral health promotion was good.
- 2.105** The dental suite and separate decontamination room were clean, well stocked, and met current infection control standards. Dentistry equipment was well maintained and serviced regularly.

Recommendation

- 2.106 Prisoners should have access to routine dental appointments within six weeks.**

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 The core day provided some consistency for prisoners, and wing restrictions were rare. The published regime allowed full-time workers approximately nine hours a day out of cell on weekdays. Correct unlock and lock-up times were generally observed, except for afternoon movement to work where there was frequent minor slippage against the published times.
- 3.2 Unemployed prisoners on the basic level of the incentives and earned privileges (IEP) scheme could spend 23 hours a day locked in their cells, which was too long (see paragraph 1.7). Our roll checks during the working day showed an average of 36% of prisoners locked behind their doors, which was too many for a training prison. (See main recommendation S51.)
- 3.3 In our survey, 74% of prisoners said they could have exercise five times or more a week. However outside exercise was limited to 30 minutes, which was poor, and some prisoners occasionally received less than that. Exercise yards had benches and some exercise equipment.
- 3.4 The two libraries were run by East Riding of Yorkshire Council. Due to staffing shortages, the library in zone one was not open throughout the week, which restricted prisoner access. Although most prisoners could attend twice a week, sessions were compressed to a brief 30 minutes, and there was no flexibility if the regime slipped behind schedule. Literacy support was available through the Turning Pages programme. There was no analysis of library use by relevant characteristics, such as ethnicity or employment status.
- 3.5 The library stock was reasonably good, with a wide range of books and other materials to meet prisoners' diverse needs and abilities. Local newspapers were also available, and book exchanges were facilitated through the local council library service and nearby HMP Full Sutton. There was consultation with the education department to ensure the stock supported prisoners' needs and education curriculum. Stock loss rates were low.
- 3.6 There were two gyms which both contained a sports hall and a weights room with cardiovascular equipment. An outside pitch was occasionally used for activities such as rugby and walking football. The lighting in the zone two sports hall remained poor. Drinking water was available, and showers were in a reasonable condition with some privacy screening.
- 3.7 There was a thorough gym induction for all new arrivals, including manual handling and some elements of first aid. There was a regular planned programme of recreational PE sessions and healthy lifestyle activities, although one recreational PE session took place during the working day when we expect prisoners to be engaged in more purposeful activity. There was annual consultation with prisoners to inform delivery. There were currently no accredited PE courses due to staff shortages.

- 3.8** Prisoners on the basic level of the IEP scheme could only access one PE class a week, but access for other prisoners was good. However, PE staff did not make regular use of the available data to ensure equal access and to promote health and fitness to non-users. The department had good links with the health care department and substance misuse team, and tailored sessions were provided for referred prisoners. There was some innovative work with the prison doctor to help prisoners move away from long-term medication. There were specific sessions for prisoners over 55, and support for those on the smoking cessation programme. One prisoner was trained as a health trainer champion and could see prisoners outside of the gym and take some observations, such as weight, height, blood pressure and BMI levels.
- 3.9** The department had some good links with the local community. Some local teams attended for walking football matches, and there were also visits from colleges, universities and some schools. PE staff used a comprehensive spreadsheet linked to prisoner electronic records to ensure equality of access and promote health and fitness to non-users.

Recommendations

- 3.10 All prisoners should have at least one hour of exercise a day.**
- 3.11 The PE department should offer a range of accredited qualifications, and recreational gym should not be provided during the working day to prisoners who should be in education or work.**

Good practice

- 3.12** *The PE department's joint working with the health care team was impressive. PE staff provided tailored support for prisoners identified as most in need to promote their mental and physical health and well-being.*

Education, skills and work activities (Ofsted)¹⁵

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.¹⁶

3.13 *Ofsted made the following assessments about the learning and skills and work provision:*

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

Management of education, skills and work

- 3.14** The governor and senior managers had good strategy and partnership arrangements for learning and skills. They had reviewed the curriculum, making good use of labour market intelligence, to create progression routes for prisoners up to level 3 in subjects with potential for employment. Managers were developing very good links with local industry to secure contract work for the prison and encourage employers to consider employing prisoners after release. In one example, the prison worked with a local food manufacturing company to assist them recruit apprentices. Prison staff selected suitable candidates and coached them in job interview skills. The company had recruited several prisoners, enabling them to progress into an apprenticeship immediately on release.
- 3.15** Managers had successfully addressed weaknesses in prisoner allocation to work, and attendance and punctuality, which had all improved since the last inspection.
- 3.16** There were far too few activity places for the population. About a quarter of prisoners, over 250, had no activity, and many who did have jobs were underemployed. Around 180 were employed as wing cleaners, which generally did not involve a full working day. Over 200 prisoners worked in prison workshops where there was often insufficient work to keep them busy. Most of those enrolled in education could only attend part time. (See main recommendation S51.)
- 3.17** Many prisoners needed to improve their English and mathematics skills, but there was insufficient support for this in the workplace. As a result, many prisoners received poor preparation for employment after release.

¹⁵ 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.

¹⁶ In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

- 3.18** The prisoner pay policy did not incentivise their attendance in education, and the pay differential between work and education was a barrier to attending classes.
- 3.19** The education and vocational training provision from Novus was good. Most teaching was good, particularly in practical subjects, and prisoners who completed their courses achieved well. The Novus 'Across the Gate' programme was a successful job brokerage scheme that helped prisoners to get a job after release. Facilities for vocational training were very good.
- 3.20** Quality improvement procedures were underdeveloped. The prison's self-assessment report was based soundly on evidence, including the views of prisoners, and most judgements were accurate. However, the prison had not improved the teaching of English and mathematics, which was identified as a weakness at the last inspection. Managers had not yet implemented observation of teaching in prison workshops so did not have a basis for planning improvements in these areas.
- 3.21** The quality of the National Careers Service (NCS) provided by Careers Yorkshire and the Humber through their agent, Prospects, was good. Advisers interviewed prisoners at induction and worked with them to produce good skills action plans. Prisoners approaching release were offered further careers advice and continued NCS support in the community. NCS 'Inspirations' funds were used well to provide programmes to improve prisoners' confidence and motivation. However, NCS was not able to provide complete information on the job and learning outcomes achieved by prisoners, so the prison could not fully evaluate this work.

Recommendation

- 3.22** **The quality of teaching, learning and assessment should be evaluated accurately.**

Good practice

- 3.23** *The prison worked with a local food manufacturing company to help it recruit suitable candidates into apprenticeship places immediately on release.*

Quality of provision

- 3.24** Most teaching was good. Most teachers planned and delivered learning activities with clear objectives to meet individual needs. For example, in I-media (training in producing digital products for business) prisoners undertook different tasks depending on their existing skill level. Teachers were mindful of equality and diversity, and took opportunities to include them in their teaching.
- 3.25** Teaching, learning and assessment were good in vocational training. Prisoner mentors were deployed well to induct new prisoners into workshops and help them develop skills and confidence. Teachers devised interesting practical activities leading to rapid skills development.
- 3.26** Most teachers assessed work accurately and promptly, and gave prisoners helpful feedback and clear guidance for improvement. Prisoners on cleaning and catering courses received very good developmental feedback on written work, including spelling and grammar, which helped them to improve further.

- 3.27** Teachers on information technology courses recorded prisoners' progress well, using very effective documentation. However, teachers' monitoring of progress was not always good in other areas. Teachers reviewed targets regularly, but these were often too broad and focused on completion of course elements rather than individuals' learning.
- 3.28** Too much English and mathematics teaching required improvement. In many lessons, teachers relied on repetitive use of worksheets, and all prisoners did the same exercise whatever their level of skill. Teachers did not check learning sufficiently and prisoners made slow progress.
- 3.29** There were insufficient opportunities for prisoners working in prison workshops to gain qualifications to help them with employment after release. Most workshops did not offer vocational qualifications and, where they did, few prisoners took them. The 'Measuring Your Progress' scheme was a good new initiative to develop and record social and personal skills, but most prisoners were not yet engaged with it. Instructors did not make good use of the times when work had been completed to promote prisoners' development and achievement of qualifications.
- 3.30** The prison had introduced a well-equipped workshop for prisoners to develop computer and smartphone apps by writing computer code. Prisoners benefited from teaching by outside experts via electronic communication, as well as the prison's instructor. Prisoners worked enthusiastically, and were aware that they were developing skills that were in demand in the job market.
- 3.31** Support for prisoners with additional learning needs was effectively addressed in education classes, but was weak in most prison workshops and work areas. Prisoners were encouraged to identify any additional needs, but instructors did not always have the skills or resources to provide sufficient support.

Recommendations

- 3.32** **English and mathematics teachers should base learning activities on individual prisoners' needs to aid their progression.**
- 3.33** **All prisoners on work places should have the opportunity to achieve a qualification that will help them gain employment after release.**
- 3.34** **Instructors should be trained in identifying and supporting additional learning needs so that they can give prisoners appropriate support to develop new skills and achieve qualifications.**

Good practice

- 3.35** *The prison had introduced a workshop, including teaching by outside experts, where prisoners learned to develop computer and smartphone apps, and were learning skills that were in demand in the job market.*

Personal development and behaviour

- 3.36** The provision helped prisoners to develop their social employability skills and reduce their risk of reoffending. Workshops offered training relevant to local employment, and prisoners had good access to careers advice. Attendance and punctuality were mostly good, although

not always so in classroom subjects. Prisoners were well motivated, keen to learn, and respectful to each other and to staff.

- 3.37** Prisoners' confidence on training courses improved as they progressed. They could identify what they had done well and what they needed to improve, and were proud of their progress. In information technology classes, prisoners with no previous experience of computers said that learning basic tasks had helped them overcome their fear of computers.
- 3.38** In contract workshops, prisoners worked to commercial deadlines and standards. When there was enough work, prisoners showed good work ethic and behaviour. However, work shortage led to periods of idleness where they did not develop good work habits.
- 3.39** While prisoners in education gained an appropriate understanding of equality and diversity and the values of tolerance and respect, there was little evidence that these were promoted in workshop activities.
- 3.40** The Humber Pilot peer mentoring scheme (see paragraph 2.2) provided very good development for mentors. Mentors were well trained and took pride in the trust placed in them and the help they gave to other prisoners.

Recommendation

- 3.41** **Instructors should promote respect for diversity and tolerance to prisoners working in prison workshops.**

Outcomes and achievements

- 3.42** Achievement rates for prisoners receiving additional learning support were good. The 'Springboard' programme was effective in supporting prisoners with complex educational or mental health needs, encouraging them to progress on to mainstream courses. There were no significant differences in the achievement of different groups of prisoners.
- 3.43** Prisoners on vocational training courses generally made good progress from their starting points. Written work was generally good, and prisoners achieved high standards in practical work. Achievement rates on most vocational courses were high for those who completed them, though almost a fifth of prisoners withdrew before completion. Retention and pass rates on non-Offenders' Learning and Skills Services (OLASS) courses were excellent in 2016/17, and the number of enrolments on these courses was set to increase in 2017/18.
- 3.44** Pass rates for prisoners completing their courses in education, including in English and mathematics, were very good but withdrawal rates were too high. In 2016/17, almost a third of prisoners on English and mathematics courses left before completing them.

Recommendation

- 3.45** **Prison and Novus managers should investigate the reasons for the high drop-out rate from some education and training courses, and take steps to increase retention rates.**

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 Support for prisoners to maintain family ties had deteriorated since our last inspection, although there were still family visits. There was no longer a dedicated children and families team or any accredited parenting courses. Release on temporary licence (ROTL) had been used only once in the previous six months to assist family contact.
- 4.2 Visits sessions had been increased since our last visit. Visitors were reasonably positive about the ease of booking visits. The visitors' centre was cold and unwelcoming with little information and facilities for visitors, including children. The contract for children and family provision at the establishment had recently moved to the Lincolnshire Action Trust, which was aware of these issues and intended to address them. Visitors we spoke to were reasonably positive about their visits experience, although some said they needed to book in early at the visitors' centre to guarantee a full visit.
- 4.3 Visitors were moved promptly into the visits hall; searching was respectful, and considerate to children. The visits room was reasonably relaxed and comfortable. Prisoners attending visits could wear their own clothes and did not have to wear a bib. There was a variety of refreshments available, and orderlies helped to assist visitors. There were some toys for children but the play area was unsupervised. There were 10 closed visit booths, which were in reasonable condition.
- 4.4 During our inspection, we became aware of some individual cases which demonstrated impressive care and compassion for prisoners and promoted family engagement in some particularly difficult circumstances. For example, a child with special needs was able to take a visit in a more appropriate area, and the child of one prisoner was allowed to visit him daily while he was treated at an outside hospital.
- 4.5 In our survey, 75% of prisoners said they had problems sending or receiving mail, which was more than the comparator of 43% and 53% at the previous inspection. The policy of photocopying all prisoner mail seemed to have caused some backlog (see paragraph 1.29), although this had been cleared by the time of our inspection. There were sufficient telephones on residential units offering some privacy. In our survey, 95% of prisoners said they could use the telephones daily. Visiting orders could be exchanged for telephone credit on request.

Recommendation

- 4.6 The prison should support family engagement by re-introducing parenting and relationship courses, ensuring that all visits are for the full allotted time, and providing better resources and activities for visiting children.**

Reducing risk, rehabilitation and progression

Expected outcomes:

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

- 4.7** The reducing reoffending strategy and policy, dated May 2016, was relevant to the prison's work. The bimonthly strategy group was well attended, and minutes indicated detailed discussions. There had been a prisoner needs analysis in July 2017, which focused appropriately on the resettlement pathways and related work. It had led to several recommendations that were being incorporated into the strategic approach.
- 4.8** There continued to be a backlog of OASys (offender assessment system) assessments with 168 currently missing or out of date. Around two-thirds of these were the responsibility of the prison. The prison had prioritised prisoners identified as requiring access to an intervention or due a review, for example, for home detention curfew, HDC, or recategorisation. There was a process to chase up reports with the National Probation Service. Nevertheless, up to half of new arrivals had a missing or out-of-date assessment. As a result, offender management unit (OMU) staff were being diverted into a task that should have been completed before the prisoner had transferred in, and had less time to work with prisoners.
- 4.9** All new arrivals were seen by one of the four Shelter-trained peer advisers, who discussed any outstanding concerns on resettlement and release. Shelter staff were available to pick up outstanding issues or make a referral to another provider. Prisoners were also seen by an offender supervisor, usually within 10 days. However, there was confusion about the focus of this contact, which offender supervisors often referred to as an 'immediate needs assessment', setting targets for prisoners. While some of these targets linked appropriately to already agreed sentence plan targets, or even the resettlement plan agreed with the community rehabilitation company (CRC)¹⁷ and delivered by Shelter, most of those we saw bore little relation to previously agreed work, and were often too broad to be meaningful. Examples of such targets included 'display pro-social behaviour' or 'improve educational or vocational skills and improve employment opportunities'.
- 4.10** We analysed in detail the cases of 16 prisoners managed through the prison's OMU; these were a combination of high and medium risk of harm cases. A further 18 cases were examined in less detail, primarily prisoners due to be released within the next four weeks. Other cases also examined concerned specific activity, including HDC reviews, recategorisation, MAPPA (multi-agency public protection arrangements) reviews and parole.
- 4.11** The standard of completed OASys was generally good. Risk assessments and risk of harm plans were usually completed well, although sentence plans were more variable. Most of those completed by the National Probation Service, usually for high and very high risk of

¹⁷ Since May 2015 rehabilitation services, both in custody and after release, have been organised through CRCs which are responsible for work with medium- and low-risk offenders. The national probation service has maintained responsibility for high- and very high-risk offenders.

harm cases, focused appropriately on setting targets to reduce risk. Sentence plan targets for lower risk prisoners were, in many cases, too broad and less focused on risk reduction. However, it was positive that in our survey, 87% of prisoners who said they had a custody plan knew what they needed to do to achieve their targets.

- 4.12** The OMU consisted of seven probation and 11 officer offender supervisors. At the time of the inspection, due to vacancies, there were 5.5 probation officers and 10 officers. Caseloads were high; probation officers currently carried around 60 cases each, including the more complex high and very high risk of harm cases and all indeterminate sentence prisoners. Officer caseloads varied in line with their experience but in some cases, we were told, exceeded 80. The prison population was complex and challenging with 40% serving over four years. A further 10% were serving indeterminate sentences.
- 4.13** The role of the offender supervisor remained unclear. In too many of the cases we looked at, their contact with prisoners was infrequent and tended to be on practical issues, such as recategorisation or HDC reviews, and rarely about addressing risk reduction. In many cases, this reflected the broad nature of sentence plan targets. Although we were told that the minimum contact was once every three months, we saw many examples where it was less frequent than this. Offender supervisors usually saw the prisoners they were responsible for if they were held in segregation and/or were subject to at-risk case management. The introduction of wing surgeries had also helped address the many practical concerns of prisoners. Contact by probation offender supervisors tended to be more frequent and focused on addressing risk and offending behaviour.
- 4.14** For some prisoners, including those assessed as a low risk of harm, the infrequency of offender management contact was appropriate, but we were concerned that 88 high risk of harm prisoners were allocated to officer offender supervisors without any clear expectation that they would be prioritised for contact or engagement. There was also insufficient management oversight of these prisoners. Officer offender supervisors, unlike their probation counterparts, did not receive regular casework supervision, and their casework was not regularly scrutinised. Despite these concerns, we were assured that high risk of harm prisoners were prioritised for interventions (see section below).
- 4.15** At the time of the inspection, 190 prisoners were subject to child protection restrictions and 200 to restrictions due to harassment and had restraining orders against them. The prison had appropriate systems to identify these men, who were all reviewed through the weekly inter-departmental risk management team (IDRMT) meeting. The board was managed by the part-time senior probation officer or one of her experienced probation staff. There was often, although not always, representation from security and the police. It was rare for other departments to be represented, although given that the focus of the meeting was almost exclusively on monitoring mail and/or telephones, this was sufficient.
- 4.16** The identification, monitoring and scrutiny of prisoners subject to MAPPAs was insufficient. Although new arrivals were checked to establish their MAPPA level, this was not always known, or decided, and there were no routine checks in the run up to release. The prison relied on the community responsible officer making contact and requesting a report (MAPPA F) if the prisoner was to be managed as a multi-agency case on the higher levels. If no request was received it was assumed the case would be managed as a level one (lower risk). There was no multidisciplinary oversight by the prison to ensure all necessary information was shared with the community or to act as a safety net with high risk prisoners. This was of concern given the number of cases managed by officer offender supervisors with limited experience. Despite these risks, we found no examples of prisoners released so far without pre-release overview by the community responsible officer.
- 4.17** Recategorisation and HDC arrangements were adequate. In the previous six months, 219 prisoners had been considered for HDC with 47 (21%) successful. Although this number was

lower than we usually see, the case decisions we reviewed were appropriate and well managed. There were still delays in receiving reports from community responsible officers, despite a recent national change and single point of referral intended to reduce regional variation in response times for report requests. The use of ROTL had reduced significantly and only two men had been released on temporary licence in the previous six months.

- 4.18** Prisoner categorisation reviews took place promptly. Decisions were appropriate and defensible, and prisoners were informed of the outcome. However, excessively broad sentence plan targets meant that prisoners could achieve them without reducing their risk of harm or reoffending. The closure of the category D unit since the last inspection meant that there were now few advantages for category D prisoners at Humber, and most men downgraded to a lower category were transferred to open conditions with a few delays.
- 4.19** The prison held 75 indeterminate sentence prisoners, including 33 for public protection. This was substantially fewer than the 106 held at our last inspection and reflected the limited opportunities for indeterminate prisoners to make progress. Although all indeterminate prisoners were allocated to one of the probation offender supervisors, there was little specifically for this group. However, a specialist indeterminate prisoner progression unit was due to open at Humber in March 2018, which was a promising initiative.

Recommendations

- 4.20 Prisoners should only be transferred to HMP Humber if they have an up-to-date OASys assessment.**
- 4.21 Sentence plan targets should be specific and aimed at reducing the prisoner's identified risks.**
- 4.22 All prisoners due for release and subject to MAPPA should be reviewed and managed through the public protection meetings.**
- 4.23 The level of contact by offender supervisors with prisoners beyond sentence planning and OASys reviews should be agreed and monitored to ensure consistency.**
- 4.24 Casework, professional supervision and personal development should be provided to all offender supervisors, whatever their professional background.**

Interventions

Expected outcomes:

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

- 4.25** The prison delivered two accredited offending behaviour programmes: the Thinking Skills Programme (TSP), designed to address distorted thinking associated with offending, and Resolve (addressing violence). There was a combined annual target of 90 prisoner completions. The prison also delivered the Sycamore Tree victim awareness programme through the chaplaincy four times a year (see paragraph 2.41). The drug and alcohol awareness team provided courses addressing addictions (see paragraph 2.86).
- 4.26** There was little individual interventions work with prisoners. Although we came across references to a 'victim awareness booklet' that some officer offender supervisors were giving prisoners to complete, these were not used systematically or subject to any oversight, and it

was not clear how they were being used or if any benefit was derived. We saw some focused individual work with prisoners nearing a parole hearing, invariably undertaken by probation offender supervisors.

- 4.27** There was still no programme or strategy to manage prisoners with a current or background history of perpetrating domestic abuse. The recent needs analysis looked at provision, and its need, for prisoners as the victims of domestic violence but not specifically as perpetrators. Given that almost one in five prisoners (200 out of 1,062) were subject to a restraining order, this appeared a significant unmet need.
- 4.28** There was a substantial demand for advice and support to find accommodation for prisoners approaching release. Shelter staff saw prisoners in their last three months in custody, although in many cases they had far less time than this when they arrived at Humber. Although there were considerable efforts to find accommodation for men, especially in sheltered housing projects, around 15%, were still leaving custody without an address to go to. This reflected the national shortage of appropriate accommodation for prisoners leaving custody. However, it was rare for prisoners to leave without some form of support, even if it was only a referral to homeless units. There was no formal follow-up of those released and so the long-term effectiveness of the support offered was not known.
- 4.29** In the prison's needs analysis, 40% of those completing the survey said they had debt, yet the number coming forward to seek advice was significantly lower than this (estimated at around 10 prisoners a month). Peer advisers could give basic advice about contacting creditors, and Shelter staff managed more complex needs. Shelter also ran a money management workshop each month, and helped prisoners to obtain identification cards and open bank accounts.
- 4.30** Although Shelter staff asked all prisoners while compiling resettlement plans if they had worked in the sex industry or been the victim of domestic abuse, it was rare that anyone said they were. This contrasted with the prison's needs analysis in which around 5% of respondents said they had been paid for sex and 16% had been the victim of domestic violence. There was currently no formal support in the prison for either group.

Recommendations

- 4.31** **There should be a suitable range and number of offending behaviour programmes to meet the needs of prisoners.**
- 4.32** **The prison should follow up prisoners released without a specific address, and use outcomes from this data to inform service development.**
- 4.33** **The prison should develop a policy to address domestic violence that ensures that perpetrators are identified and risk of reoffending is addressed, including any child protection concerns.**
- 4.34** **The prison should identify and publicise support available in custody for prisoners who have worked in the sex industry and/or have been the victim of domestic abuse.**

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.

- 4.35** The prison had released an average of 88 prisoners a month in the previous six months. Virtually all prisoners were seen by one of the Shelter resettlement workers in the last three months of their sentence. Some prisoners arrived at the prison with considerably less than three months left to serve, which made resettlement planning difficult. Despite this, resettlement plans were generally good. Most covered the key issues and included comprehensive details of the prisoner's plans. There was good follow-up of cases requiring further work, and resettlement plans were always copied to the responsible officer in the community as well as the offender supervisor, where appropriate.
- 4.36** Communication and integration of resettlement work with other departments and service providers was, however, variable. Although there was often reference to prisoners being in contact with, for instance, the substance misuse team or mental health services, no detail was provided. We were told that not all departments made notes on the electronic prisoner case note system, and that there was no formal mechanism to obtain feedback. In some cases, this undermined the effectiveness and usefulness of the resettlement plans. It was also not always clear whether offender supervisors or Shelter staff were responsible for aspects of liaison and release planning. The prison planned to introduce resettlement boards for some complex prisoners to ensure contributions from relevant departments.
- 4.37** There was some 'meet-at-the gate' and mentoring support after release from different organisations, but the number of men benefiting was low.
- 4.38** Practical arrangements for release were reasonable. There were laundering facilities in reception and appropriate bags were provided for property if prisoners did not have their own. Discharge arrangements were appropriate, with details of licence conditions reviewed with prisoners at the point of release.

Recommendations

- 4.39** **Procedures for liaison between the prison and responsible officers in the community should ensure that all relevant information about a prisoner's progress and ongoing need is shared.**
- 4.40** **Mentoring and meet-at-the-gate support services should be developed to meet the needs of prisoners.**

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 governance of use of force should provide assurance that it is always used as a last resort. All planned interventions should be filmed and reviewed, and all documentation completed. Lessons should be learned and disseminated to improve practice. (S49)
- 5.2 The prison should develop, implement and dynamically review a comprehensive drug supply reduction action plan. Required responses to intelligence should be completed promptly, with all prisoners suspected of taking drugs being tested within required timescales. (S50)
- 5.3 All prisoners of working age should have a full-time programme of activity that keeps them purposefully occupied and helps to prepare them for release into the community. (S51)

Recommendations

To HMPPS

- 5.4 The national equality monitoring tool should cover all protected characteristics and produce data that is not more than a month old. (2.30)
- 5.5 Prisoners should only be transferred to HMP Humber if they have an up-to-date OASys assessment. (4.20)

Recommendations

To the governor

Early days in custody

- 5.6 Reception and first night staff should thoroughly assess the immediate needs and vulnerabilities of new arrivals and ensure that adequate support is offered. First night centre staff should be aware of all new arrivals and check on them regularly through the night. (1.6)

Managing behaviour

- 5.7 Officers should issue written incentives and earned privileges warnings and information about appealing downgrades to prisoners. (1.12)
- 5.8 The prison should survey prisoners' perceptions of safety annually, and use the results to inform the strategic management of violence reduction. (1.13)
- 5.9 Perpetrators of violence should receive support to change their behaviour. (1.14)

Security

- 5.10** Adjudicators should regularly and consistently analyse data to ensure that the adjudication process fully supports discipline in the establishment and to promote best practice. (1.16, repeated recommendation 1.53)
- 5.11** Prisoners should only be handcuffed during escort to hospital following an assessment of individual risk. (1.32)
- 5.12** The practice of photocopying all prisoner mail should be reviewed to ensure that it remains proportionate and is effective. (1.33)

Safeguarding

- 5.13** Actions identified by the safer custody meeting should be clearly communicated to unit staff to ensure a consistent approach and application. (1.38)
- 5.14** The prison should explore and address prisoners' negative perceptions of access to Listeners to ensure they have confidence in the scheme and can access Listeners when requested. (1.39)
- 5.15** The prison should have a designated safeguarding lead who should be an active member of the local safeguarding adults board. All staff should be trained in safeguarding policy and procedures. (1.41)

Daily life

- 5.16** Mentors employed by the Humber Pilot scheme should have routine staff oversight, support and supervision to ensure a safe and appropriate service. (2.3)
- 5.17** Prisoners should not be held in overcrowded conditions. (2.9)
- 5.18** Toilets in cells should be adequately screened, and prisoners should have access to clean bedding weekly. (2.10)
- 5.19** Officers should respond to cell bells promptly, and the timeliness of responses should be monitored and action taken to address delays. (2.11)
- 5.20** Prisoners should be provided with adequate portions at all mealtimes. (2.15)
- 5.21** New arrivals should be able to obtain a first shop order promptly after arrival. (2.16)
- 5.22** Prisoner consultation meetings should be more representative of the general prison population. Minutes of the meeting should identify clear action points and show whether they have been achieved. (2.21)

Equality, diversity and faith

- 5.23** The equality strategy and action plan should outline how the needs of all protected groups will be addressed, and be underpinned by information obtained from consultation. Staff should have sufficient time to implement the action plan. (2.28)
- 5.24** Discrimination incident reporting forms should be freely available on all residential units. (2.29)

- 5.25** There should be a paid carer scheme to support prisoners with disabilities who need extra support, and all staff should be aware of the personal emergency evacuation plan system. (2.38)
- 5.26** Buddhist and Rastafarian chaplains should be available for prisoners who follow those faiths. (2.44)

Health, well-being and social care

- 5.27** The health care provider should routinely gather and analyse prisoners' views on health care to support service development. (2.54)
- 5.28** Waiting areas in the health care centres should be furnished appropriately and cleaned regularly. (2.55)
- 5.29** Emergency resuscitation equipment should be kept in good order, with regular documented checks. (2.56)
- 5.30** Prisoners with mental health problems should have prompt access to a comprehensive range of care-planned support that meets their identified needs, including one-to-one support, groupwork and psychologically informed interventions, provided in a safe and appropriate environment. (2.80)
- 5.31** Prisoners requiring transfer under the Mental Health Act should be assessed and transferred within agreed Department of Health timescales. (2.81)
- 5.32** Prisoners with substance misuse issues should have easy access to a comprehensive range of interventions to meet their assessed needs, including groupwork, peer support, family work and clinical monitoring post-methadone initiation. (2.91)
- 5.33** Prisoners who need it should have access to overdose training and a naloxone pack before their release. (2.92)
- 5.34** The in-possession medicines policy should be adhered to, particularly compliance checks and regular review of patient status. (2.102)
- 5.35** All medicines should be stored appropriately and fridge temperatures recorded regularly, with remedial action taken when temperatures fall outside the required range of 2-8°C. (2.103)
- 5.36** Prisoners should have access to routine dental appointments within six weeks. (2.106)

Time out of cell

- 5.37** All prisoners should have at least one hour of exercise a day. (3.10)
- 5.38** The PE department should offer a range of accredited qualifications, and recreational gym should not be provided during the working day to prisoners who should be in education or work. (3.11)

Education, skills and work activities

- 5.39** The quality of teaching, learning and assessment should be evaluated accurately. (3.22)
- 5.40** English and mathematics teachers should base learning activities on individual prisoners' needs to aid their progression. (3.32)
- 5.41** All prisoners on work places should have the opportunity to achieve a qualification that will help them gain employment after release. (3.33)
- 5.42** Instructors should be trained in identifying and supporting additional learning needs so that they can give prisoners appropriate support to develop new skills and achieve qualifications. (3.34)
- 5.43** Instructors should promote respect for diversity and tolerance to prisoners working in prison workshops. (3.41)
- 5.44** Prison and Novus managers should investigate the reasons for the high drop-out rate from some education and training courses, and take steps to increase retention rates. (3.45)

Children and families and contact with the outside world

- 5.45** The prison should support family engagement by re-introducing parenting and relationship courses, ensuring that all visits are for the full allotted time, and providing better resources and activities for visiting children. (4.6)

Reducing risk, rehabilitation and progression

- 5.46** Sentence plan targets should be specific and aimed at reducing the prisoner's identified risks. (4.21)
- 5.47** All prisoners due for release and subject to MAPPA should be reviewed and managed through the public protection meetings. (4.22)
- 5.48** The level of contact by offender supervisors with prisoners beyond sentence planning and OASys reviews should be agreed and monitored to ensure consistency. (4.23)
- 5.49** Casework, professional supervision and personal development should be provided to all offender supervisors, whatever their professional background. (4.24)

Interventions

- 5.50** There should be a suitable range and number of offending behaviour programmes to meet the needs of prisoners. (4.31)
- 5.51** The prison should follow up prisoners released without a specific address, and use outcomes from this data to inform service development. (4.32)
- 5.52** The prison should develop a policy to address domestic violence that ensures that perpetrators are identified and risk of reoffending is addressed, including any child protection concerns. (4.33)
- 5.53** The prison should identify and publicise support available in custody for prisoners who have worked in the sex industry and/or have been the victim of domestic abuse. (4.34)

Release planning

- 5.54** Procedures for liaison between the prison and responsible officers in the community should ensure that all relevant information about a prisoner's progress and ongoing need is shared. (4.39)
- 5.55** Mentoring and meet-at-the-gate support services should be developed to meet the needs of prisoners. (4.40)

Examples of good practice

- 5.56** Prisoners who were found guilty for the first time of taking drugs were given a suspended punishment and referred to the drug and alcohol recovery team for intervention. (1.17)
- 5.57** The primary care team used a 'virtual ward' where they allocated prisoners of concern and those with complex needs. These prisoners were discussed at each handover and had regular welfare checks. (2.70)
- 5.58** The provision of face-to-face harm reduction and overdose prevention to all prisoners before their release, including those not engaged with drug services, reduced their risk of overdose and substance misuse-related harm. (2.93)
- 5.59** The PE department's joint working with the health care team was impressive. PE staff provided tailored support for prisoners identified as most in need to promote their mental and physical health and well-being. (3.12)
- 5.60** The prison worked with a local food manufacturing company to help it recruit suitable candidates into apprenticeship places immediately on release. (3.23)
- 5.61** The prison had introduced a workshop, including teaching by outside experts, where prisoners learned to develop computer and smartphone apps, and were learning skills that were in demand in the job market. (3.35)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector of prisons
Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Fionnuala Gordon	Inspector
Keith McInnis	Inspector
Tamara Pattinson	Inspector
Kam Sarai	Inspector
Anna Fenton	Researcher
Helen Ranns	Researcher
Emily Spilman	Researcher
Patricia Taflan	Researcher
Beth Wilson	Researcher
Elizabeth Walsh	Lead health and social care inspector
Majella Pearce	Health and social care inspector
Tony Kirk	HMI Probation inspector
Fiona Atkinson	Care Quality Commission
Carson Black	Care Quality Commission, dental adviser
Lynda Day	Care Quality Commission
Gary Turney	Care Quality Commission
Marina Gaze	Ofsted inspector
Steve Oliver-Watts	Ofsted inspector
Allan Shaw	Ofsted 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 2015, prisoners told us they were treated well by escort staff. Reception, first night and induction arrangements were generally good. Procedures to keep prisoners safe were seriously underdeveloped, although fewer than the comparator reported feeling unsafe at some time in the prison. There had been a number of serious incidents and assaults on staff were high. The quality of care provided to most men on ACCTs¹⁸ was now reasonably good. Most security arrangements were proportionate but more needed to be done to address the challenges of high availability and use of drugs. Incentives and earned privileges (IEP) were being used to encourage positive behaviour but the scheme was not always applied and the regime for basic level prisoners was too limited. Some adjudications could have been better dealt with through the IEP scheme. The segregation environment was reasonable and relationships were good, but the regime was very poor. Use of force was high and oversight needed improvement. Substance misuse support was developing. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

The violence reduction strategy should establish a multi-disciplinary approach to tackling anti-social behaviour and ensure managers provide the support and supervision required to help staff robustly and promptly challenge poor behaviour and provide pro-active, co-ordinated support to victims. (S45)

Partially achieved

The governance of use of force should provide assurance that the use of force was always proportionate and a last resort. This should include ensuring handcuffs are only used after dynamic risk assessment, planned interventions are routinely filmed and reviewed, and all documentation is completed. (S46)

Not achieved

Recommendations

Initial safety screening interviews should be conducted in private. (1.9)

Achieved

¹⁸ Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

All first night cells should be clean and fully prepared for new arrivals. (I.10)

Achieved

First night staff should know the location of newly arrived prisoners and should provide them with additional support as required. (I.11)

Not achieved

The first night wing should not be used to reintegrate men from segregation. (I.12)

Achieved

Regular prisoner safety surveys should be used to inform the strategy, and safety should be given a high profile at prisoner forums. (I.21)

Achieved

Written observations in ACCT documents should indicate engagement with the prisoner in all cases and night observations should not be predictable. (I.28)

Achieved

Prisoners on an open ACCT should be held in segregation only in exceptional circumstances which can be clearly demonstrated. (I.29)

Achieved

Prisoners should have 24-hour access to Listeners. (I.30)

Not achieved

Awareness training in safeguarding adults should be delivered to all staff. (I.35)

Not achieved

Intelligence-led searching should be conducted promptly. (I.42)

Achieved

A coordinated, prison-wide approach should be taken to supply reduction and the supply reduction strategy should be fully implemented. (I.43)

Partially achieved

Closed visits should only be authorised when supported by intelligence related to trafficking through visits. (I.44)

Achieved

The IEP policy should be applied consistently and a decision to downgrade a prisoner should always be based on a formal, recorded review. (I.49)

Achieved

Prisoners on the basic level of the incentives and earned privileges scheme should have individual progression targets, with sufficient opportunity to demonstrate improvements in behaviour. (I.50)

Achieved

Adjudicators should regularly and consistently analyse data to ensure that the adjudication process fully supports discipline in the establishment and to promote best practice. (I.53)

Not achieved (recommendation repeated, I.16)

Special accommodation and rip-proof clothing should only be used as a last resort and signed authority should be retained. (I.58)

Not achieved

Good order or discipline reviews and care and reintegration planning should be personalised and focused on the prisoner's reintegration into the prison. (1.62)

Achieved

Cells in the segregation unit should be kept clean and well maintained, and the regime for prisoners should be enhanced, including access to a daily shower and in-cell work. (1.63)

Achieved

The substance misuse strategy should be updated, contain detailed development targets and be informed by a comprehensive needs analysis. Representatives from all relevant departments should meet regularly to implement and oversee the strategy and ensure coordinated working. (1.72)

Partially achieved

Substance misuse services should be developed to meet the identified needs of the population and include structured interventions, peer support and the provision of designated recovery units. (1.73)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2015, living conditions were reasonable, although some areas were dirty. Some single cells used for two prisoners were very cramped. Prisoners faced daily frustration obtaining basic services and the applications process was poor. However, prisoners reported positively on relationships with staff. We observed decent interactions, although some poor prisoner behaviour needed to be more actively challenged. Equality and diversity work did not demonstrate that all outcomes were equitable. Faith provision was good. The management of complaints was improving. Prisoners were positive about access to legal services. The new health care provider was developing and delivering safe and responsive services. Food was reasonable but there were delays in prisoners receiving their first full canteen order. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

All communal showers and in-cell toilets should be clean and toilets should be screened to improve privacy. All cells should have curtains at windows and furniture that is fit for purpose. (2.8)

Not achieved

All prisoners should have an adequate supply of prison-issue clothing and bedding each week. (2.9)

Not achieved

The application system should be improved to ensure that a response is always received. (2.10)

Partially achieved

Incoming mail should be delivered to prisoners on the day it is received in the prison. (2.11)

Not achieved

Personal officers should meet their allocated prisoners regularly, participate in reviews and make detailed entries on NOMIS. Regular management oversight should be in place. (2.17)

Partially achieved

There should be monthly data collection and analysis to monitor the fairness of key prison processes. The data should be widely published, discussed with prisoners and actions should be taken where necessary. (2.27)

Not achieved

Staff should use comprehensive and multidisciplinary care plans, which include some structured activity wherever possible, to care for older men or men with disabilities. (2.34)

Not achieved

Chaplains should contribute to ACCT reviews whenever possible and to sentence planning processes for prisoners they know well. (2.39)

Achieved

All prison staff should receive basic life support training, including use of the automated defibrillator, to ensure they are confident to respond to any emergency. (2.62)

Not achieved

Nurses should routinely attend all use of force incidents and should be notified in advance of planned use of force. (2.63)

Achieved

There should be a designated nurse to lead on the care of older prisoners and prisoners with disabilities. (2.64)

Achieved

Prisoners with long-term conditions should be identified and reviewed in a formal and systematic way in line with community procedures. (2.73)

Partially achieved

There should be a robust and timely in-possession risk assessment of each prisoner against each medicine to ensure potentially tradable medicines are correctly managed. Application of the policy should be adhered to and reasons for any decision clearly recorded. (2.86)

Partially achieved

Medicines should only be administered from rooms with running water and hand washing facilities and access to SystmOne. There should be vigilant observation by nurses of each prisoner while he takes his medicine and care should be taken by prison staff to ensure confidentiality. (2.87)

Achieved

The pharmacist should provide pharmacy advice clinics and prescribing reviews and should consider contributing to the in-possession risk assessments. (2.88)

Achieved

Prisoners should have access to lockable cupboards in their cells to enable secure storage of their medicines. (2.89)

Not achieved

Dental triage by primary care nurses should be developed to ensure prisoners are prioritised effectively at all times. (2.97)

Achieved

An assessment of mental health needs should be completed to ensure that the new service model and staffing profile meet the needs of the population. (2.109)

Partially achieved

Prison staff should be trained in mental health awareness to enable them to deal appropriately with prisoners and to be alert to significant behavioural changes. (2.110)

Partially achieved

Prisoners should be provided with an adequate breakfast. (2.120)

Not achieved

Regular consultation with black and minority ethnic prisoners should inform the range of goods sold by the prison shop. (2.127)

Achieved

Prisoners should be able to buy goods through on-line catalogues. (2.128)

Achieved

Purposeful activity

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

At the last inspection in 2015, prisoners had a good amount of time out of cell and there was little slippage in the regime. There were not enough activity places for all prisoners, and those available were not fully used. As a consequence, too many men were unemployed which added to control problems. There was a clear commitment by senior managers to develop additional provision to support the resettlement aims of the prison. The range of provision was good but some aspects of leadership and management of learning and skills required improvement. The allocation process was unfair and the quality of the activities varied. Achievements were generally good, but outcomes in some areas of basic skills were poor. The library and gym were mostly good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

All prisoners of working age should have a full-time programme of activity which keeps them purposefully occupied and helps to prepare them for release into the community. (S47)

Not achieved

Recommendations

The self-assessment and quality improvement procedures should continue to be developed, and actions and targets should be prioritised, specific and time bound. (3.12)

Partially achieved

Prisoners should attend allocated activities and should arrive on time. (3.13)

Partially achieved

All prisoners of working age should have a full-time programme of activity. (3.19)

Not achieved

Teaching, learning and assessment to support and improve English and mathematics skills should be delivered to prisoners in the workplace. (3.20)

Partially achieved

The 'Employability Training Passport' should be implemented across the whole prison to the benefit of all prisoners. (3.21)

Not achieved

The quality of teaching, learning and assessment should be improved to support prisoners to achieve and develop the most appropriate skills across all activities. (3.27)

Achieved

Tutors should set specific targets in individual learning plans to accelerate each learner's progress. (3.28)

Partially achieved

The success rates in English at levels 1 and 2 and mathematics at level 1 should be improved. (3.32)

Achieved

Library staff should participate in the prisoners' induction programme. (3.35)

Achieved

Outdoor sports facilities should be provided. (3.41)

Achieved

The PE department should offer a range of accredited qualifications. (3.42)

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 2015, strategic management of resettlement required improvement, and the needs of all the groups held were not fully understood. Community Rehabilitation Company (CRC) arrangements were still bedding in and it was too early to gauge their effectiveness. Use of release on temporary licence (ROTL) was good. Offender management arrangements were not consistent and there were delays in some key assessments. There was not enough contact between prisoners and offender supervisors. Public protection work was good. Management of home detention curfew (HDC) was generally good but little was done to support indeterminate sentence prisoners. Categorisation reviews were robust, but an excessively risk-averse approach was sometimes adopted and moves to open prisons were too often delayed. Reintegration work was reasonable and support in the reducing reoffending pathways was mostly good. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

All prisoners should have a sentence plan based on a comprehensive assessment of need and risk. They should be supported to achieve targets by regular contact with and oversight by their offender supervisor. (S48)

Partially achieved

Recommendations

A comprehensive resettlement needs analysis should be carried out and used to inform the provision of resettlement services. (4.7)

Achieved

Opportunities for release on temporary licence should be available to a wider range of prisoners while continuing to ensure that the requirements of public protection are met. (4.8)

Not achieved

Offender supervisors should receive feedback on the quality of their work and appropriate support in improving performance. (4.17)

Not achieved

Risk assessments for HDC and categorisation should be proportionate and prisoners should be set targets to help them progress. (4.18)

Achieved

Prisoners suitable for open conditions should be transferred promptly. (4.23)

Achieved

There should be planned provision to meet the needs of indeterminate sentence prisoners. (4.26)

Partially achieved

Prison managers and CRC partners should ensure that reintegration planning arrangements meet the needs of all prisoners. Available assessments, contact with new prisoners and links with community supervision should be used to develop resettlement plans. (4.33)

Partially achieved

Resettlement workers should meet prisoners in a suitable area with adequate facilities, including access to telephones and IT. (4.34)

Partially achieved

Prisoners should be able to obtain identity cards and open bank accounts before release. (4.44)

Achieved

The deficiencies in the provision of visits should be addressed, particularly the size of the visitors' centre. (4.49)

Partially achieved

The need for a programme to address violence in relationships should be evaluated and, if the need is established, provided. (4.54)

Not achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notices

Provider: City Health Partnership CIC

Location: HMP Humber

Location ID: 1-2076222918

Regulated activities: Treatment of disease, disorder, or injury, Diagnostic and screening and Surgical procedures.

Action we have told the provider to take

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

Regulation 17-Good Governance

17.-(2) (a): assess, monitor and improve quality and safety of the services provided in the carrying on of the regulated activity.

How the regulation was not being met:

We had concerns that a robust system of governance was not embedded to monitor the safety, effectiveness and quality of service provision with regards to medicines management. In particular to ensure that appropriate processes and procedures were being followed by all staff in relation to adherence to the cold chain and safe storage of medicines. For example, no safe and secure storage audit had been undertaken.

The storage and disposal of medicines in one of the administration rooms did not meet requirements. Many medicines were found out of their blister packs loose on the floor, in a cupboard and behind appliances. This included medicines such as, Zopiclone, Pregabalin, Levetiracetam and others that were unidentifiable.

We found in one administration room, that whilst medicine fridge storage temperatures had been recorded, no action was taken when these temperatures fell outside the required range and this was not escalated to pharmacy. This meant staff could not be certain that the integrity of the medicines had not been compromised. This included hepatitis B vaccines.

An emergency resuscitation bag contained some items that were out of date. The bag had been checked and signed by healthcare staff for several days, without any

member of staff identifying the items were past their expiry date, or replacing them. This posed a risk to patients in not getting the appropriate lifesaving care and treatment that they would need in an emergency. Items that had expired included adrenaline ampoules and hydrocortisone injection.

There was a lack of reviews of risk assessments for patients 'in possession' (where a prisoner is able to keep an agreed supply of their medicines in their cell). City Health Partnership CIC's policy with regards to this was not being properly adhered to by staff, Where risk assessments and reviews did take place these were not always documented. This meant the provider could not be sure whether patients appropriately held their medicines in possession.

Appendix IV: Photographs

Segregation unit exercise yard



Wing



Outside area



Wing



Exercise yard with netting to prevent throw overs



Computer coding workshop



Appendix V: Prison population profile

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

Population breakdown by:

Status	21 and over	%
Sentenced	952	89.6
Recall	110	10.4
Total	1062	100%

Sentence	21 and over	%
Less than six months	35	3.3
Six months to less than 12 months	81	7.6
12 months to less than 2 years	126	11.9
2 years to less than 4 years	316	29.7
4 years to less than 10 years	392	36.9
10 years and over (not life)	37	3.5
ISPP (indeterminate sentence for public protection)	33	3.1
Life	42	7.1
Total		

Age	Number of prisoners	%
21 years to 29 years	461	43.4
30 years to 39 years	355	33.4
40 years to 49 years	168	15.8
50 years to 59 years	65	6.1
60 years to 69 years	10	0.9
70 plus years: maximum age=75	3	0.3
Total		

Nationality	21 and over	%
British	1030	97
Foreign nationals	32	3
Total		

Security category	21 and over	%
Category C	1049	98.8
Category D	13	1.2
Total	1062	100%

Ethnicity	21 and over	%
White		
British	903	85
Irish	3	0.3
Gypsy/Irish Traveller	21	2
Other white	21	2
Mixed		
White and black Caribbean	21	2
White and black African	1	0.1
White and Asian	2	0.2
Other mixed	4	0.4
Asian or Asian British		
Indian	7	0.7
Pakistani	20	1.8
Bangladeshi	2	0.2
Other Asian	13	1.2
Black or black British		
Caribbean	20	1.8
African	6	0.6
Other black	10	0.9
Other ethnic group		
Arab	1	0.1
Not stated	7	0.7
Total	1062	100%

Religion	21 and over	%
Baptist	1	0.1
Church of England	186	17.6
Roman Catholic	167	15.7
Other Christian denominations	104	9.8
Muslim	79	7.4
Sikh	1	0.1
Hindu	1	0.1
Buddhist	10	0.9
Jewish	5	0.5
Other	2	0.2
No religion	506	47.6
Total	1062	100%

Other demographics	21 and over	%
Veteran (ex-armed services)	15	1.4
Total	15	1.4%

Sentenced prisoners only

Length of stay	21 and over	
	Number	%
Less than 1 month	169	15.9
1 month to 3 months	249	23.4
3 months to six months	210	19.8
Six months to 1 year	224	21.1
1 year to 2 years	153	14.4
2 years to 4 years	57	5.4
Total	1062	100%

Main offence	21 and over	%
Violence against the person	301	28.34
Burglary	241	22.69
Robbery	141	13.27
Theft and handling	48	4.51
Fraud and forgery	16	1.52
Drugs offences	155	14.59
Other offences	160	15.08
Total	1062	100%

Appendix VI: 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.¹⁹

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.²⁰ 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.²¹ 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 21 November 2017, the prisoner population at HMP Humber was 1,058. Using the sampling method described above, questionnaires were distributed to 227 prisoners. We received a total of 202 completed questionnaires, a response rate of 89%. This included three questionnaires completed via face-to-face interview. Nine prisoners declined to participate in the survey and 16 questionnaires were either not returned at all or returned blank.

¹⁹ Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

²⁰ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

²¹ 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/hmiprison/about-our-inspections/>

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Humber. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.²² 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 Humber 2017²³ compared with those from other HMI Prisons surveys²⁴

- Survey responses from HMP Humber in 2017 compared with survey responses from the most recent inspection at all other category C training prisons.
- Survey responses from HMP Humber in 2017 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP Humber in 2017 compared with survey responses from HMP Humber in 2015.

Comparisons between different residential locations within HMP Humber 2017

- Responses of prisoners on zone 1 (wings A to G) compared with those on zone 2 (wings H to N)

Comparisons between sub-populations of prisoners within HMP Humber 2017²⁵

- White prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- Disabled prisoners' responses compared with those who do not have a disability.
- Responses of prisoners with mental health problems compared with those who do not have mental health problems.
- Responses of prisoners aged 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.²⁶

In the comparator analyses, statistically significant differences are indicated by shading.²⁷ 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.

²² Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

²³ Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

²⁴ 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.

²⁵ These analyses are carried out on summary data from selected survey questions only.

²⁶ A minimum of 10 responses which must also represent at least 10% of the total response.

²⁷ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

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

Survey results

Background information

I.1	What wing or house block are you currently living on?	
	A wing.....	11 (5%)
	B wing.....	11 (5%)
	C wing.....	12 (6%)
	D wing.....	11 (5%)
	E wing.....	12 (6%)
	F wing.....	10 (5%)
	G wing.....	6 (3%)
	H wing.....	22 (11%)
	I wing.....	21 (10%)
	J wing.....	14 (7%)
	K wing.....	15 (7%)
	L wing.....	15 (7%)
	M wing.....	16 (8%)
	N wing.....	24 (12%)
	Segregation unit.....	2 (1%)
I.2	How old are you?	
	Under 21.....	1 (0%)
	21 - 25.....	41 (20%)
	26 - 29.....	48 (24%)
	30 - 39.....	65 (32%)
	40 - 49.....	31 (15%)
	50 - 59.....	14 (7%)
	60 - 69.....	1 (0%)
	70 or over.....	1 (0%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British.....	162 (81%)
	White - Irish.....	0 (0%)
	White - Gypsy or Irish Traveller.....	7 (3%)
	White - any other White background.....	5 (2%)
	Mixed - White and Black Caribbean.....	6 (3%)
	Mixed - White and Black African.....	1 (0%)
	Mixed - White and Asian.....	3 (1%)
	Mixed - any other Mixed ethnic background.....	2 (1%)
	Asian/ Asian British - Indian.....	2 (1%)
	Asian/ Asian British - Pakistani.....	7 (3%)
	Asian/ Asian British - Bangladeshi.....	0 (0%)
	Asian/ Asian British - Chinese.....	0 (0%)
	Asian - any other Asian Background.....	0 (0%)
	Black/ Black British - Caribbean.....	3 (1%)
	Black/ Black British - African.....	3 (1%)
	Black - any other Black/ African/ Caribbean background.....	0 (0%)
	Arab.....	0 (0%)
	Any other ethnic group.....	0 (0%)

1.4	How long have you been in this prison?	
	Less than 6 months.....	88 (44%)
	6 months or more	111 (56%)
1.5	Are you currently serving a sentence?	
	Yes	162 (80%)
	Yes - on recall.....	38 (19%)
	No - on remand or awaiting sentence.....	1 (0%)
	No - immigration detainee.....	1 (0%)
1.6	How long is your sentence?	
	Less than 6 months.....	14 (7%)
	6 months to less than 1 year.....	20 (10%)
	1 year to less than 4 years.....	73 (36%)
	4 years to less than 10 years.....	69 (34%)
	10 years or more	7 (3%)
	IPP (indeterminate sentence for public protection)	5 (2%)
	Life	11 (5%)
	Not currently serving a sentence.....	2 (1%)

Arrival and reception

2.1	Were you given up-to-date information about this prison before you came here?	
	Yes	35 (18%)
	No.....	151 (76%)
	Don't remember	13 (7%)
2.2	When you arrived at this prison, how long did you spend in reception?	
	Less than 2 hours.....	58 (29%)
	2 hours or more.....	133 (67%)
	Don't remember	7 (4%)
2.3	When you were searched in reception, was this done in a respectful way?	
	Yes	159 (82%)
	No.....	21 (11%)
	Don't remember	14 (7%)
2.4	Overall, how were you treated in reception?	
	Very well	35 (18%)
	Quite well	132 (66%)
	Quite badly	23 (12%)
	Very badly	8 (4%)
	Don't remember	2 (1%)

2.5	When you first arrived here, did you have any of the following problems?	
	Problems getting phone numbers	58 (29%)
	Contacting family.....	70 (36%)
	Arranging care for children or other dependants.....	4 (2%)
	Contacting employers.....	6 (3%)
	Money worries.....	45 (23%)
	Housing worries.....	36 (18%)
	Feeling depressed.....	69 (35%)
	Feeling suicidal	21 (11%)
	Other mental health problems	50 (25%)
	Physical health problems	31 (16%)
	Drug or alcohol problems (e.g. withdrawal)	37 (19%)
	Problems getting medication	51 (26%)
	Needing protection from other prisoners.....	12 (6%)
	Lost or delayed property	36 (18%)
	Other problems.....	29 (15%)
	Did not have any problems.....	51 (26%)
2.6	Did staff help you to deal with these problems when you first arrived?	
	Yes	39 (21%)
	No.....	100 (53%)
	Did not have any problems when I first arrived.....	51 (27%)

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.....	171 (87%)		
	Toiletries / other basic items	109 (55%)		
	A shower.....	78 (40%)		
	A free phone call	83 (42%)		
	Something to eat	152 (77%)		
	The chance to see someone from health care	119 (60%)		
	The chance to talk to a Listener or Samaritans.....	76 (39%)		
	Support from another prisoner (e.g. Insider or buddy).....	55 (28%)		
	Wasn't offered any of these things	6 (3%)		
3.2	On your first night in this prison, how clean or dirty was your cell?			
	Very clean	4 (2%)		
	Quite clean	53 (27%)		
	Quite dirty	56 (28%)		
	Very dirty	79 (40%)		
	Don't remember	5 (3%)		
3.3	Did you feel safe on your first night here?			
	Yes	144 (74%)		
	No.....	37 (19%)		
	Don't remember	13 (7%)		
3.4	In your first few days here, did you get:			
		Yes	No	Don't remember
	Access to the prison shop / canteen?	51 (27%)	126 (68%)	9 (5%)
	Free PIN phone credit?	92 (49%)	85 (45%)	10 (5%)
	Numbers put on your PIN phone?	62 (35%)	106 (59%)	11 (6%)

3.5	Did your induction cover everything you needed to know about this prison?	
	Yes	82 (42%)
	No	83 (43%)
	Have not had an induction.....	29 (15%)

On the wing

4.1	Are you in a cell on your own?	
	Yes	118 (60%)
	No, I'm in a shared cell or dormitory.....	79 (40%)

4.2	Is your cell call bell normally answered within 5 minutes?	
	Yes	63 (32%)
	No.....	114 (59%)
	Don't know.....	16 (8%)
	Don't have a cell call bell.....	1 (1%)

4.3	Please answer the following questions about the wing or house block you are currently living on:			
		Yes	No	Don't know
	Do you normally have enough clean, suitable clothes for the week?	119 (60%)	76 (38%)	3 (2%)
	Can you shower every day?	187 (95%)	9 (5%)	0 (0%)
	Do you have clean sheets every week?	88 (46%)	100 (52%)	5 (3%)
	Do you get cell cleaning materials every week?	136 (70%)	58 (30%)	1 (1%)
	Is it normally quiet enough for you to relax or sleep at night?	135 (70%)	56 (29%)	3 (2%)
	Can you get your stored property if you need it?	31 (16%)	112 (59%)	46 (24%)

4.4	Normally, how clean or dirty are the communal / shared areas of your wing or house block (landings, stairs, wing showers etc.)?	
	Very clean	21 (11%)
	Quite clean	106 (54%)
	Quite dirty	56 (28%)
	Very dirty	15 (8%)

Food and canteen

5.1	What is the quality of food like in this prison?	
	Very good	4 (2%)
	Quite good	37 (19%)
	Quite bad	77 (39%)
	Very bad	79 (40%)

5.2	Do you get enough to eat at mealtimes?	
	Always.....	6 (3%)
	Most of the time.....	25 (13%)
	Some of the time.....	84 (42%)
	Never	85 (43%)

5.3	Does the shop / canteen sell the things that you need?	
	Yes	161 (81%)
	No.....	34 (17%)
	Don't know.....	4 (2%)

Relationships with staff

6.1	Do most staff here treat you with respect?	
	Yes	136 (70%)
	No	57 (30%)
6.2	Are there any staff here you could turn to if you had a problem?	
	Yes	122 (66%)
	No	64 (34%)
6.3	In the last week, has any member of staff talked to you about how you are getting on?	
	Yes	53 (27%)
	No	142 (73%)
6.4	How helpful is your personal or named officer?	
	Very helpful.....	25 (13%)
	Quite helpful.....	48 (25%)
	Not very helpful	25 (13%)
	Not at all helpful.....	34 (18%)
	Don't know.....	45 (23%)
	Don't have a personal / named officer	16 (8%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly	13 (7%)
	Sometimes.....	36 (18%)
	Hardly ever	137 (70%)
	Don't know.....	9 (5%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes	76 (40%)
	No	113 (60%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change.....	22 (11%)
	Yes, but things don't change.....	66 (34%)
	No.....	71 (37%)
	Don't know.....	33 (17%)

Faith

7.1	What is your religion?	
	No religion.....	79 (40%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	94 (48%)
	Buddhist.....	5 (3%)
	Hindu.....	0 (0%)
	Jewish	0 (0%)
	Muslim.....	17 (9%)
	Sikh	0 (0%)
	Other	1 (1%)
7.2	Are your religious beliefs respected here?	
	Yes	80 (41%)
	No.....	17 (9%)
	Don't know.....	19 (10%)
	Not applicable (no religion).....	79 (41%)

7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	
	Yes	84 (43%)
	No	7 (4%)
	Don't know	25 (13%)
	Not applicable (no religion)	79 (41%)
7.4	Are you able to attend religious services, if you want to?	
	Yes	102 (52%)
	No	4 (2%)
	Don't know	10 (5%)
	Not applicable (no religion)	79 (41%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	45 (23%)
	No	151 (77%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	147 (75%)
	No	50 (25%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	187 (95%)
	No	9 (5%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	7 (4%)
	Quite easy	59 (31%)
	Quite difficult	53 (27%)
	Very difficult	63 (33%)
	Don't know	11 (6%)
8.5	How often do you have visits from family or friends?	
	More than once a week	3 (2%)
	About once a week	22 (11%)
	Less than once a week	96 (49%)
	Not applicable (don't get visits)	73 (38%)
8.6	Do visits usually start and finish on time?	
	Yes	57 (49%)
	No	60 (51%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	78 (67%)
	No	38 (33%)

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	88 (46%)
	Yes, but these times are not usually kept to	85 (45%)
	No	18 (9%)

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	59 (31%)
	2 to 6 hours.....	52 (27%)
	6 to 10 hours	65 (34%)
	10 hours or more	8 (4%)
	Don't know.....	9 (5%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	12 (6%)
	2 to 6 hours.....	135 (69%)
	6 to 10 hours	40 (21%)
	10 hours or more	4 (2%)
	Don't know.....	4 (2%)
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	16 (8%)
	1 or 2	26 (14%)
	3 to 5.....	40 (21%)
	More than 5.....	108 (56%)
	Don't know.....	2 (1%)
9.5	How many days in a typical week do you get association, if you want it?	
	None	9 (5%)
	1 or 2	9 (5%)
	3 to 5.....	24 (12%)
	More than 5.....	150 (77%)
	Don't know.....	3 (2%)
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?	
	None	7 (4%)
	1 or 2	12 (6%)
	3 to 5.....	25 (13%)
	More than 5.....	145 (74%)
	Don't know.....	6 (3%)
9.7	Typically, how often do you go to the gym?	
	Twice a week or more	77 (40%)
	About once a week.....	10 (5%)
	Less than once a week.....	13 (7%)
	Never	94 (48%)
9.8	Typically, how often do you go to the library?	
	Twice a week or more	10 (5%)
	About once a week.....	106 (54%)
	Less than once a week.....	36 (18%)
	Never	44 (22%)
9.9	Does the library have a wide enough range of materials to meet your needs?	
	Yes	68 (36%)
	No.....	77 (41%)
	Don't use the library	44 (23%)

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?			
	Yes			137 (71%)
	No.....			47 (24%)
	Don't know.....			10 (5%)
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?	78 (44%)	91 (51%)	9 (5%)
	Are applications usually dealt with within 7 days?	51 (29%)	118 (66%)	9 (5%)
10.3	Is it easy for you to make a complaint?			
	Yes			121 (62%)
	No.....			47 (24%)
	Don't know.....			26 (13%)
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?	35 (19%)	90 (49%)	59 (32%)
	Are complaints usually dealt with within 7 days?	21 (12%)	96 (55%)	59 (34%)
10.5	Have you ever been prevented from making a complaint here when you wanted to?			
	Yes			41 (22%)
	No.....			105 (56%)
	Not wanted to make a complaint			42 (22%)
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?	51 (27%)	67 (36%)	38 (20%) 31 (17%)
	Attend legal visits?	70 (39%)	29 (16%)	48 (27%) 34 (19%)
	Get bail information?	18 (10%)	38 (21%)	63 (35%) 60 (34%)
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?			
	Yes			94 (48%)
	No.....			59 (30%)
	Not had any legal letters			41 (21%)

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	4 (2%)	36 (19%)	72 (37%)	61 (32%) 20 (10%)
	Nurse	15 (8%)	72 (38%)	47 (25%)	33 (18%) 21 (11%)
	Dentist	3 (2%)	15 (8%)	41 (22%)	103 (54%) 28 (15%)
	Mental health workers	7 (4%)	26 (14%)	41 (22%)	59 (31%) 57 (30%)

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	11 (6%)	45 (23%)	51 (26%)	47 (24%)	39 (20%)
	Nurse	20 (10%)	66 (34%)	37 (19%)	34 (18%)	35 (18%)
	Dentist	11 (6%)	35 (19%)	41 (22%)	34 (18%)	66 (35%)
	Mental health workers	12 (6%)	30 (16%)	31 (17%)	35 (19%)	79 (42%)
11.3	Do you have any mental health problems?					
	Yes					96 (50%)
	No					96 (50%)
11.4	Have you been helped with your mental health problems in this prison?					
	Yes					38 (19%)
	No					63 (32%)
	Don't have any mental health problems					96 (49%)
11.5	What do you think of the overall quality of the health services here?					
	Very good					9 (5%)
	Quite good					55 (28%)
	Quite bad					54 (28%)
	Very bad					61 (32%)
	Don't know					14 (7%)
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					69 (35%)
	No					127 (65%)
12.2	If you have a disability, are you getting the support you need?					
	Yes					12 (6%)
	No					50 (26%)
	Don't have a disability					127 (67%)
12.3	Have you been on an ACCT in this prison?					
	Yes					38 (20%)
	No					155 (80%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?					
	Yes					13 (7%)
	No					22 (12%)
	Have not been on an ACCT in this prison					155 (82%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?					
	Very easy					26 (14%)
	Quite easy					53 (28%)
	Quite difficult					15 (8%)
	Very difficult					5 (3%)
	Don't know					88 (46%)
	No Listeners at this prison					4 (2%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	31 (16%)
	No.....	165 (84%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	12 (6%)
	No.....	18 (9%)
	Did not / do not have an alcohol problem	165 (85%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	79 (40%)
	No.....	117 (60%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	56 (29%)
	No.....	136 (71%)
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	40 (21%)
	No.....	153 (79%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	41 (22%)
	No.....	60 (32%)
	Did not / do not have a drug problem.....	86 (46%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	82 (42%)
	Quite easy	42 (21%)
	Quite difficult	9 (5%)
	Very difficult	2 (1%)
	Don't know.....	61 (31%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	43 (22%)
	Quite easy	47 (24%)
	Quite difficult	17 (9%)
	Very difficult	7 (4%)
	Don't know.....	80 (41%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	94 (48%)
	No.....	102 (52%)
14.2	Do you feel unsafe now?	
	Yes	42 (22%)
	No.....	148 (78%)

14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)	
	Verbal abuse	72 (38%)
	Threats or intimidation.....	63 (33%)
	Physical assault.....	39 (20%)
	Sexual assault.....	3 (2%)
	Theft of canteen or property.....	46 (24%)
	Other bullying / victimisation	33 (17%)
	Not experienced any of these from prisoners here.....	100 (52%)
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	49 (26%)
	No.....	140 (74%)
14.5	Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply.)	
	Verbal abuse	69 (36%)
	Threats or intimidation.....	52 (27%)
	Physical assault.....	27 (14%)
	Sexual assault.....	3 (2%)
	Theft of canteen or property.....	19 (10%)
	Other bullying / victimisation	32 (17%)
	Not experienced any of these from staff here.....	98 (52%)
14.6	If you were being bullied / victimised by staff here, would you report it?	
	Yes	84 (44%)
	No.....	107 (56%)

Behaviour management

15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	
	Yes	83 (43%)
	No.....	86 (45%)
	Don't know what the incentives / rewards are	23 (12%)
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	
	Yes	73 (37%)
	No.....	91 (47%)
	Don't know.....	18 (9%)
	Don't know what this is	13 (7%)
15.3	Have you been physically restrained by staff in this prison in the last 6 months?	
	Yes	30 (15%)
	No.....	166 (85%)
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	2 (1%)
	No.....	27 (14%)
	Don't remember	1 (1%)
	Not been restrained here in last 6 months	166 (85%)

15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	
	Yes	19 (10%)
	No	173 (90%)

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?	12 (63%)	7 (37%)
	Could you shower every day?	14 (74%)	5 (26%)
	Could you go outside for exercise every day?	15 (79%)	4 (21%)
	Could you use the phone every day (if you had credit)?	12 (67%)	6 (33%)

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	106 (57%)	37 (20%)	40 (22%)	2 (1%)
	Vocational or skills training	61 (34%)	62 (35%)	52 (29%)	3 (2%)
	Prison job	79 (43%)	85 (46%)	19 (10%)	1 (1%)
	Voluntary work outside of the prison	7 (4%)	54 (31%)	55 (31%)	61 (34%)
	Paid work outside of the prison	4 (2%)	52 (29%)	57 (32%)	65 (37%)

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	78 (44%)	62 (35%)	39 (22%)
	Vocational or skills training	65 (38%)	47 (28%)	58 (34%)
	Prison job	54 (31%)	86 (50%)	33 (19%)
	Voluntary work outside of the prison	17 (10%)	30 (18%)	119 (72%)
	Paid work outside of the prison	22 (13%)	25 (15%)	120 (72%)

16.3	Do staff encourage you to attend education, training or work?	
	Yes	101 (55%)
	No	77 (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	113 (59%)
	No	79 (41%)

17.2	Do you understand what you need to do to achieve the objectives or targets in your custody plan?	
	Yes	96 (86%)
	No	9 (8%)
	Don't know what my objectives or targets are.....	6 (5%)

17.3	Are staff here supporting you to achieve your objectives or targets?	
	Yes	47 (43%)
	No	56 (51%)
	Don't know what my objectives or targets are.....	6 (6%)

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	33 (31%)	14 (13%)	59 (56%)
Other programmes	24 (24%)	16 (16%)	58 (59%)
One to one work	24 (24%)	14 (14%)	63 (62%)
Being on a specialist unit	4 (4%)	9 (9%)	82 (86%)
ROTL - day or overnight release	2 (2%)	9 (9%)	87 (89%)

Preparation for release

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

Yes	57 (29%)
No.....	124 (64%)
Don't know.....	13 (7%)

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

Very near.....	5 (9%)
Quite near.....	19 (33%)
Quite far.....	22 (39%)
Very far.....	11 (19%)

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

Yes.....	32 (56%)
No.....	25 (44%)

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	13 (24%)	27 (50%)	14 (26%)
Getting employment	9 (17%)	27 (51%)	17 (32%)
Setting up education or training	8 (16%)	19 (37%)	24 (47%)
Arranging benefits	12 (22%)	28 (52%)	14 (26%)
Sorting out finances	6 (11%)	27 (51%)	20 (38%)
Support for drug or alcohol problems	10 (19%)	19 (36%)	24 (45%)
Health / mental health support	8 (15%)	18 (35%)	26 (50%)
Social care support	1 (2%)	22 (44%)	27 (54%)
Getting back in touch with family or friends	6 (12%)	20 (38%)	26 (50%)

More about you

19.1 Do you have children under the age of 18?

Yes	115 (59%)
No.....	81 (41%)

19.2 Are you a UK / British citizen?

Yes.....	187 (95%)
No.....	9 (5%)

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

Yes	8 (4%)
No.....	188 (96%)

19.4	Have you ever been in the armed services (e.g. army, navy, air force)?	
	Yes	10 (5%)
	No	185 (95%)
19.5	What is your gender?	
	Male	196 (100%)
	Female	0 (0%)
	Non-binary	0 (0%)
	Other	0 (0%)
19.6	How would you describe your sexual orientation?	
	Straight / heterosexual	188 (98%)
	Gay / lesbian / homosexual	2 (1%)
	Bisexual	1 (1%)
	Other	1 (1%)
19.7	Do you identify as transgender or transsexual?	
	Yes	2 (1%)
	No	189 (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	17 (9%)
	Less likely to offend	75 (40%)
	Made no difference	96 (51%)

HMP Humber 2017

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 Humber 2017 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 prisons conducted since the introduction of the new questionnaire in September 2017 (3 prisons). Please note that this does not include all category C prisons.
- Summary statistics from HMP Humber in 2017 are compared with those from HMP Humber in 2015. 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
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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

n=number of valid responses to question (HMP Humber 2017)

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			HMP Humber 2017	All other category C training prisons	HMP Humber 2017	Category C training prisons surveyed since September 2017	HMP Humber 2017	HMP Humber 2015
1.2	Are you under 21 years of age?	<i>n</i> =202	1%	3%	1%	3%	1%	1%
	Are you 25 years of age or younger?	<i>n</i> =202	21%		21%	21%	21%	
	Are you 50 years of age or older?	<i>n</i> =202	8%	18%	8%	16%	8%	5%
	Are you 70 years of age or older?	<i>n</i> =202	1%	2%	1%	3%	1%	1%
1.3	Are you from a minority ethnic group?	<i>n</i> =201	13%	26%	13%	21%	13%	10%
1.4	Have you been in this prison for less than 6 months?	<i>n</i> =199	44%		44%	27%	44%	
1.5	Are you currently serving a sentence?	<i>n</i> =202	99%	100%	99%	100%	99%	99%
	Are you on recall?	<i>n</i> =202	19%	8%	19%	8%	19%	8%
1.6	Is your sentence less than 12 months?	<i>n</i> =201	17%	6%	17%	5%	17%	9%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n</i> =201	3%	8%	3%	5%	3%	7%
7.1	Are you Muslim?	<i>n</i> =196	9%	14%	9%	14%	9%	3%
11.3	Do you have any mental health problems?	<i>n</i> =192	50%		50%	43%	50%	
12.1	Do you consider yourself to have a disability?	<i>n</i> =196	35%	24%	35%	36%	35%	17%
19.1	Do you have any children under the age of 18?	<i>n</i> =196	59%	49%	59%	48%	59%	62%
19.2	Are you a foreign national?	<i>n</i> =196	5%	12%	5%	3%	5%	7%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n</i> =196	4%	4%	4%	6%	4%	5%
19.4	Have you ever been in the armed services?	<i>n</i> =195	5%	7%	5%	5%	5%	3%
19.5	Is your gender female or non-binary?	<i>n</i> =196	0%		0%	0%	0%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n</i> =192	2%	4%	2%	6%	2%	3%
19.7	Do you identify as transgender or transsexual?	<i>n</i> =191	1%		1%	2%	1%	
ARRIVAL AND RECEPTION								
2.1	Were you given up-to-date information about this prison before you came here?	<i>n</i> =199	18%		18%	16%	18%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n</i> =198	29%	56%	29%	61%	29%	46%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n</i> =194	82%	85%	82%	85%	82%	86%
2.4	Overall, were you treated very / quite well in reception?	<i>n</i> =200	84%		84%	91%	84%	

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Number of completed questionnaires returned

HMP Humber 2017	All other category C training prisons	HMP Humber 2017	Category C training prisons surveyed since September 2017	HMP Humber 2017	HMP Humber 2015
202	6,522	202	510	202	187

n=number of valid responses to question (HMP Humber 2017)

2.5	When you first arrived, did you have any problems?	n=197	74%	63%	74%	73%	74%	66%
2.5	Did you have problems with:							
	- Getting phone numbers?	n=197	29%	16%	29%	31%	29%	14%
	- Contacting family?	n=197	36%	19%	36%	27%	36%	19%
	- Arranging care for children or other dependents?	n=197	2%		2%	1%	2%	
	- Contacting employers?	n=197	3%	2%	3%	1%	3%	2%
	- Money worries?	n=197	23%	13%	23%	14%	23%	14%
	- Housing worries?	n=197	18%	13%	18%	14%	18%	21%
	- Feeling depressed?	n=197	35%		35%	29%	35%	
	- Feeling suicidal?	n=197	11%		11%	7%	11%	
	- Other mental health problems?	n=197	25%		25%	22%	25%	
	- Physical health problems	n=197	16%	14%	16%	15%	16%	12%
	- Drugs or alcohol (e.g. withdrawal)?	n=197	19%		19%	12%	19%	
	- Getting medication?	n=197	26%		26%	23%	26%	
	- Needing protection from other prisoners?	n=197	6%	5%	6%	4%	6%	3%
	- Lost or delayed property?	n=197	18%	20%	18%	21%	18%	20%
	<i>For those who had any problems when they first arrived:</i>							
2.6	Did staff help you to deal with these problems?	n=139	28%	36%	28%	38%	28%	30%
FIRST NIGHT AND INDUCTION								
3.1	Before you were locked up on your first night, were you offered:							
	- Tobacco or nicotine replacement?	n=197	87%	68%	87%	65%	87%	84%
	- Toiletries / other basic items?	n=197	55%	50%	55%	51%	55%	44%
	- A shower?	n=197	40%	29%	40%	42%	40%	41%
	- A free phone call?	n=197	42%	40%	42%	42%	42%	56%
	- Something to eat?	n=197	77%	58%	77%	76%	77%	59%
	- The chance to see someone from health care?	n=197	60%	69%	60%	59%	60%	67%
	- The chance to talk to a Listener or Samaritans?	n=197	39%	35%	39%	31%	39%	28%
	- Support from another prisoner (e.g. Insider or buddy)?	n=197	28%		28%	26%	28%	
	- None of these?	n=197	3%		3%	5%	3%	
3.2	On your first night in this prison, was your cell very / quite clean?	n=197	29%		29%	35%	29%	
3.3	Did you feel safe on your first night here?	n=194	74%	79%	74%	81%	74%	87%
3.4	In your first few days here, did you get?							
	- Access to the prison shop / canteen?	n=186	27%	27%	27%	34%	27%	30%
	- Free PIN phone credit?	n=187	49%		49%	45%	49%	
	- Numbers put on your PIN phone?	n=179	35%		35%	49%	35%	
3.5	Have you had an induction at this prison?	n=194	85%	91%	85%	95%	85%	77%
	<i>For those who have had an induction:</i>							
3.5	Did your induction cover everything you needed to know about this prison?	n=165	50%		50%	60%	50%	

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ON THE WING						
4.1	Are you in a cell on your own?	n=197	60%		60%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=194	33%	34%	33%	39%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	n=198	60%	68%	60%	63%
	- Can you shower every day?	n=196	95%	87%	95%	96%
	- Do you have clean sheets every week?	n=193	46%	67%	46%	57%
	- Do you get cell cleaning materials every week?	n=195	70%	63%	70%	81%
	- Is it normally quiet enough for you to relax or sleep at night?	n=194	70%	69%	70%	70%
	- Can you get your stored property if you need it?	n=189	16%	24%	16%	24%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=198	64%		64%	
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	n=197	21%		21%	
5.2	Do you get enough to eat at meal-times always / most of the time?	n=200	16%		16%	
5.3	Does the shop / canteen sell the things that you need?	n=199	81%	51%	81%	53%
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	n=193	71%	78%	71%	85%
6.2	Are there any staff here you could turn to if you had a problem?	n=186	66%	73%	66%	74%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=195	27%	30%	27%	32%
6.4	Do you have a personal officer?	n=193	92%		92%	
	<i>For those who have a personal officer:</i>					
6.4	Is your personal or named officer very / quite helpful?	n=177	41%		41%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=195	7%		7%	
6.6	Do you feel that you are treated as an individual in this prison?	n=189	40%		40%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=192	46%		46%	
	If so, do things sometimes change?	n=88	25%		25%	
FAITH						
7.1	Do you have a religion?	n=196	60%	70%	60%	54%
	<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	n=116	69%		69%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=116	72%		72%	
7.4	Are you able to attend religious services, if you want to?	n=116	88%		88%	

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Number of completed questionnaires returned

n=number of valid responses to question (HMP Humber 2017)

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202	6,522	202	510	202	187

CONTACT WITH FAMILY AND FRIENDS								
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=196	23%		23%	31%	23%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=197	75%	43%	75%	52%	75%	53%
8.3	Are you able to use a phone every day (if you have credit)?	n=196	95%		95%	95%	95%	
8.4	Is it very / quite easy for your family and friends to get here?	n=193	34%		34%	40%	34%	
8.5	Do you get visits from family/friends once a week or more?	n=194	13%		13%	16%	13%	
<i>For those who get visits:</i>								
8.6	Do visits usually start and finish on time?	n=117	49%		49%	60%	49%	
8.7	Are your visitors usually treated respectfully by staff?	n=116	67%		67%	80%	67%	
TIME OUT OF CELL								
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=191	91%		91%	95%	91%	
<i>For those who know what the unlock and lock-up times are supposed to be:</i>								
9.1	Are these times usually kept to?	n=173	51%		51%	56%	51%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=193	31%	12%	31%	15%	31%	6%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=193	4%	17%	4%	11%	4%	27%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=195	6%		6%	10%	6%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=195	2%		2%	3%	2%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=192	56%		56%	62%	56%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=195	77%		77%	70%	77%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=195	74%		74%	71%	74%	
9.7	Do you typically go to the gym twice a week or more?	n=194	40%		40%	58%	40%	
9.8	Do you typically go to the library twice a week or more?	n=196	5%	12%	5%	30%	5%	14%
<i>For those who use the library:</i>								
9.9	Does the library have a wide enough range of materials to meet your needs?	n=145	47%	61%	47%	64%	47%	68%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS								
10.1	Is it easy for you to make an application?	n=194	71%	81%	71%	80%	71%	79%
<i>For those who have made an application:</i>								
10.2	Are applications usually dealt with fairly?	n=169	46%	57%	46%	54%	46%	51%
	Are applications usually dealt with within 7 days?	n=169	30%	39%	30%	33%	30%	28%
10.3	Is it easy for you to make a complaint?	n=194	62%	58%	62%	64%	62%	56%
<i>For those who have made a complaint:</i>								
10.4	Are complaints usually dealt with fairly?	n=125	28%	32%	28%	29%	28%	36%
	Are complaints usually dealt with within 7 days?	n=117	18%	28%	18%	23%	18%	17%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=146	28%		28%	26%	28%	

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<i>For those who need it, is it easy to:</i>							
10.6	Communicate with your solicitor or legal representative?	n=156	33%		33%	43%	33%
	Attend legal visits?	n=147	48%		48%	51%	48%
	Get bail information?	n=119	15%		15%	18%	15%
<i>For those who have had legal letters:</i>							
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=153	61%	49%	61%	53%	61%
HEALTH CARE							
11.1	Is it very / quite easy to see:						
	- Doctor?	n=193	21%		21%	35%	21%
	- Nurse?	n=188	46%		46%	54%	46%
	- Dentist?	n=190	10%		10%	14%	10%
	- Mental health workers?	n=190	17%		17%	26%	17%
11.2	Do you think the quality of the health service is very / quite good from:						
	- Doctor?	n=193	29%		29%	47%	29%
	- Nurse?	n=192	45%		45%	57%	45%
	- Dentist?	n=187	25%		25%	30%	25%
	- Mental health workers?	n=187	23%		23%	28%	23%
11.3	Do you have any mental health problems?	n=192	50%		50%	43%	50%
<i>For those who have mental health problems:</i>							
11.4	Have you been helped with your mental health problems in this prison?	n=101	38%		38%	43%	38%
11.5	Do you think the overall quality of the health services here is very / quite good?	n=193	33%		33%	43%	33%
OTHER SUPPORT NEEDS							
12.1	Do you consider yourself to have a disability?	n=196	35%	24%	35%	36%	35%
<i>For those who have a disability:</i>							
12.2	Are you getting the support you need?	n=62	19%		19%	32%	19%
12.3	Have you been on an ACCT in this prison?	n=193	20%		20%	12%	20%
<i>For those who have been on an ACCT:</i>							
12.4	Did you feel cared for by staff?	n=35	37%		37%	42%	37%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=191	41%		41%	55%	41%
ALCOHOL AND DRUGS							
13.1	Did you have an alcohol problem when you came into this prison?	n=196	16%	16%	16%	15%	16%
<i>For those who had / have an alcohol problem:</i>							
13.2	Have you been helped with your alcohol problem in this prison?	n=30	40%	62%	40%	58%	40%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=196	40%	25%	40%	25%	40%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=192	29%	12%	29%	15%	29%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=193	21%		21%	12%	21%
<i>For those who had / have a drug problem:</i>							
13.6	Have you been helped with your drug problem in this prison?	n=101	41%	62%	41%	48%	41%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=196	63%		63%	47%	63%
13.8	Is it very / quite easy to get alcohol in this prison?	n=194	46%		46%	33%	46%

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SAFETY								
14.1	Have you ever felt unsafe here?	n=196	48%	40%	48%	35%	48%	30%
14.2	Do you feel unsafe now?	n=190	22%	18%	22%	16%	22%	16%
14.3	Have you experienced any of the following from other prisoners here:							
	- Verbal abuse?	n=191	38%		38%	30%	38%	
	- Threats or intimidation?	n=191	33%		33%	26%	33%	
	- Physical assault?	n=191	20%		20%	13%	20%	
	- Sexual assault?	n=191	2%		2%	2%	2%	
	- Theft of canteen or property?	n=191	24%		24%	20%	24%	
	- Other bullying / victimisation?	n=191	17%		17%	15%	17%	
	- Not experienced any of these from prisoners here	n=191	52%	71%	52%	60%	52%	75%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=189	26%		26%	42%	26%	
14.5	Have you experienced any of the following from staff here:							
	- Verbal abuse?	n=190	36%		36%	25%	36%	
	- Threats or intimidation?	n=190	27%		27%	18%	27%	
	- Physical assault?	n=190	14%		14%	5%	14%	
	- Sexual assault?	n=190	2%		2%	1%	2%	
	- Theft of canteen or property?	n=190	10%		10%	5%	10%	
	- Other bullying / victimisation?	n=190	17%		17%	14%	17%	
	- Not experienced any of these from staff here	n=190	52%	73%	52%	66%	52%	70%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=191	44%		44%	56%	44%	
BEHAVIOUR MANAGEMENT								
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=192	43%		43%	40%	43%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=195	37%		37%	40%	37%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=196	15%	9%	15%	6%	15%	11%
	<i>For those who have been restrained in the last 6 months:</i>							
15.4	Did anyone come and talk to you about it afterwards?	n=30	7%		7%	10%	7%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=192	10%	16%	10%	7%	10%	22%
	<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>							
15.6	Were you treated well by segregation staff?	n=19	63%		63%	60%	63%	
	Could you shower every day?	n=19	74%		74%	73%	74%	
	Could you go outside for exercise every day?	n=19	79%		79%	80%	79%	
	Could you use the phone every day (if you had credit)?	n=18	67%		67%	77%	67%	

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EDUCATION, SKILLS AND WORK								
16.1	In this prison, is it easy to get into the following activities:							
	- Education?	n=185	57%					
	- Vocational or skills training?	n=178	34%					
	- Prison job?	n=184	43%					
	- Voluntary work outside of the prison?	n=177	4%					
	- Paid work outside of the prison?	n=178	2%					
16.2	In this prison, have you done the following activities:							
	- Education?	n=179	78%	80%				
	- Vocational or skills training?	n=170	66%	75%				
	- Prison job?	n=173	81%	84%				
	- Voluntary work outside of the prison?	n=166	28%					
	- Paid work outside of the prison?	n=167	28%					
<i>For those who have done the following activities, do you think they will help you on release:</i>								
	- Education?	n=140	56%	58%				
	- Vocational or skills training?	n=112	58%	58%				
	- Prison job?	n=140	39%	44%				
	- Voluntary work outside of the prison?	n=47	36%					
	- Paid work outside of the prison?	n=47	47%					
16.3	Do staff encourage you to attend education, training or work?				n=178	57%		
PLANNING AND PROGRESSION								
17.1	Do you have a custody plan?				n=192	59%		
<i>For those who have a custody plan:</i>								
17.2	Do you understand what you need to do to achieve your objectives or targets?				n=111	87%	87%	
17.3	Are staff helping you to achieve your objectives or targets?				n=109	43%	50%	
17.4	In this prison, have you done:							
	- Offending behaviour programmes?	n=106	44%	47%				
	- Other programmes?	n=98	41%	40%				
	- One to one work?	n=101	38%	35%				
	- Been on a specialist unit?	n=95	14%	16%				
	- ROTL - day or overnight release?	n=98	11%	9%				
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>								
	- Offending behaviour programmes?	n=47	70%	68%				
	- Other programmes?	n=40	60%	65%				
	- One to one work?	n=38	63%	71%				
	- Being on a specialist unit?	n=13	31%	46%				
	- ROTL - day or overnight release?	n=11	18%	40%				

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PREPARATION FOR RELEASE						
18.1	Do you expect to be released in the next 3 months?	<i>n=194</i>	29%		29%	
<i>For those who expect to be released in the next 3 months:</i>						
18.2	Is this prison very / quite near to your home area or intended release address?	<i>n=57</i>	42%		42%	
18.3	Is anybody helping you to prepare for your release?	<i>n=57</i>	56%		56%	
18.4	Do you need help to sort out the following for when you are released:					
	- Finding accommodation?	<i>n=54</i>	74%		74%	
	- Getting employment?	<i>n=53</i>	68%		68%	
	- Setting up education or training?	<i>n=51</i>	53%		53%	
	- Arranging benefits?	<i>n=54</i>	74%		74%	
	- Sorting out finances?	<i>n=53</i>	62%		62%	
	- Support for drug or alcohol problems?	<i>n=53</i>	55%		55%	
	- Health / mental Health support?	<i>n=52</i>	50%		50%	
	- Social care support?	<i>n=50</i>	46%		46%	
	- Getting back in touch with family or friends?	<i>n=52</i>	50%		50%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:					
	- Finding accommodation?	<i>n=40</i>	33%		33%	
	- Getting employment?	<i>n=36</i>	25%		25%	
	- Setting up education or training?	<i>n=27</i>	30%		30%	
	- Arranging benefits?	<i>n=40</i>	30%		30%	
	- Sorting out finances?	<i>n=33</i>	18%		18%	
	- Support for drug or alcohol problems?	<i>n=29</i>	35%		35%	
	- Health / mental Health support?	<i>n=26</i>	31%		31%	
	- Social care support?	<i>n=23</i>	4%		4%	
	- Getting back in touch with family or friends?	<i>n=26</i>	23%		23%	
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?	<i>n=188</i>	40%		40%	

HMP Humber 2017

Comparison of survey responses between sub-populations of prisoners

In this table responses of prisoners from black and minority ethnic groups are compared with those of white prisoners.

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

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Black and minority ethnic	White
27	174

Number of completed questionnaires returned

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	0%	1%
	Are you 50 years of age or older?	0%	9%
7.1	Are you Muslim?	58%	1%
11.3	Do you have any mental health problems?	19%	56%
12.1	Do you consider yourself to have a disability?	22%	38%
19.2	Are you a foreign national?	11%	3%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	4%	4%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	85%	82%
2.4	Overall, were you treated very / quite well in reception?	82%	84%
2.5	When you first arrived, did you have any problems?	74%	74%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	28%	28%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	69%	75%
3.5	Have you had an induction at this prison?	89%	85%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	54%	49%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	52%	29%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	74%	58%
	- Can you shower every day?	96%	95%
	- Do you have clean sheets every week?	65%	42%
	- Do you get cell cleaning materials every week?	69%	70%
	- Is it normally quiet enough for you to relax or sleep at night?	77%	68%
	- Can you get your stored property if you need it?	29%	15%

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Black and minority ethnic	White
27	174

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	19%	15%
5.3	Does the shop / canteen sell the things that you need?	59%	85%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	78%	69%
6.2	Are there any staff here you could turn to if you had a problem?	74%	65%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	44%	25%
6.6	Do you feel that you are treated as an individual in this prison?	35%	41%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	57%	72%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	74%	72%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	41%	20%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	59%	77%
8.3	Are you able to use a phone every day (if you have credit)?	96%	95%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	71%	67%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	27%	31%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	5%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	25%	50%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	59%	73%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	39%	47%
10.3	Is it easy for you to make a complaint?	56%	64%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	18%	30%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	21%	29%

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Black and minority ethnic	White
27	174

Number of completed questionnaires returned

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	26%	20%
	- Nurse?	56%	45%
	- Dentist?	4%	10%
	- Mental health workers?	16%	18%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	40%	38%
11.5	Do you think the overall quality of the health services here is very / quite good?	52%	30%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	33%	18%
SAFETY			
14.1	Have you ever felt unsafe here?	56%	46%
14.2	Do you feel unsafe now?	31%	20%
14.3	Not experienced bullying / victimisation by other prisoners	59%	52%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	48%	23%
14.5	Not experienced bullying / victimisation by members of staff	46%	52%
14.6	If you were being bullied / victimised by staff here, would you report it?	76%	39%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	67%	40%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	41%	37%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	4%	17%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	4%	11%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	72%	55%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	70%	57%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	53%	41%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	67%	53%
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?	50%	38%

HMP Humber 2017

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems.
- Disabled prisoners' responses are compared with those of prisoners who do not have a disability.

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

Number of completed questionnaires returned

Mental health problems	No mental health problems	Have a disability	Do not have a disability
96	96	69	127

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	1%	0%	1%	0%
	Are you 50 years of age or older?	5%	10%	9%	7%
1.3	Are you from a minority ethnic group?	5%	23%	9%	17%
7.1	Are you Muslim?	3%	15%	6%	10%
11.3	Do you have any mental health problems?			81%	32%
12.1	Do you consider yourself to have a disability?	59%	14%		
19.2	Are you a foreign national?	0%	9%	0%	7%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	4%	4%	3%	5%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	78%	85%	79%	84%
2.4	Overall, were you treated very / quite well in reception?	83%	85%	84%	84%
2.5	When you first arrived, did you have any problems?	83%	67%	87%	68%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	25%	33%	25%	31%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	69%	80%	64%	81%
3.5	Have you had an induction at this prison?	85%	85%	84%	85%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	41%	58%	45%	52%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	28%	36%	24%	37%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	52%	68%	49%	66%
	- Can you shower every day?	92%	99%	90%	98%
	- Do you have clean sheets every week?	38%	54%	40%	48%
	- Do you get cell cleaning materials every week?	61%	77%	64%	73%
	- Is it normally quiet enough for you to relax or sleep at night?	56%	82%	53%	79%
	- Can you get your stored property if you need it?	15%	18%	17%	16%

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

Number of completed questionnaires returned

Mental health problems	No mental health problems
96	96

Have a disability	Do not have a disability
69	127

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	10%	21%
5.3	Does the shop / canteen sell the things that you need?	82%	80%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	62%	78%
6.2	Are there any staff here you could turn to if you had a problem?	57%	74%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	26%	28%
6.6	Do you feel that you are treated as an individual in this prison?	40%	40%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	66%	73%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	71%	73%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	20%	27%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	81%	68%
8.3	Are you able to use a phone every day (if you have credit)?	94%	97%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	65%	68%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	40%	23%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	5%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	42%	53%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	69%	72%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	38%	54%
10.3	Is it easy for you to make a complaint?	57%	66%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	30%	26%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	32%	25%

10%	18%
81%	83%
66%	73%
60%	69%
28%	26%
38%	42%
57%	77%
68%	75%
19%	25%
75%	75%
94%	96%
66%	68%
41%	25%
3%	5%
43%	50%
62%	75%
34%	53%
55%	66%
18%	34%
38%	23%

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

Number of completed questionnaires returned

Mental health problems	No mental health problems
96	96

Have a disability	Do not have a disability
69	127

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	20%	19%
	- Nurse?	44%	48%
	- Dentist?	11%	8%
	- Mental health workers?	21%	14%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	40%	
11.5	Do you think the overall quality of the health services here is very / quite good?	33%	33%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	18%	25%
SAFETY			
14.1	Have you ever felt unsafe here?	55%	41%
14.2	Do you feel unsafe now?	24%	21%
14.3	Not experienced bullying / victimisation by other prisoners	39%	67%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	19%	33%
14.5	Not experienced bullying / victimisation by members of staff	42%	61%
14.6	If you were being bullied / victimised by staff here, would you report it?	32%	57%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	38%	49%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	33%	42%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	24%	6%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	15%	5%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	48%	65%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	49%	69%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	34%	51%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	46%	68%
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?	32%	48%

18%	22%
44%	47%
13%	7%
22%	15%
38%	39%
26%	37%
19%	
57%	42%
33%	16%
42%	59%
27%	25%
48%	54%
42%	46%
52%	39%
34%	40%
18%	13%
10%	10%
53%	59%
52%	63%
34%	47%
53%	56%
42%	39%

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Comparison of survey responses between sub-populations of prisoners

In this table responses of prisoners aged 25 and under are compared with those of prisoners over 25. 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

Number of completed questionnaires returned

25 and under	Over 25
42	160

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.3	Are you from a minority ethnic group?	14%	13%
7.1	Are you Muslim?	13%	8%
11.3	Do you have any mental health problems?	44%	52%
12.1	Do you consider yourself to have a disability?	29%	37%
19.2	Are you a foreign national?	5%	5%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	5%	4%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	81%	82%
2.4	Overall, were you treated very / quite well in reception?	75%	86%
2.5	When you first arrived, did you have any problems?	75%	74%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	23%	29%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	74%	74%
3.5	Have you had an induction at this prison?	74%	88%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	66%	46%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	25%	34%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	70%	58%
	- Can you shower every day?	98%	95%
	- Do you have clean sheets every week?	46%	46%
	- Do you get cell cleaning materials every week?	69%	70%
	- Is it normally quiet enough for you to relax or sleep at night?	70%	70%
	- Can you get your stored property if you need it?	15%	17%

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

Number of completed questionnaires returned

25 and under	Over 25
42	160

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	24%	13%
5.3	Does the shop / canteen sell the things that you need?	93%	78%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	58%	74%
6.2	Are there any staff here you could turn to if you had a problem?	51%	69%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	21%	29%
6.6	Do you feel that you are treated as an individual in this prison?	41%	40%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	79%	66%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	67%	74%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	20%	24%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	73%	75%
8.3	Are you able to use a phone every day (if you have credit)?	93%	96%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	63%	69%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	38%	29%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	5%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	50%	46%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	64%	72%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	46%	46%
10.3	Is it easy for you to make a complaint?	59%	63%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	25%	29%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	16%	31%

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

Number of completed questionnaires returned

25 and under	Over 25
42	160

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	10%	24%
	- Nurse?	25%	52%
	- Dentist?	3%	11%
	- Mental health workers?	13%	19%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	28%	40%
11.5	Do you think the overall quality of the health services here is very / quite good?	26%	35%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	0%	23%
SAFETY			
14.1	Have you ever felt unsafe here?	34%	52%
14.2	Do you feel unsafe now?	18%	23%
14.3	Not experienced bullying / victimisation by other prisoners	63%	50%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	23%	27%
14.5	Not experienced bullying / victimisation by members of staff	55%	51%
14.6	If you were being bullied / victimised by staff here, would you report it?	29%	48%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	41%	44%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	25%	41%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	24%	13%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	18%	8%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	65%	55%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	64%	58%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	33%	46%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	55%	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?	42%	39%

HMP Humber 2017

Comparison of survey responses from different residential locations

In this table responses from Zone 1 (Wings A to G) are compared with those from Zone 2 (Wings H to N)

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

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

Number of completed questionnaires returned

	Zone 1 (A to G)	Zone 2 (H to N)
Number of completed questionnaires returned	73	127

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	1%	0%
	Are you 25 years of age or younger?	19%	21%
	Are you 50 years of age or older?	6%	9%
	Are you 70 years of age or older?	0%	1%
1.3	Are you from a minority ethnic group?	11%	15%
1.4	Have you been in this prison for less than 6 months?	40%	46%
1.5	Are you currently serving a sentence?	99%	99%
	Are you on recall?	16%	21%
1.6	Is your sentence less than 12 months?	14%	19%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	2%
7.1	Are you Muslim?	4%	12%
11.3	Do you have any mental health problems?	56%	46%
12.1	Do you consider yourself to have a disability?	42%	31%
19.1	Do you have any children under the age of 18?	66%	54%
19.2	Are you a foreign national?	4%	7%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	7%	3%
19.4	Have you ever been in the armed services?	3%	7%
19.5	Is your gender female or non-binary?	0%	0%
19.6	Are you homosexual, bisexual or other sexual orientation?	1%	3%
19.7	Do you identify as transgender or transsexual?	1%	1%

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	Zone 1 (A to G)	Zone 2 (H to N)
Number of completed questionnaires returned	73	127

ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	17%	18%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	23%	33%
2.3	When you were searched in reception, was this done in a respectful way?	74%	87%
2.4	Overall, were you treated very / quite well in reception?	75%	89%
2.5	When you first arrived, did you have any problems?	80%	71%
2.5	Did you have problems with:		
	- Getting phone numbers?	36%	25%
	- Contacting family?	40%	33%
	- Arranging care for children or other dependents?	0%	3%
	- Contacting employers?	4%	2%
	- Money worries?	30%	18%
	- Housing worries?	21%	16%
	- Feeling depressed?	44%	29%
	- Feeling suicidal?	19%	6%
	- Other mental health problems?	36%	19%
	- Physical health problems?	26%	10%
	- Drugs or alcohol (e.g. withdrawal)?	21%	18%
	- Getting medication?	47%	14%
	- Needing protection from other prisoners?	9%	4%
	- Lost or delayed property?	23%	16%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	20%	34%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	94%	82%
	- Toiletries / other basic items?	44%	61%
	- A shower?	35%	43%
	- A free phone call?	33%	48%
	- Something to eat?	78%	77%
	- The chance to see someone from health care?	56%	63%
	- The chance to talk to a Listener or Samaritans?	38%	40%
	- Support from another prisoner (e.g. Insider or buddy)?	21%	32%
	- None of these?	3%	3%
3.2	On your first night in this prison, was your cell very / quite clean?	20%	34%

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	Zone 1 (A to G)	Zone 2 (H to N)
Number of completed questionnaires returned	73	127

3.3	Did you feel safe on your first night here?	67%	79%
3.4	In your first few days here, did you get?		
	- Access to the prison shop / canteen?	25%	29%
	- Free PIN phone credit?	39%	55%
	- Numbers put on your PIN phone?	23%	42%
3.5	Have you had an induction at this prison?	79%	89%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	42%	54%
ON THE WING			
4.1	Are you in a cell on your own?	25%	79%
4.2	Is your cell call bell normally answered within 5 minutes?	18%	41%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	51%	66%
	- Can you shower every day?	93%	97%
	- Do you have clean sheets every week?	30%	56%
	- Do you get cell cleaning materials every week?	61%	75%
	- Is it normally quiet enough for you to relax or sleep at night?	68%	71%
	- Can you get your stored property if you need it?	8%	22%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	69%	62%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	16%	24%
5.2	Do you get enough to eat at meal-times always / most of the time?	7%	21%
5.3	Does the shop / canteen sell the things that you need?	74%	85%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	64%	75%
6.2	Are there any staff here you could turn to if you had a problem?	60%	70%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	30%	26%
6.4	Do you have a personal officer?	93%	92%
	<i>For those who have a personal officer:</i>		
6.4	Is your personal or named officer very / quite helpful?	33%	47%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	6%	7%
6.6	Do you feel that you are treated as an individual in this prison?	30%	46%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	47%	46%
	If so, do things sometimes change?	15%	31%

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

Zone 1 (A to G)	Zone 2 (H to N)
73	127

Number of completed questionnaires returned

FAITH			
7.1	Do you have a religion?	51%	65%
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	68%	70%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	69%	74%
7.4	Are you able to attend religious services, if you want to?	87%	90%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	18%	26%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	82%	71%
8.3	Are you able to use a phone every day (if you have credit)?	93%	97%
8.4	Is it very / quite easy for your family and friends to get here?	30%	36%
8.5	Do you get visits from family/friends once a week or more?	11%	14%
<i>For those who get visits:</i>			
8.6	Do visits usually start and finish on time?	48%	49%
8.7	Are your visitors usually treated respectfully by staff?	62%	70%
TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	89%	92%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>			
9.1	Are these times usually kept to?	44%	55%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	24%	33%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	1%	6%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	6%	6%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	1%	2%
9.4	Do you have time to do domestics more than 5 days in a typical week?	49%	60%
9.5	Do you get association more than 5 days in a typical week, if you want it?	68%	83%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	76%	73%
9.7	Do you typically go to the gym twice a week or more?	41%	39%
9.8	Do you typically go to the library twice a week or more?	1%	7%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	37%	53%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	72%	70%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	38%	52%
	Are applications usually dealt with within 7 days?	22%	35%

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10.3	Is it easy for you to make a complaint?	68%	60%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	26%	30%
	Are complaints usually dealt with within 7 days?	14%	22%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	40%	19%
<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	24%	39%
	Attend legal visits?	46%	49%
	Get bail information?	12%	17%
<i>For those who have had legal letters:</i>			
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	70%	56%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	17%	23%
	- Nurse?	40%	50%
	- Dentist?	7%	11%
	- Mental health workers?	16%	19%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	23%	33%
	- Nurse?	39%	48%
	- Dentist?	16%	30%
	- Mental health workers?	19%	24%
11.3	Do you have any mental health problems?	56%	46%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	39%	38%
11.5	Do you think the overall quality of the health services here is very / quite good?	21%	41%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	42%	31%
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	14%	24%
12.3	Have you been on an ACCT in this prison?	25%	17%
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	18%	56%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	37%	44%

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ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	15%	17%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	36%	42%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	48%	36%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	35%	25%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	24%	19%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	33%	48%
13.7	Is it very / quite easy to get illicit drugs in this prison?	64%	62%
13.8	Is it very / quite easy to get alcohol in this prison?	56%	40%
SAFETY			
14.1	Have you ever felt unsafe here?	60%	41%
14.2	Do you feel unsafe now?	29%	19%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	51%	29%
	- Threats or intimidation?	43%	27%
	- Physical assault?	26%	15%
	- Sexual assault?	1%	2%
	- Theft of canteen or property?	36%	16%
	- Other bullying / victimisation?	29%	9%
	- Not experienced any of these from prisoners here	39%	62%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	29%	24%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	42%	32%
	- Threats or intimidation?	41%	19%
	- Physical assault?	18%	11%
	- Sexual assault?	1%	2%
	- Theft of canteen or property?	16%	7%
	- Other bullying / victimisation?	23%	13%
	- Not experienced any of these from staff here	41%	59%
14.6	If you were being bullied / victimised by staff here, would you report it?	38%	48%

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BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	38%	47%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	31%	42%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	21%	11%
<i>For those who have been restrained in the last 6 months:</i>			
15.4	Did anyone come and talk to you about it afterwards?	0%	15%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	11%	8%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>			
15.6	Were you treated well by segregation staff?	50%	67%
	Could you shower every day?	63%	78%
	Could you go outside for exercise every day?	63%	89%
	Could you use the phone every day (if you had credit)?	63%	67%
EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	57%	58%
	- Vocational or skills training?	27%	39%
	- Prison job?	39%	46%
	- Voluntary work outside of the prison?	3%	5%
	- Paid work outside of the prison?	2%	3%
16.2	In this prison, have you done the following activities:		
	- Education?	85%	75%
	- Vocational or skills training?	65%	68%
	- Prison job?	83%	79%
	- Voluntary work outside of the prison?	29%	29%
	- Paid work outside of the prison?	25%	30%
<i>For those who have done the following activities, do you think they will help you on release:</i>			
	- Education?	50%	60%
	- Vocational or skills training?	49%	63%
	- Prison job?	33%	43%
	- Voluntary work outside of the prison?	39%	35%
	- Paid work outside of the prison?	44%	48%
16.3	Do staff encourage you to attend education, training or work?	57%	58%

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PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	57%	60%
<i>For those who have a custody plan:</i>			
17.2	Do you understand what you need to do to achieve your objectives or targets?	80%	90%
17.3	Are staff helping you to achieve your objectives or targets?	31%	50%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	55%	39%
	- Other programmes?	51%	35%
	- One to one work?	47%	32%
	- Been on a specialist unit?	14%	14%
	- ROTL - day or overnight release?	8%	13%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	- Offending behaviour programmes?	59%	80%
	- Other programmes?	58%	62%
	- One to one work?	50%	75%
	- Being on a specialist unit?	20%	38%
	- ROTL - day or overnight release?	33%	13%
PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	28%	30%
<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very / quite near to your home area or intended release address?	45%	42%
18.3	Is anybody helping you to prepare for your release?	50%	61%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	84%	71%
	- Getting employment?	79%	62%
	- Setting up education or training?	61%	49%
	- Arranging benefits?	79%	71%
	- Sorting out finances?	78%	53%
	- Support for drug or alcohol problems?	68%	47%
	- Health / mental Health support?	67%	41%
	- Social care support?	61%	38%
	- Getting back in touch with family or friends?	70%	38%

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18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	25%	38%
	- Getting employment?	13%	33%
	- Setting up education or training?	9%	44%
	- Arranging benefits?	27%	33%
	- Sorting out finances?	14%	22%
	- Support for drug or alcohol problems?	39%	31%
	- Health / mental Health support?	25%	36%
	- Social care support?	9%	0%
	- Getting back in touch with family or friends?	21%	25%
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?	40%	41%