

Report on an unannounced inspection of

HMP High Down

by HM Chief Inspector of Prisons

8–17 May 2018

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



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Glossary of terms

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

Introduction

HMP High Down is a local category B prison located in Banstead, Surrey, and at the time of this inspection held 1,130 men. Four hundred of those men were held in overcrowded cells that had been designed for one person, and 536 of them were unemployed. The prison was last inspected in January 2015. This inspection found that standards had declined in two of our four healthy prison tests: safety and purposeful activity. We were particularly concerned that uncertainty as to the prison's future role was preventing senior leadership from effective planning, and this was having a direct impact on outcomes for prisoners. It is also highly likely that this uncertainty had contributed to the fact that the prison had failed to achieve 47 of the 80 recommendations made at the last inspection.

In terms of safety, we found that processes and procedures during reception, the first night in the prison and induction, when prisoners are likely to be at their most vulnerable, were poor and needed urgent intervention by management. Violence had increased and was now at a similar level to other local prisons, and much of it was related to the ready availability of illicit drugs. There was a drug supply reduction strategy in place and this had recently been enhanced but would need to be constantly reviewed if it was to have an impact on the flow of drugs into the jail. There were a number of other issues that caused us to reduce our judgement of this area to not sufficiently good, and these are detailed in the body of this report.

The area that caused us greatest concern was that of purposeful activity, and this was directly related to the uncertainty over the prison's future. We were told that there had been some delayed plans to re-role the prison to become a category C training prison. So far as the senior management team were aware, the latest plan was that this should happen in the autumn of 2018, just a few months after the inspection. When I asked if this was definitely going to happen and what the plans were to enable it to do so, no-one could give me a clear answer. They simply did not know. This, I was told, was because they had not been given any more detail by Her Majesty's Prison and Probation Service (HMPPS). This was extraordinary.

To turn High Down into a fit-for-purpose training prison would involve a major change management programme, and yet nobody was able to give me any explanation of time frames, sequencing of actions, milestones, costings or accountabilities. Any ambition to achieve this by the autumn, as was expected by the prison leadership, would inevitably fail. It was a matter of simple logistics. At the time of the inspection there was a shortfall of around 550 activity places. Only 55% – about 330 – of those who were actually allocated to work or education attended at any one time. Forty-seven per cent of prisoners were locked in their cells during the working day. To transform this situation in a few short months would clearly be impossible, yet the governor and team believed that they might be expected to do so. Hardly surprisingly, I heard the expression 'planning blight' being used on several occasions.

The overriding priority, beyond making the prison safer and addressing the serious failings in public protection work described in this report, must be to clarify the future of the establishment. If it is indeed intended to turn it into a training prison, then it is absolutely clear that credible plans to do so must be developed as a matter of urgency. If that ambition is to be abandoned or delayed for whatever reason, then the senior leadership at the prison need to be told as soon as possible so that they can focus on what is needed to improve the prison in its current role, and in particular to introduce a better regime that allows more prisoners out of their cells to gain access to education and work.

The current leadership and staff of the prison are clearly committed to doing what they can for the men in their care. There were many new members of staff, and although this sometimes caused some frustration for prisoners, it was pleasing to see that the senior management of the prison unequivocally saw the new staff as an opportunity to make improvements, and were taking steps to

guide and mentor them in their new careers. In turn, the prison itself needs and deserves practical support from HMPPS, and to be spared the uncertainty that was inhibiting progress when we inspected.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

June 2018

Fact page

Task of the establishment

HMP High Down is a category B local prison. It accepts prisoners from Croydon and Guildford Crown Courts and the surrounding magistrates' courts.

Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 1,130

Certified normal capacity: 999

Operational capacity: 1,203

Notable features from this inspection

536 prisoners (47% of the population) were unemployed.

400 prisoners were living in overcrowded cells built for one person.

55% of prison officers were in their first year of service and most of the senior management team were temporarily promoted.

There were 144 foreign national prisoners, and 55 different countries were represented within the population.

322 prisoners were actively engaged with substance misuse services.

30% of prisoners were assessed as presenting a high- risk of harm to others.

87% of prisoners had received a social visit.

50% of prisoners were released homeless or to short-term accommodation.

Prison status (public or private) and key providers

Public

Physical health provider: Central and North-West London NHS Trust (CNWL)

Mental health provider: CNWL

Substance misuse provider: The Forward Trust

Learning and skills provider: Novus

Escort contractor: GEOAmev

Region/Department

London

Brief history

HMP High Down was built on the site of Banstead's former mental hospital. It opened in 1992 and currently operates as an adult male category B local prison. The prison has been selected to reconfigure to a category C prison under estate reconfiguration.

In 2009, the prison added two new residential house blocks, a new gym and an educational centre.

Short description of residential units

House blocks 1–6 house around 200 prisoners each.

House block 1 – Built in 1992 and refurbished in 2017. A-spur operates as first night accommodation.

House block 2 – Built in 1992.

House block 3 – Built in 1992 and refurbished in 2016.

House block 4 – Built in 1992. The detoxification and stabilisation unit.

House block 5 – Built in 2008.

House block 6 – Built in 2008. It operates as a vulnerable prisoner unit for sex offenders.

Health care inpatient unit – Has 22 beds.

Segregation unit – Capacity for 23 prisoners.

Name of governor and date in post

Sally Hill (Acting), April 2018

Independent Monitoring Board chair

Joint chairs: Sue Bird/Chris Duke

Community rehabilitation company and the on-site provider

Kent Surrey and Sussex – Seetec

London – MTCNovo

Date of last inspection

12–23 January 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

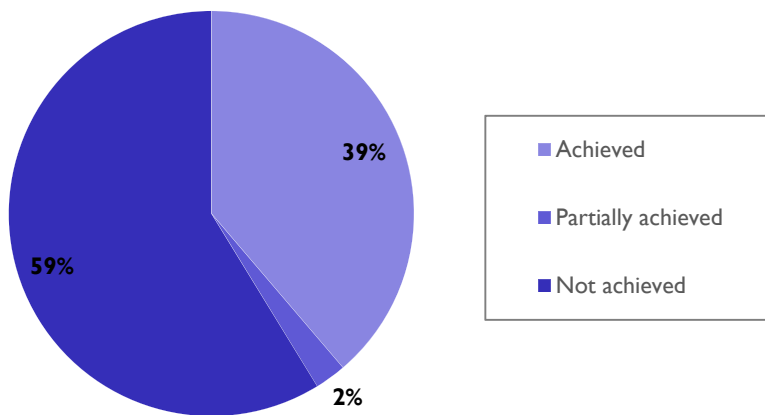
¹ <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>

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 High Down in 2015 and made 80 recommendations overall. The prison fully accepted 55 of the recommendations and partially (or subject to resources) accepted 14. It rejected 11 of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 31 of those recommendations, partially achieved two recommendations and not achieved 47 recommendations.

Figure 1: HMP High Down progress on recommendations from last inspection (n=80)



Since our last inspection, outcomes for prisoners stayed the same in Respect and Rehabilitation and release planning but declined in Safety and Purposeful activity. Outcomes were reasonably good in Respect but were not sufficiently good in Safety and Rehabilitation and release planning. Outcomes were poor for Purposeful activity.

Figure 2: HMP High Down healthy prison outcomes 2015 and 2018³



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

S3 Reception, first night and induction processes were poor. Too many prisoners felt unsafe. The number of incidents of violence, often related to drugs and debt, had increased and was similar to that found in other local prisons. Analysis of violence was developing but too little was being done to make the prison safer. Levels of use of force had increased, and governance had improved and was reasonably good. The number of adjudications was high and many were not proceeded with. The segregation unit gave us cause for concern. Drugs were easily available and the use of new psychoactive substances was particularly problematic. There was a good supply reduction strategy and action plan, and this had recently been given higher priority. Levels of self-harm were relatively low but support for those at risk of harm was too variable. **Outcomes for prisoners were not sufficiently good against this healthy prison test.**

S4 At the last inspection in 2015 we found that outcomes for prisoners in High Down were reasonably good against this healthy prison test. We made 19 recommendations in the area of safety.⁴ At this inspection we found that nine of the recommendations had been achieved, one had been partially achieved and nine had not been achieved.

S5 Reception was busy and processes there were disorganised and slow. Staff dealt with prisoners sympathetically and the system to identify risk factors on arrival was adequate. Delays in carrying out health care assessments kept prisoners in reception for far too long, and they waited in grubby holding rooms for several hours, with no access to refreshments. Induction peer workers provided helpful information in reception but there was no staff oversight.

S6 New arrivals were not always located on the dedicated first night wing owing to insufficient space there, and were therefore accommodated wherever there was space in the prison, sometimes very late at night and without a shower. Some were taken to the segregation unit on their first night, which was unacceptable. Cells for new arrivals were graffiti covered and poorly prepared. There were no first night checks on new arrivals, and no additional support was provided. The induction process was underdeveloped and attendance had been unreliable.

S7 In our survey, almost a quarter of prisoners said that they currently felt unsafe. There had been an increase in the number and seriousness of incidents of prisoner violence year on year since the previous inspection. Levels of violence were now similar to those at comparable prisons. There was recent and improving analysis of violence, much of which was due to drugs and debt. Trends and hotspots were identified but too little action was taken to make the prison safer. The local strategy to deal with perpetrators or victims of violence had recently been supplemented by a dedicated safety team which had improved the detail of investigation into violent incidents. However, victims were not adequately supported or perpetrators effectively challenged.

S8 The incentives and earned privileges (IEP) scheme had a mainly negative and punitive focus, and in our survey only 28% of prisoners said that the IEP scheme encouraged good behaviour.

S9 The number of adjudications had increased considerably and was much higher than at similar prisons. Too many charges were postponed, dismissed or not proceeded with, which

⁴ This included recommendations about substance misuse treatment, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison area of respect.

undermined the efforts to tackle poor behaviour. Many charges could have been dealt with more appropriately through the IEP system.

- S10 Levels of use of force had increased and were now similar to those at other local prisons. Managerial oversight of use of force had improved and incidents were reviewed to identify patterns and trends, although too many staff statements remained outstanding. Records indicated that the use of force was proportionate, and that staff regularly used de-escalation techniques. Planned interventions were recorded routinely.
- S11 The conditions and regime on the segregation unit were poor. Of concern, staff made ad-hoc decisions to restrict prisoners' access to the regime further, without appropriate authority. The number of prisoners segregated was lower than at similar prisons and at the time of the previous inspection. However, lengths of stay had increased considerably, and at the time of the inspection some prisoners had been segregated for over three months.
- S12 Despite some improvements, some aspects of procedural security remained disproportionate, and staff regularly struggled to account for prisoners' whereabouts. A good flow of intelligence was analysed swiftly and security priorities were broadly aligned to the current threats of violence, drugs and associated debt.
- S13 Our survey results, finds and positive drug test results all indicated that drugs were easily available. Over 40% of prisoners said that it was easy to get illegal drugs and around one in eight said that they had developed a drug problem at the prison. The use of new psychoactive substances⁵ was particularly problematic, and linked to medical emergencies, debt and violence. The prison had reviewed and updated a supply reduction action plan and had recently given it a higher priority.
- S14 There had been one self-inflicted death since the previous inspection, and there was a further self-inflicted death in the week after the inspection. Levels of self-harm had increased but were still lower than at similar prisons. There was a reasonably good strategic approach to managing prisoners at risk of suicide and self-harm but key aspects, notably providing prisoners in crisis with activity, had yet to be delivered. Monthly safer custody meetings were informed by adequate analysis, but incidents of self-harm were not followed up to generate learning. Staff struggled to manage the number of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm effectively, and outcomes were highly variable. We found some examples of inadequate support for prisoners in crisis. Health services staff rarely attended case reviews, and care maps were often weak. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were well supervised by the Samaritans but could not see new arrivals confidentially and had no access to prisoners in segregation.

⁵ NPS generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

Respect

- S15** *Staff–prisoner relationships were reasonably good. Some communal areas on the house blocks, especially the showers, were dirty. Prisoners had good access to showers and basic essentials. Too many prisoners lived in cramped, overcrowded cells. The provision of in-cell telephones and electronic information kiosks enhanced daily life. Prisoner consultation, applications and complaints were reasonably well managed. Catering arrangements were poor. Equality and diversity processes had improved but there were still some significant gaps. Health and social care provision was reasonable and substance misuse services were good. **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 High Down were reasonably good against this healthy prison test. We made 31 recommendations in the area of respect. At this inspection we found that 15 of the recommendations had been achieved, one had been partially achieved and 15 had not been achieved.*
- S17** In our survey, most prisoners, and similar numbers to those at other local prisons, said that staff treated them respectfully and that they had an officer they could turn to for help. Following a major recruitment campaign, the prison had recovered from a critical low point in 2017 and, although a large proportion of residential staff were relatively new, all house blocks were fully staffed, which provided a level of continuity and stability for prisoners. Most of the interactions we observed were polite. New staff sometimes struggled to assert their authority but were slowly gaining experience. Many prisoners still expressed frustration over the inability of some staff to answer their questions or to get things done.
- S18** External areas were generally clean and well maintained. The standard of accommodation varied widely, with the best conditions to be found on the newer house blocks. Some internal communal areas were grubby and many of the shower rooms on the older house blocks were damp, dirty and strewn with litter and discarded clothing. Over 400 prisoners were held two to a small cell designed for one, often with insufficient furniture and with inadequate screening around toilets. In our survey, prisoners were positive about access to showers, cleaning materials, prison clothing and bedding. All prisoners could wear their own clothes and have them laundered weekly in the house block laundries. In-cell telephones and the newly installed electronic information kiosks were well used by prisoners to take personal responsibility for many aspects of their life at the establishment.
- S19** Most prisoners were negative about the food provided. Breakfast and lunch packs were small and lunch was served at the cell door, which was poor practice. The evening meal was now served later, which was a positive change, but there was insufficient staff supervision at the serveries, and there was little portion control.
- S20** New arrivals waited too long to access the prison shop, which increased their likelihood of getting into debt.
- S21** Prisoner consultation arrangements were good and were facilitated via house block forums and a monthly prisoner council meeting. Community information orderlies (CIOs) provided first-hand support to other prisoners and represented them at consultation groups. Many prisoner applications could now be made via the electronic kiosks, which had speeded up the process.
- S22** The number of complaints submitted was comparable with that at similar prisons and at the time of the previous inspection. There was good quality assurance of responses but no analysis of data to identify trends or emerging issues.

- S23 No bail information or legal advice was provided.
- S24 The governance of equality and diversity, and the monitoring of differential outcomes had improved but there were still some gaps in provision. Although the equality team and peer worker provided some good support for individuals, this was not systematic across the prison. In our survey, prisoners from most protected groups reported similarly to their counterparts. However, there was no needs analysis or formal consultation across any of the protected characteristics. Local monitoring indicated some unfair treatment of black and minority ethnic prisoners and young adults but this had not been investigated. The discrimination incident report form process had recently been re-established. Investigations were thorough, and scrutinised by an independent organisation, but awareness of the process was too low.
- S25 There was a lack of specific interventions and support for young adults and prisoners from black and minority ethnic backgrounds, and only limited support for Gypsy and Traveller groups. The identification of foreign national prisoners was flawed. Home Office immigration enforcement input was too limited and these prisoners sometimes received notice of detention on their release day, which was unacceptable. Use of professional telephone interpreting services had increased but overall there was too little welfare support for foreign national prisoners. Some good support was provided for older prisoners and those with more serious disabilities on house block 6, including effective use of peer care workers.
- S26 Access to worship was good, and a range of spiritual activities was available. Chaplaincy staff were visible, accessible and well integrated into the prison. Prisoners spoke highly of the pastoral support available, which included bereavement counselling and liaison with faith groups in the community.
- S27 Governance and partnership arrangements for health provision were good. A wide range of primary care services was available, with short waits for most clinics. Prisoners had prompt access to triage and nurse-led clinics on the house blocks, with other specialist services accessed from the health care centre, although non-attendance rates were too high. Reception health screening was thorough but prisoners waited too long to be assessed, which carried potential risk, particularly for prisoners who needed help with detoxification. The inpatient unit was largely positive but it was a constant challenge to deliver an effective therapeutic regime. Support for prisoners requiring personal social care was good but information sharing with residential staff required improvement.
- S28 Demand for mental health services was substantial, and caseloads were high. Support for prisoners at risk of self-harm was fragmented but, overall, the range of services was good. Prisoners requiring admission to hospital under the Mental Health Act waited too long to be transferred.
- S29 The substance misuse service provided a fully integrated and effective clinical and psychosocial service. Opiate substitution treatment was safe and delivered flexible, patient-centred outcomes, with good supervision of administration by officers.
- S30 Pharmacy and most medicine management arrangements were robust but the supervision of medicine administration queues by officers was poor. The dental suite required some improvements, and prisoners waited too long for routine dental assessment and treatment.

Purposeful activity

S31 *Almost half the population was locked up during the working day and had little time out of cell, at around two hours. The regime was routinely delayed, which curtailed time for activities and appointments. The library and gym were underused. The leadership and management of education, skills and work were inadequate. There were too few activity places and many of those available were not filled. Attendance and punctuality were poor. Almost half the population was unemployed. The quality of teaching and learning required improvement. Many prisoners failed to complete their course or gain a qualification. **Outcomes for prisoners were poor against this healthy prison test.***

S32 *At the last inspection in 2015 we found that outcomes for prisoners in High Down were not sufficiently good against this healthy prison test. We made 14 recommendations in the area of purposeful activity. At this inspection we found that two of the recommendations had been achieved and 12 had not been achieved.*

S33 The amount of time out of cell was very poor for many prisoners. Almost half the population was unemployed and unlocked for only around two hours each weekday. Working prisoners should have had over nine hours unlocked but this was rarely achieved. In our roll checks, 47% of prisoners were locked up during the working day, which was much worse than at the time of the previous inspection (35%). The regime routinely ran late, primarily owing to inaccurate roll checks. Despite these chronic regime failings, which had a substantial impact on prisoners' time unlocked, their well-being and their access to education, training and other activities, there was an evident lack of drive and leadership in addressing the underlying causes.

S34 The library offered a range of activities to promote literacy but attendance had been affected by regime restrictions, and access from some house blocks was extremely poor. The gym, potentially a source of valuable activity for the many prisoners locked up during the working day, was underused. Sessions were routinely cancelled and provision was inadequate. There was no analysis of gym or library use to inform provision.

S35 The leadership and management of education, skills and work activity were inadequate. Managers had shown perseverance and determination to maintain and develop the provision of education, vocational training and work but significant operational challenges, including staff shortages, regime restrictions and a hiatus caused by uncertainty over the prison's future role, meant that the quality of the provision had not improved since the previous inspection. Managers recognised what needed to be improved but the scale and extent of these improvements had become overwhelming. Senior prison leaders had an ambitious published vision for improving and extending purposeful activities but the most recent action plan for achieving this recorded little progress towards achieving it.

S36 The number of activity places had increased but there were still too few to meet the needs of the total prison population, and, on average, only around half of the places that were available were being filled. Just under half of the prison population was unemployed. Prisoners' attendance at sessions was persistently low, and punctuality poor. Too few prisoners had had initial assessments of their English and numeracy skills. The allocations process was inefficient; too many prisoners waited too long to get onto a course or left the prison before they could do so. Communication between education managers and staff on the house blocks was poor, resulting too often in prisoners struggling to get on a course or get to the session they were booked on.

- S37 Inductions to education were ineffective, careers advice was inadequate and most prisoners had a poor understanding of what activities were available. Few of the prisoners discharged entered education, training or employment.
- S38 Most teaching, learning and assessment in education and vocational training sessions were effective but too few prisoners were attending sessions and benefitting from them. Teachers were skilled and committed, and most prisoners were making at least reasonable progress. Most teachers used individual learning plans well to promote individual learners' progress but the quality of target setting for vocational learners required improvement. Less able prisoners sometimes struggled to keep up in mixed ability sessions. Teaching time was severely constrained by late-arriving prisoners. Once prisoners arrived at sessions, too many then left to attend other activities.
- S39 Most prisoners who attended education or vocational training were positive about their learning, and worked with purpose. A minority developed work-related skills, notably in The Clink restaurant and barbering. Prisoners behaved well towards each other and their teachers. Not all managers in workshops identified and recorded prisoners' development of employability skills. Too few prisoners engaged in, or recognised the value of, education, skills and work.
- S40 Large proportions of learners across all courses did not complete their course and left before achieving the qualification. In the current year, prisoners' achievements in some courses, most notably English and information technology qualifications at levels 1 and 2, were too low.

Rehabilitation and release planning

S41 *Work to support contact with children and families was reasonably good. Offender management was largely reactive and undermined by the impending re-role of the prison and staff shortages. Offender supervisors had limited contact with prisoners, with little focus on motivation and progression. The lack of systematic public protection measures presented an unacceptable risk. Categorisation and home detention curfew processes were well managed. Release planning started too late for some. The community rehabilitation companies provided a range of finance and housing support but too many prisoners were released homeless or without sustainable accommodation. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S42 *At the last inspection in 2015 we found that outcomes for prisoners in High Down were not sufficiently good against this healthy prison test. We made 16 recommendations in the area of resettlement.⁶ At this inspection we found that five of the recommendations had been achieved and 11 had not been achieved.*

S43 Support for prisoners to maintain contact with children, families and support networks was reasonably good. Most prisoners had received a social visit, and the introduction of in-cell telephones represented important progress. The visitors centre staff were welcoming and informative. Booking-in and searching processes were generally efficient. The visits hall was spacious and clean, although shabby. Refreshments and a play area were available. Visits were relaxed and families we spoke to were generally positive about their visits experience. The homework club was a positive initiative, and the child-centred visits were an excellent way to enable fathers to bond with their children.

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

- S44 The strategic planning for offender management and resettlement had been undermined by the prison's delayed re-role to a category C training prison. The reducing reoffending strategy had been updated but there was no recent analysis of offending-related needs to inform provision.
- S45 Most sentenced prisoners were serving long sentences and at least 30% presented a high risk of harm to others. Staff shortages, cross-deployment of uniformed offender supervisors and extremely large caseloads hindered effective offender management, which was, as a result, purely reactive. Ongoing offender supervisor contact was minimal, with too little focus on engagement and progression. The number of late offender assessment system (OASys) assessments was still too high and this was not monitored well enough.
- S46 The new home detention curfew processes were managed appropriately but some prisoners were still in custody many weeks after their eligibility date owing to the lack of places in Bail Accommodation and Support Services (BASS) hostels.
- S47 Recategorisation reviews were up to date. Transfers for some prisoners proved very difficult, leaving some stuck at the establishment with little opportunity to progress.
- S48 Public protection work was significantly undermined by the lack of assessment for mail and telephone monitoring, and this presented an unacceptable risk. The interdepartmental risk management team meeting was appropriately focused on the release of high-risk prisoners but we were concerned that too many such cases were missed. The quality of many pre-release risk management plans was not sufficiently good, with many community-based offender managers failing to get involved well enough ahead of release.
- S49 Housing advisers worked hard to support prisoners with housing issues. Despite this, 50% of prisoners released in the previous six months had said that they would be homeless or only had temporary accommodation to go to. Finance and benefit help was reasonably good.
- S50 There was no offending behaviour needs analysis and no strategy to tackle the offending behaviour of prisoners, including those convicted of sexual offending or domestic violence.
- S51 The demand for resettlement services was high, with about 130 releases a month. Far too few prisoners had their resettlement needs assessed on arrival, which had a direct effect on the delivery of community rehabilitation company resettlement work. Resettlement needs were reviewed before release. Appropriate action was taken to address the issues identified but some reviews were undertaken late, and too near the release date to be fully effective.

Main concerns and recommendations

- S52 Concern: Reception and first night processes were poor. Prisoners who were new to custody often spent hours in dirty holding rooms, to be later located in ill-prepared and dirty cells, without being able to shower. Vulnerability risk assessments on these new arrivals were not robust, there were too few checks on their welfare and they were poorly supported during their early days in custody.

Recommendation: Reception and first night processes should be efficient. Vulnerability risk assessments on new arrivals should be robust. Before being locked up for the night, prisoners should be welcomed, informed and supported by peers and staff. Cells should be clean, well prepared and fully equipped, and prisoners should be able to shower.

S53 Concern: Managerial oversight of segregation was weak. The living conditions and regime on the unit were poor. Staff made ad-hoc decisions to restrict prisoners' access to the regime further, without appropriate authority.

Recommendation: Improved oversight and leadership of the segregation unit should ensure that prisoners have good living conditions and a consistently decent regime. All decisions should be appropriately authorised. There should be robust governance to monitor and maintain improvements.

S54 Concern: There were too few activity places for the population but even the available places were not all filled. Attendance and punctuality were poor. Half the population was unemployed and had only two hours unlocked each day.

Recommendation: There should be sufficient purposeful activity to meet the needs of the population. All prisoners should be allocated to a suitable activity and all prisoners should attend their activity on time.

S55 Concern: Public protection restrictions were not used well enough to prevent prisoners presenting a high risk of harm from contacting their victims.

Recommendation: Prisoners' risk of harm to others should be routinely assessed on arrival, and appropriate mail and telephone monitoring applied as required.

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 Reception was busy, with around 77 new arrivals each week. Some prisoners travelled long distances to the establishment because their intended destination was full and they were diverted to High Down. Without being informed by a risk assessment, prisoners were routinely handcuffed to and from escort vehicles. Every prisoner passing through reception was also strip-searched, with no clear rationale to support this (see also paragraph 1.32 and recommendation 1.40).
- I.2 Reception processes were disorganised and slow. New arrivals completed each part of the process in turn, resulting in prisoners waiting in grubby holding rooms for several hours to start on the next phase, with no access to support, refreshments or peer workers (see main recommendation S52). The prison had been developing some posters and booklets for new arrivals, and these started to be used during the inspection.
- I.3 We observed first night interviews being held in private, and the officer involved was thoughtful and sympathetic. However, the local 'first night in prison' system to identify risk factors on arrival was outdated and did not consider the protection of adults at risk (see section on safeguarding). One new arrival already subject to assessment, care in custody and teamwork (ACCT) monitoring was not reviewed after a long journey (see paragraph 1.44). Delays in health care assessments were the main reason that prisoners stayed in reception for far too long, and it was not uncommon for prisoners to leave reception after midnight (see main recommendation S52).
- I.4 Before leaving reception, those prisoners who were processed before 10pm were given a hot meal and saw induction peer workers, who checked on their welfare and helped them to make a free telephone call. They provided helpful information but there was no staff oversight. A Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) shared the peer workers' room, so the support he provided was not confidential. In our survey, fewer prisoners than at similar prisons said that they could speak to a Listener on their first night. Prisoners processed after 10pm did not receive any peer support on their first night.
- I.5 New arrivals were supposed to be located on house block 1, the dedicated first night centre. Those needing substance misuse treatment generally went to house block 4, and vulnerable prisoners mostly went to house block 6. However, staff failed to plan for new arrivals. During the inspection, insufficient spaces had been created on house block 1 because prisoners who had completed induction had not been moved on. New prisoners were therefore located wherever there was space in the prison. We saw two new arrivals who were located on the segregation unit on their first night, which was unacceptable.
- I.6 New prisoners were taken to poorly prepared, graffiti-covered cells (see Appendix III), with no orientation or welcome from wing staff, sometimes late at night, and without a shower. In

our survey, only 9% of respondents said that they had been offered a shower on their first night. None of the cells we checked had pillows. There were no first night checks for new arrivals and no additional support was provided (see main recommendation S52).

- I.7** The next day, prisoners were taken to the resettlement centre, which operated a rolling two-day induction programme. Attendance had been unreliable for a long time due to staffing problems and regime restrictions, and induction completions had not been monitored. In our survey, fewer prisoners than at other local prisons said that they had had an induction. The prison had recognised the problem, and two dedicated staff had been assigned to oversee the process shortly before the inspection. The induction programme was underdeveloped, comprising a talk by peer workers in a noisy room in the resettlement centre, but there were advanced plans to film a welcoming DVD.

Recommendation

- I.8 A comprehensive induction should be delivered to all prisoners in a suitable environment, and attendance monitored.**

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.9** Levels of violence between prisoners had increased year on year since the previous inspection, with a noticeable peak during 2017. In the previous six months, there had been 241 incidents of violence (48 assaults on staff and 133 on prisoners, and 60 fights), which was comparable to the number at other local prisons. The proportion of serious assaults had increased, with 17% of all prisoner-on-prisoner assaults being serious. Much of the violence was due to drugs and debt.
- I.10** The increase in violence was reflected in our survey. More than half of all respondents said that they had felt unsafe at the establishment at some point, and 22% that they currently felt unsafe. Levels of victimisation between prisoners had also increased. In our survey, 53% of prisoners said that they had not experienced victimisation or bullying, which was similar to the proportion at other local prisons but far worse than at the time of the previous inspection (72%). The prison had not conducted any local prisoners surveys to establish why prisoners felt unsafe or victimised.
- I.11** The strategic oversight of violence had started to improve recently. A violence reduction taskforce meeting, chaired by the governor, was held monthly, with reasonable attendance from key departments. The meeting used analysis and monitoring of trends to direct strategy and resources. The prison's violence reduction action plan had recently been updated and had yet to be implemented fully, and, as yet, too little was being done to make the prison safer.
- I.12** Shortly before the inspection, additional resources had been provided for the safer custody team to investigate violent incidents and prisoner victimisation. This had resulted in an increase in both the quality and number of investigations.

- I.13** Despite the recent improvements, arrangements for challenging preparators and supporting victims were weak. When the safety team became aware of bullying issues, prisoners were interviewed to gather information. However, support was often limited to a change of location or signposting to the chaplaincy. During the inspection, we identified several prisoners who had informed staff that they felt unsafe and required help but had not yet received support from the safer custody team.
- I.14** The incentives and earned privileges (IEP) scheme was generally understood by most prisoners we spoke to. However, many prisoners told us it that was only used punitively, and as there was a shortage of employment linked to gaining enhanced status, there was little opportunity to progress. In our survey, only 28% of prisoners said that the scheme encouraged good behaviour, and 27% that it was applied fairly. In the case notes we checked, almost all entries relating to IEP were negative. Managers had recognised that the current scheme was ineffective and had developed a new scheme to encourage good behaviour. However, implementation had been postponed as the establishment was in the process of becoming a category C training prison.
- I.15** Around 60 prisoners were on the basic level of the scheme. They lost the privilege of having a television and were locked up for around 22 hours each day. There were few individualised targets to improve and address poor behaviour, and most prisoners returned to the standard level after 14 days.

Recommendations

- I.16** **Actions designed to reduce violence should be fully implemented and embedded.**
- I.17** **The management of perpetrators of bullying or violence should be improved and a formal system to support victims should be implemented.** (Repeated recommendation I.18)
- I.18** **The prison should introduce an effective scheme to incentivise good behaviour.**

Adjudications

- I.19** The number of adjudications had increased considerably since the previous inspection and was far higher than at similar prisons. Most charges were for unauthorised possession, threatening behaviour and disobeying orders. The regular adjudication standardisation meeting had found, and our own observations confirmed, that many charges could have been dealt with less formally, particularly if the prison had an effective scheme to incentivise good behaviour. Too many adjudications were either dismissed or not proceeded with, often because of hearings being repeatedly postponed and eventually exceeding time limits. This greatly undermined the prison's ability to challenge poor behaviour. Prison managers had begun to implement measures to ensure that charges were appropriate and necessary.

Recommendation

- I.20** **Adjudication charges should be appropriate and necessary, and the process should be concluded without unnecessary delay.**

Use of force

- I.21** Records indicated that the use of force was proportionate. Although levels had increased, they were comparable to those at other local prisons. There had been 284 recorded incidents in the previous six months. All planned interventions were recorded, and most were de-escalated and did not result in the full use of restraint. It was of concern, however, that there was not always a member of the health services team present.
- I.22** Governance of use of force had improved. A monthly meeting had been introduced and was chaired by the governor. The meeting considered a range of data to identify emerging trends concerning location and staff involvement. However, some actions identified lacked sufficient evidence to demonstrate that they had been addressed. For example, we found that 53% of all incidents of force were against prisoners of a black and minority ethnic (BME) background, despite this group representing only a third of the entire population. Managers had identified this repeatedly in the six months prior to the inspection, but there was no evidence of any action taken to address these concerns.
- I.23** Staff statements about the use of force included a reasonable level of detail, including de-escalation techniques, but despite challenges from managers, too many statements were missing.
- I.24** Batons had been drawn, but not used, by staff on five occasions and all incidents had been reviewed by the deputy governor. Special accommodation had been used twice in the previous six months. Both instances appeared to have been justified but prisoners had not always been removed at the earliest opportunity.

Recommendations

- I.25 A member of the health services team should be present for all planned use of force interventions.**
- I.26 Use of force dossiers should be completed within the required timeframes.**
- I.27 The disproportionate use of force against black and minority ethnic (BME) prisoners should be explored and addressed.**

Segregation

- I.28** Segregation use had decreased, with 184 uses in the six months to March 2018, which was lower than at similar prisons. However, lengths of stay had increased considerably and the unit often operated at full capacity. At the time of the inspection, two prisoners had been segregated for over three months, and a further four for over six weeks.
- I.29** Living conditions on the unit were poor. Exercise yards were bleak and cells were grubby. Despite a painting programme, several cells contained graffiti that had been there for some time (see Appendix III). The communal shower areas and unit servery were dirty. Several cells were damaged and a prisoner who was currently on an open ACCT case management document had been held in a cell with a broken observation panel, with shards of glass present, for several days (see paragraph I.44 and main recommendation S53). After we brought this to the attention of managers, some improvements were made.
- I.30** The regime on the unit was poor and we were concerned to find that staff routinely made decisions to curtail a prisoner's already limited regime further without the appropriate

authority. During the inspection, we found some prisoners who had not spent any time out of their cells for several days (see main recommendation S53).

- I.31** A segregation management and review group was chaired by the deputy governor but meetings were irregular and infrequent. A range of data was presented to the meeting but the resulting actions were not completed or given sufficient priority (see main recommendation S53).

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.32** Most aspects of security were well managed and there had been some improvements since the previous inspection. However, there were a number of serious weaknesses in procedural security. The consolidation of the prison roll count was late on most days and this limited prisoners' access to activities (see paragraph 3.2). Prisoners were routinely handcuffed between escort vehicles and the reception area, which was unnecessary (see paragraph I.1). All prisoners entering or leaving reception were subject to strip-searching without an individual risk assessment (see paragraph I.1). Public protection arrangements were also weak, with no assessment of new prisoners for telephone and mail monitoring (see paragraph 4.24 and main recommendation S55). The prison had also repeatedly failed to implement recommendations from the Prisons and Probation Ombudsman concerning the disproportionate use of restraints on ill and dying prisoners in external hospitals.
- I.33** The number of intelligence reports submitted had increased, with over 3,000 processed and actioned in the six months to March 2018. The intelligence was well managed and there was an appropriate level of analysis to ensure that actions were identified. Recent increases in staff had allowed for the introduction of regular intelligence-led searching. In the previous six months, the prison had recovered 186 mobile phones, 85 weapons and 184 packages containing drugs. In the same period, a large number of items thrown over the perimeter wall had also been recovered.
- I.34** Monthly security meetings were reasonably well attended but some key departments, such as safety and residence, were not consistently represented. Before the meeting, several reports were circulated that provided information on current intelligence, security perimeter hotspots and data from searching. This information was used to identify security objectives, which were broadly aligned to the current threats of violence, drugs and associated debt.
- I.35** In our survey, 41% of respondents said that it was easy to get illegal drugs at the prison, and around one in eight said that they had developed a drug problem while there. The use of new psychoactive substances⁷ was particularly problematic, and linked to medical emergencies, debt and violence. Over the previous six months, the number of positive random mandatory drug tests, including the use of new psychoactive substances (NPS),⁸ was high, at an average of 31%; excluding NPS, the rate remained high, at 19.6%.

⁷ NPS generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

⁸ NPS generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

- I.36** The drug strategy action group, previously part of other meetings, had recently been given its own forum as a standalone meeting, and was chaired by the governor to ensure that sufficient priority was given to supply reduction. The local strategy had also been revised to include current threats, and a supply reduction action plan had been reviewed and updated.
- I.37** The prison was also developing work with external agencies, such as the police, and had recently invested in technology to help to identify illicit substances and detect mobile phones. Although these improvements were welcome, it was too early to assess if the actions taken would be effective.
- I.38** There were 15 prisoners subject to closed visits at the time of the inspection, all for appropriate reasons. Reviews were conducted regularly and prisoners received written correspondence informing them of the decision taken.

Recommendations

- I.39** **Prison managers should ensure that roll counts are consolidated accurately and promptly, to enable prisoners to attend activities on time.**
- I.40** **All strip-searching of prisoners should be intelligence led or based on a specific suspicion.** (Recommendation repeated I.39)

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.41** There had been one self-inflicted death since the previous inspection, and there was a further self-inflicted death in the week after the inspection. Levels of self-harm had increased. There had been 183 incidents in the six months to the end of April 2018, against 108 in the same period at the time of the previous inspection, but these levels were still lower than at similar prisons.
- I.42** Most staff in the safer custody department were new in role and the work in this area was underdeveloped. There was a reasonably good strategic approach to managing prisoners at risk of suicide and self-harm but key aspects, notably providing prisoners in crisis with activity, had yet to be delivered. Monthly safer custody meetings were informed by adequate analysis, but incidents of self-harm were not followed up to generate learning. More frequent multidisciplinary meetings, to consider the needs of complex prisoners, did not take place, which was a significant gap in provision. A satisfactory proportion (57%) of operational staff had completed some of the latest training in suicide and self-harm prevention, but this had currently halted.
- I.43** There were 40 ACCT documents open during the inspection, and the many new and inexperienced staff struggled to manage this number effectively. The safer custody team did not have an efficient system to coordinate daily ACCT case reviews, and health services staff

rarely attended these, particularly initial reviews. Care maps were often weak and were not updated.

- I.44** Outcomes for prisoners in crisis were highly variable and we found some examples of inadequate support for such individuals. One prisoner on an ACCT on the segregation unit was deprived of his basic daily routine of exercise, a telephone call and shower, and was held in a cell with a broken observation panel and shards of glass protruding from it (see also paragraph I.29). A new arrival, a vulnerable prisoner staying for one night on a long journey to his new prison, who was already under ACCT monitoring, was not given a case review until we raised concerns (see also paragraph I.3).
- I.45** The introduction of in-cell telephones had allowed much easier access to the Samaritans. Records showed that the in-cell freephone number was well used, and its use had peaked over the Christmas period. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were well supervised by the Samaritans at weekly meetings. There were Listener suites on all house blocks. Listeners could not see new arrivals confidentially during the reception process and had no access to prisoners in segregation.

Recommendations

- I.46** **A member of the health services team should attend all initial assessment, care in custody and teamwork (ACCT) case reviews.**
- I.47** **Incidents of self-harm should be followed up, to inform learning and improve support for prisoners in crisis.**
- I.48** **Listeners should be able to see prisoners confidentially during the first night process, and access prisoners on the segregation unit, subject to a risk assessment.**

Protection of adults at risk⁹

- I.49** The prison was well sighted on adult safeguarding issues and had maintained links with Surrey County Council social services. The previous safer custody manager had worked closely with the lead social worker at the establishment and had attended meetings with the Surrey Safeguarding Adults Board. There was a reasonably good adult safeguarding policy but processes were not yet fully implemented. There was no formal means to identify safeguarding concerns during the first night process, but there was a referral process for wing staff. Although the prison had evidence to suggest that concerns had been raised about the potential vulnerability of some prisoners, these referrals were not logged, and progress and outcomes were not monitored. No safeguarding training had yet been delivered to staff.

Recommendation

- I.50** **Adult safeguarding referrals should be recorded, and progress and outcomes monitored.**

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, 68% of prisoners said that staff treated them respectfully, and a similar number that there was a member of staff they could turn to for help, both of which were comparable to the proportion at other local prisons and the time of the previous inspection. Following a major recruitment campaign, the prison had recovered from a critically low staffing level in 2017 but, as a result, around 55% of residential staff had less than 12 months' service. There were now enough staff to provide continuity and stability on the house blocks, although prisoners remained frustrated at some staff's inability to answer their questions or get things done for them. These frustrations were exacerbated during the busy domestic and association periods, when all of those who had been locked up overnight or throughout the day required help at the same time.
- 2.2** There was no personal officer scheme, and electronic case notes tended to record only poor behaviour. Most of the interactions we observed were polite but staff did not interact proactively with prisoners, tending instead to be reactive when prisoners presented problems. The keyworker scheme, intended to provide meaningful contact between designated staff and every prisoner each week, was due to launch in autumn 2018.
- 2.3** There was good support for the new staff and they were steadily gaining experience and expertise, although some still struggled to assert their authority. The lack of activity for so many prisoners (see section on education, skills and work activities) made it difficult for staff to motivate them to engage in the regime or encourage a work ethic.

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 external areas of the prison were well maintained. The large amount of rubbish thrown out of some windows was cleared up daily. The fitting of metal cages to many cell windows had helped to address the problem, but these were full of litter (see Appendix III).
- 2.5** Some of the communal areas on the older house blocks were grubby. Shower rooms on the older units lacked privacy, were dirty and had inadequate drainage and ventilation, leaving them flooded and damp, with mould on the walls and paint peeling off the ceilings. In

addition, the almost routine discarding of clothing and used shower sachets on the floors added to the poor environment.

- 2.6** Cellular accommodation varied widely. The newer house blocks (5 and 6) provided the best accommodation, although, as in the older parts of the prison, the small, single-occupancy cells holding two prisoners were overcrowded and cramped. Over 400 prisoners shared cells originally designed for one person, often with insufficient furniture and poorly screened toilets. These overcrowded conditions had a serious impact on the many prisoners locked up for around 22 hours a day (see section on time out of cell).
- 2.7** There was good access to cleaning materials and most cells were generally clean. The offensive displays policy was enforced but we found large amounts of graffiti in some cells, notably on house block 4 (see Appendix III).
- 2.8** All prisoners could wear their own clothes and have them laundered weekly, and there was good access to prison-issue clothing. In our survey, prisoners were positive about access to clothing, clean sheets and showers, but less so about access to stored property and the time it took staff to respond to cell call bells. However, we found the monitoring of cell call bells to be good, and records demonstrated reasonable response times. Similarly, there were now good systems for prisoners to access stored property, and we were satisfied that the negativity of the survey results was a legacy of the recent period of chronically low staffing.
- 2.9** Touch-screen electronic kiosks had been installed on every house block, and these allowed prisoners to manage many aspects of their prison life, such as access to visits, appointments, finance and other services. The range of provision was increasing each week. In-cell telephones had been installed across the prison and were welcomed by prisoners as they removed the frustration of queuing for communal telephones during the short unlock periods.

Recommendations

- 2.10** **Single cells should not be used to accommodate two prisoners.** (Repeated recommendation 2.7)
- 2.11** **Communal showers on the older units should be refurbished and provide sufficient privacy.**

Residential services

- 2.12** The kitchen was busy but often understaffed because prisoner workers did not attend. Prisoners could take National Vocational Qualification levels 1 and 2 through kitchen work, and level 3 through working at The Clink restaurant.
- 2.13** In our survey, only 28% of respondents said that the food provided was good, and 21% that they usually got enough to eat. However, we found there to be a reasonable choice of food, based on a four-week menu cycle, with a hot meal daily, although breakfast and lunch portions were small. Specific and religious diets were well catered for. At the time of the inspection, there were good preparations in place for Ramadan, with prisoner representatives on each spur and briefings for officers.
- 2.14** Breakfast packs were issued on the night before they were due to be eaten. Lunch was served at the cell door, which was poor practice, reduced staff contact with prisoners who

were often locked up all day and further reduced prisoners' opportunity to associate and have time out of cell (see section on time out of cell).

- 2.15** The evening meal was now served at 6pm, which was an improvement from the time of the previous inspection. During the serving of this meal, officers did not ensure that servery orderlies followed basic hygiene requirements. In addition, there was little portion control, which meant that food sometimes ran out before everyone had been served.
- 2.16** There was reasonably good consultation about the food provided. The catering manager regularly attended the consultation committee, and prisoners were able to submit comments through the kiosks. The prison was working with an organisation called Food Matters to improve the nutritional quality of the food served.
- 2.17** In our survey, fewer prisoners than at other local prisons said that they had accessed the prison shop within their first few days at the establishment. It could take up to two weeks for the first shop order to be delivered, which increased the likelihood of prisoners getting into debt. In our survey, fewer prisoners than at similar prisons said that the shop sold a wide enough range of goods to meet their needs (47% versus 61%). However, the prison used the national shop list, and consultation was reasonable.
- 2.18** The choice of catalogue items available for purchase was limited, and there was little awareness of the system. As a result, few orders were submitted every month. However, these were processed promptly, and the finance team was helpful and responsive to prisoners' queries.

Recommendations

- 2.19 Prisoners should be unlocked to collect their lunchtime meal.**
- 2.20 Staff supervision during the serving of meals should be improved, to ensure better portion control and compliance with basic hygiene requirements.**
- 2.21 Prisoners should have access to a full prison shop order within a week of arriving at the prison.**

Prisoner consultation, applications and redress

- 2.22** Consultation arrangements were good, with house block forums and a monthly prisoner council. The council was well attended and had an appropriate focus on issues that affected prisoners' daily lives. These were taken seriously and there was evidence of positive outcomes being achieved. Community information orderlies (CIOs) provided first-hand support to fellow prisoners and brought issues to the attention of house block managers, to get issues resolved informally. The CIOs also represented their house block at the prisoner council.
- 2.23** Applications were made using a combination of the kiosks and the pre-existing paper-based process. In our survey, prisoners were negative about the applications process but we were satisfied that this was a response to historical problems. Applications made through the kiosk could be tracked and the prison was gradually expanding the range of electronic applications and phasing out the paper-based versions.
- 2.24** The number of complaints submitted was similar to that at other local prisons and at the time of the previous inspection. Most related to loss of property, the offender management

unit and life on the residential units. There was a robust quality assurance process, which included scrutiny of the timeliness and the quality of responses to complaints. However, there was no data analysis to identify and tackle emerging trends. The responses we saw were generally polite and sought to address the issues raised.

- 2.25** There was no provision for bail information or any other legal services beyond the issuing of packs to prisoners recalled from licence. The library held a range of legal texts, and Prison Service Instructions were available for issue on request. There was ample provision for legal visits, and solicitors we spoke to confirmed this. Six video-link booths were used daily for court appearances, and to facilitate contact with solicitors and offender managers.

Recommendation

- 2.26** **Complaints data should be analysed to identify and address emerging trends.**

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 characteristics¹⁰ 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

- 2.27** The governance of equality and diversity had improved. There was a comprehensive policy, and the regular equality meeting was well attended, with a focused action plan and evidence of progress made. The monitoring of differential outcomes had improved. This indicated potential concerns about some unfair treatment of black and minority ethnic prisoners and young adults, but this information had not been acted on. There was no needs analysis for, or formal consultation with, protected groups and there were few specific interventions for them. However, links with external organisations were improving. Events to celebrate diversity and awareness-raising activities were developing well and the electronic kiosks were used effectively to disseminate equality information.
- 2.28** A full-time equality adviser was assisted by an administrator and a full-time peer worker, who provided good support. However, there were still some gaps in provision, and equality work was not embedded across the prison. Needs were generally identified at reception or by the peer worker who saw new arrivals during the induction period, but this was inconsistent and residential staff did not always know how to access support for prisoners later in their sentence. In our survey, prisoners from most protected groups reported similarly to their counterparts.
- 2.29** Until March 2018, complaints related to discrimination had been dealt with through the generic complaints process, which was unsatisfactory. The discrimination incident report form (DIRF) process had recently been re-established. Investigations were now thorough, signed off appropriately and scrutinised by an independent organisation (the Zahid Mubarek

¹⁰ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Trust; an independent charity which advocates for reforms and challenges discrimination within the criminal justice system). DIRFs were monitored for any emerging trends.

Recommendation

2.30 Prisoners with protected characteristics should be consulted regularly, and their needs, concerns and any unfair treatment identified and addressed.

Protected characteristics

- 2.31** Around a third of prisoners were from a black and minority ethnic background but there were no specific interventions for them and they received little support. In our survey, these prisoners reported less favourably than white prisoners about being searched in reception and more said that they experienced bullying and victimisation by staff, and these perceptions needed further exploration.
- 2.32** There was limited support for Gypsy, Traveller and Romany prisoners. A welfare worker from the Irish Council for Prisoners Overseas visited the prison every few months and offered individual support. Over 50 prisoners identified as coming from a Traveller background but there was no consultation forum for them and limited understanding of their cultural needs.
- 2.33** At the time of the inspection, 55 different countries were represented within the population and 144 prisoners were recorded as being foreign nationals, although we found that at least three of these were actually British citizens, which we brought to the attention of the prison. Overall, there was too little support for this group. There was little translated information available and only the initial contents page on the kiosks was in languages other than English. The process for referring prisoners to the English for Speakers of Other Languages class was inefficient. Use of professional telephone interpreting services had increased since the previous inspection, although they were still not used regularly on the house blocks.
- 2.34** At the time of the inspection, there were 12 detainees being held beyond the end of their sentence. One of these had been detained post-sentence for over a year, and two for eight months. Input from Home Office immigration enforcement staff was too limited, and these prisoners still sometimes only received notice of detention on the day of release, which was unacceptable. Detainees we spoke to were unclear about progress with their cases. There was no independent immigration advice available. Although detainees could contact helplines free of charge, this was not widely known about.
- 2.35** In our survey, fewer prisoners under than over the age of 25 said that there was a member of staff that they could turn to, and more said that they had been physically restrained by staff. Younger prisoners were over-represented in some areas of discipline and, although this was beginning to be investigated, progress was too slow. There was some initial help for those who had arrived from the children's estate, but too little follow-up. Offender managers could make referrals to social services for prisoners who had identified as care leavers but there was no policy or strategic lead for this work.
- 2.36** There were some dedicated social activities on house block 6 for older prisoners and those with disabilities, organised mainly by the prisoners themselves, but nothing for those on other units. Older prisoners were no longer locked up during the day and no longer had to pay for a television if they were over 70.

- 2.37** In our survey, 37% of respondents said that they had a disability, which was much higher than the proportion recorded by the prison (9%). Health services, social care and general prison staff did not routinely share data about the number of prisoners who needed support, and this impeded effective planning. There was some good support for older prisoners and those with more serious disabilities on house block 6. This included the effective use of paid peer care workers, who were supervised by the social care team. Care plans were in place for those with additional needs but information was not routinely shared with residential staff, some of whom were unaware of the support needed (see also paragraph 2.75).
- 2.38** The personal emergency evacuation plan (PEEP) system was poorly coordinated. It was unclear which department had overall responsibility for the process, and residential staff were unaware of how to identify prisoners who had a PEEP. Information held on the house blocks was inconsistent and out of date. On house block 6, we identified over 20 prisoners who needed a PEEP and it was unclear how staff would be able to evacuate them safely. Not all areas of the prison were accessible to those with mobility problems, and the lifts in house block 5 and the reception area had been out of action for some time.
- 2.39** Gay and bisexual prisoners on house block 6 generally felt safe and supported but it was more difficult to be openly gay on the other house blocks. There had been some awareness-raising activities and training for staff, but there were no specific services for these prisoners. There were no transgender prisoners at the establishment at the time of the inspection but the specific compacts and care plans that we saw appeared to be appropriate.
- 2.40** Veterans were offered reasonable individual support, and there were good, and developing, links to external support organisations.

Recommendations

- 2.41** **Foreign national prisoners' nationality should be checked and confirmed on arrival.**
- 2.42** **The Home Office should serve all decisions to detain a prisoner at least one month before the end of their sentence.** (Repeated recommendation 2.35)
- 2.43** **Personal emergency evacuation plans should be kept up to date and readily available to residential staff in an emergency.**

Faith and religion

- 2.44** Faith provision was reasonably good. In our survey, three-quarters of prisoners said that they had a religion, and prison records showed that the largest groups were Roman Catholic, Anglican and Muslim, each at around 20%. Chaplaincy provision appropriately reflected the population's faith needs.
- 2.45** The faith facilities were reasonable and the main multi-faith room could be adapted for various groups. Ablution facilities were good. A range of spiritual activities, including a music group and an enthusiastic community choir, was available.
- 2.46** There was good access to worship. In our survey, 85% of respondents said that they could access religious services. Vulnerable prisoners worshipped with others. This was well managed, and in our survey 96% of vulnerable prisoners with a religion said that they could attend worship.

- 2.47** Chaplaincy staff were visible, accessible and well integrated into the prison. Chaplains regularly attended inter-departmental meetings. They performed all statutory duties and attended the house blocks daily.
- 2.48** Prisoners spoke highly of the pastoral support provided, which included two bereavement counsellors. There were good processes to notify prisoners about the serious illness or death of a relative and to provide support. Chaplaincy staff also saw prisoners before release and could link them with faith groups in the community.

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.

- 2.49** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹¹ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The Care Quality Commission found no regulatory breaches during the inspection.

Strategy, clinical governance and partnerships

- 2.50** NHS England commissioned Central and North West London NHS Trust (CNWL) as the lead provider of primary care and all mental health services, with The Forward Trust providing all substance use treatment services and Achor Health delivering GP services.
- 2.51** There were strong governance arrangements, and oversight for performance and quality was effective. A health needs analysis from 2016 informed provision, and partnership boards ensured strategic and operational decision making.
- 2.52** Leadership and accountability for service functions were appropriate, risks were appropriately identified and actions were taken to mitigate them. The Patient Voice network facilitated effective health consultation. Prisoner health representatives worked on all house blocks but their role mainly involved distributing material rather than promotional work. Serious untoward incidents were appropriately recorded and investigated, and lessons learned were routinely shared with front-line staff.
- 2.53** The team was experienced and demonstrated effective professional engagement. There were vacancies in the primary care nursing team that were filled by regular agency and bank cover, which ensured consistency for patients. A 24-hour service was provided. Mandatory training and professional development opportunities were good. Clinical and managerial supervision had been sporadic but had shown recent improvement.
- 2.54** The clinical records we reviewed were of a professional standard, but the use of care plans for patients with long-term conditions was inconsistent. Information was shared appropriately, promoting the continuity of care. The clinic timetable enabled equity of access for all prisoners, and professional telephone interpreting services could be accessed readily when needed.

¹¹ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.55** The health centre facilities and treatment rooms on the house blocks were fit for purpose and clean. A recent infection prevention and control audit had identified some concerns but action had been taken to address these.
- 2.56** Emergency response arrangements were effective. Most prison staff were first aid trained and those we spoke to knew how to summon help in an emergency. All registered nurses were trained to intermediate life support level. Resuscitation equipment was located on all house blocks and was regularly maintained by the pharmacy department.
- 2.57** The health care complaints process was independent, but used the prison's generic complaint form, which risked confusion and was potentially off-putting for prisoners, although a separate health form was being introduced. Formal complaints were mostly dealt with well but there was some variability in the quality of responses and no indication in these responses that patients could escalate concerns if they remained dissatisfied.

Recommendations

- 2.58 Clinical and managerial supervision should be provided consistently to all health care practitioners.**
- 2.59 Local health care complaints processes should be quality assured, and written replies should indicate how concerns can be escalated if a patient remains dissatisfied with the response.**

Promoting health and well-being

- 2.60** Although health promotion activities took place, there was no strategic calendar of events or meaningful engagement with prisoner health representatives. Information about health services was available and prisoners were offered screening for blood-borne viruses and access to other immunisation and targeted vaccination programmes, such as for influenza. Sexual health clinics were provided and barrier protection was available and promoted discreetly. The prison had recently gone 'smoke free', and planning for this had been good, with ongoing support for prisoners. Communicable diseases were well managed and the prison had dealt effectively with an outbreak of diarrhoea and vomiting at the beginning of 2018.

Recommendation

- 2.61 A prison-wide health promotion strategy should be developed that engages prisoner health representatives effectively.**

Primary care and inpatient services

- 2.62** Reception health screening was thorough and identified health concerns but prisoners waited too long to be assessed and transferred to first night accommodation, which carried potential risk, particularly for prisoners who needed help with detoxification and ongoing treatment (see paragraphs 1.3 and 2.84, and recommendation 2.88). The reception area was noisy and the consultations we observed were not always private. A secondary health screen was provided by nurses on the house blocks within seven days of arrival, and this was taken up by around 75% of prisoners.

- 2.63** A wide range of primary health services was available. Waiting times to see a GP or nurse compared favourably with those in the community, and emergency appointments were routinely available. GPs ran daily clinics from Monday to Friday, with out-of-hours cover provided by Care UK. Nurse-led clinics took place in the health care centre during the week, and prisoners could access nurses daily on the house blocks. Waiting times for services were generally acceptable, although the current 13-week wait to see the podiatrist was too long. Waiting lists on the electronic clinical record were not used consistently by staff.
- 2.64** Non-attendance rates for several clinics were too high (particularly nurse-led clinics, averaging 30% in 2018). CNWL had undertaken analysis of the reasons for non-attendance and was taking action to improve performance.
- 2.65** Older prisoners and those with long-term conditions were well supported by an associate nurse practitioner, and additional specialist support was being targeted to improve the management of this population.
- 2.66** External hospital appointments were reasonably well managed. The prison had improved escort arrangements, resulting in fewer cancellations due to officer unavailability.
- 2.67** Arrangements for transfer and release for those receiving health care support were sound. These prisoners were provided with adequate levels of prescribed medicines and linked into appropriate external services.
- 2.68** A 23-bed inpatient unit was managed directly by the prison. Fourteen prisoners were located on the unit, most of whom with mental health needs. Others had physical health needs, although some were located there for operational reasons or because they were vulnerable, and the unit could be extremely noisy and disruptive. A committed team of nurses and prison officers worked collaboratively on the unit to deliver respectful care.
- 2.69** An inpatient admission and discharge protocol was due to be finalised. The unit did not have a dedicated clinical manager or a discrete multidisciplinary meeting to manage patient outcomes. However, there was regular input from the psychiatrist, GP and a learning disability nurse, which was valued and enhanced care.
- 2.70** The inpatient environment was clean but rooms were sparsely furnished. Efforts were made to facilitate a therapeutic regime, but this was challenging and there was no input from education or library services. Recreational activities were facilitated by staff and there was an impressive garden/exercise area.

Recommendations

- 2.71** Prisoners should be able to access podiatry appointments within community-equivalent waiting times.
- 2.72** All waiting lists should be regularly monitored and reviewed to ensure their accuracy, and non-attendance rates for all clinics should be continuously evaluated and addressed.
- 2.73** A dedicated clinical lead should be identified for the inpatient unit, and a discrete multidisciplinary team meeting implemented to review all cases.

Social care

- 2.74** Surrey County Council (SCC) provided all social care support. Joint working between the prison, local authority and health provider was good and the formal memorandum of understanding between the parties was being updated. The prison-based team included a senior social worker, occupational therapist, senior social care assistant, specialist support workers and two comprehensively trained prisoner peer workers, who provided excellent support to prisoners with their daily activities.
- 2.75** Social care needs were identified at reception and referrals were considered from any source. A weekly meeting assessed referrals, determined care plans and reviewed care. There was good access to mobility aids and adaptations, particularly on house block 6. Detailed records were maintained but residential staff told us that they often lacked basic information about prisoners' social care needs; SCC planned to address this issue. Continuity of care on release was assured through good working links to relevant external organisations. Prisoners receiving care packages were complimentary about the support they received.

Mental health care

- 2.76** Mental health services operated from Monday to Friday. There was a rich staff skill mix, which included psychiatry, psychology, nursing and occupational therapy. There were psychologist vacancies, but recent appointments were due in post. Training opportunities were good and there were clinical supervision arrangements for practitioners.
- 2.77** The team operated a mixed caseload using a stepped-care approach, which included facilitated self-help, individual therapy and group work. Demand was heavy, with 198 prisoners on the current caseload and 77 with complex needs being supported through the care programme approach. Good support was also provided for the small number of prisoners with serious learning disabilities and attention deficit hyperactivity disorder. There were some service gaps, including psychology provision and insufficient attendance from the team at assessment, care in custody and teamwork (ACCT) reviews (see paragraph 1.43). There were plans to introduce a refreshed model, with more discrete pathways and enhanced staffing in order to improve patient outcomes.
- 2.78** Access to the service was triggered through the reception health screen and via applications from prisoners, prison staff or other health services staff. Waiting times were short for most interventions. Routine referrals were seen within a week and a duty nurse was available to provide more urgent assessment and support. A weekly multidisciplinary team meeting comprehensively reviewed cases.
- 2.79** Electronic clinical record keeping was of a good standard. Information about risk was shared appropriately with relevant stakeholders. Pre-releasing planning and ongoing support in the community were effective, with a designated 'through-the-gate' worker. Prisoners requiring treatment in hospital were rarely transferred within Department of Health guidelines but most patients waiting for transfer were accommodated in the inpatient unit, which helped to mitigate risk.

Recommendation

- 2.80** **Prisoners needing treatment in hospital under the Mental Health Act should be transferred within established NHS guidelines.**

Substance misuse treatment¹²

- 2.81** A drug strategy action group, chaired by the governor, had been introduced earlier in 2018 and had improved joint working between departments and service providers. The new drug strategy policy outlined a whole-prison approach to supply and demand reduction, prevention and recovery.
- 2.82** The Forward Trust provided both clinical and psychosocial drug and alcohol services. Teams were well managed and staff with appropriate skills and expertise offered integrated and effective care.
- 2.83** Psychosocial support was easily accessible and facilitated by a peer mentor, the electronic kiosk application system (see paragraph 2.23) and house block-based drop-in sessions. At the time of the inspection, 322 prisoners were actively engaging in a wide range of substance misuse services, which were based on house block 4. Interventions included awareness workshops, the 'Living Safely' and 'Stepping Stones' modules, a family ties group, health and well-being, dual diagnosis and acupuncture sessions. 'The Bridge', a six-week abstinence-based programme, was currently running on the vulnerable prisoner unit. The service users we spoke to felt positive about the support they received, and regular focus groups encouraged involvement in service planning.
- 2.84** The clinical team was based on house block 4 six days a week. Long delays in the reception process resulted in some prisoners not reaching their first night accommodation and receiving their first dose of methadone until the early hours of the morning, which was unacceptable and a potential risk.
- 2.85** House block 4 provided a safe environment and 24-hour nursing cover to monitor prisoners during stabilisation or detoxification. Prisoners receiving opiate substitute treatment were appropriately located and the supervision of controlled drugs administration on house block 4 was prioritised.
- 2.86** During the previous six months, 166 prisoners had undertaken alcohol detoxification, and currently 113 prisoners were prescribed methadone or buprenorphine, mostly on a maintenance basis, which was appropriate for a largely short-term population. Individualised prescribing regimes were reviewed at regular intervals, and multi-agency working with primary and mental health services facilitated the care of patients with complex needs.
- 2.87** Pre-release harm reduction advice included naloxone (an opiate reversal agent) training for prisoners, to manage opiate overdose in the community. Good links with community services ensured treatment continuation on release.

Recommendation

- 2.88 Drug- and alcohol-dependent prisoners should receive treatment on their first night without delay.**

Medicines optimisation and pharmacy services

- 2.89** Medicines were supplied promptly from the in-house pharmacy and administered from treatment rooms on the house blocks. Three date-expired medicines were found in the

¹² 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).

stock in the main pharmacy, and several medicine boxes were not appropriately labelled with the batch number. Recent date checking records were not found.

- 2.90** Around 80% of patients received their medicines in possession, and completed risk assessments were held on the electronic clinical record.
- 2.91** Medicines were stored in lockable metal cabinets on the house blocks. We observed medicine administration queues to be poorly supervised by prison staff. The internal door of the treatment room on house block 3 was unlocked and, although there were nurses inside the room, medicines cabinets were open. Medicine administrations were recorded clearly on the electronic clinical record, administration times were appropriate and patients could access a suitable range of medicines without prescription. Records in two locations showed that refrigerator temperatures had been out of the accepted range on several occasions, without documented remedial action. The machine used to measure out liquid methadone received regular calibration checks.
- 2.92** Pharmacy staff provided a wide range of clinics, including weekly medicine reviews, a respiratory condition clinic and a fortnightly pain clinic, which included the GP, for prisoners with chronic pain; the latter had helped to keep prescribing levels of tradeable medicines low. An innovative bespoke application within the electronic clinical record helped the pharmacist and prescribers when carrying out medicine reviews, prompting clinicians to arrange any required blood tests. Essential information was recorded clearly.
- 2.93** Prisoners being discharged were supplied with a seven-day supply of medicines and were provided with a medicines printout. A formulary (a list of medications used to inform prescribing) was present on the electronic clinical record and adherence was relatively high.
- 2.94** The medicines management committee met at least every three months, with good attendance from stakeholders. The meetings had meaningful discussions, including sharing learning from previous incidents. Protocols and procedures were up to date.

Recommendation

- 2.95** **Custodial staff should supervise the medicine administration queues adequately to maintain patient confidentiality and reduce potential bullying.** (Repeated recommendation 2.82)

Good practice

- 2.96** *The pain clinic provided excellent support for prisoners with chronic pain and had helped to manage the prescribing of tradeable medicines.*
- 2.97** *The bespoke application for medicine reviews was innovative and helped prompt clinicians when further tests were needed.*

Dental services and oral health

- 2.98** NHS Dentist was directly commissioned to provide services. A dentist and dental nurse ran sessions four days a week. Although prisoners with urgent needs were seen promptly, the current waiting time of 11 weeks for routine appointments was too long. Non-attendance rates were high (22% between January and March 2018).

- 2.99** Although there was no separate decontamination room, the suite was well maintained and had recently passed an infection prevention control audit. However, the environment made it difficult to maintain a 'dirty to clean' workflow, increasing the risk of cross-contamination. A leaking filter on the clinic floor, which had been reported to the prison but not repaired, posed a health and safety risk.
- 2.100** Clinical records were comprehensive and shared to the prisoner's main electronic clinical record. The team provided good oral health promotion but were not sufficiently involved in wider health promotion activities.

Recommendations

- 2.101 Prisoners should be able to access dental appointments within community-equivalent waiting times.**
- 2.102 The dental surgery should comply with best practice standards for dental infection control. (Repeated recommendation 2.87)**

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 For the 536 unemployed prisoners, the amount of time unlocked was very poor during the week, at around two hours each weekday. This consisted of two one-hour periods, at 8am and 6pm; these included a 30-minute exercise period (which was too short) and the collection and consumption of the evening meal. This left little time for cell cleaning, showers, social interaction with other prisoners or seeking help from staff (see main recommendation S54).
- 3.2 Working prisoners were supposed to be unlocked for around nine and a half hours each day during the week. However, due to routine delays in regime timings, mainly because of incorrect roll counts (see also paragraph 1.32 and recommendation 1.39), this was rarely achieved. Prisoners were regularly late in arriving at activities and appointments.
- 3.3 The re-introduction of the evening association period was a welcome and much-needed initiative, and the imminent increase of 30 minutes would further enhance this provision.
- 3.4 During our roll checks, we found 47% of prisoners locked in their cell during the core day, which was far too many, and a considerable increase on the 35% who had been locked up during the previous inspection.
- 3.5 Access to the library had been affected by regime restrictions. Access for the minority of prisoners who attended education classes was good, but prisoners who worked elsewhere or who were unemployed relied on a weekly escorted visit from their house block. The level of use by some house blocks was extremely poor, with attendance in single figures. The library did not open in the evenings or at weekends but a trolley service visited full-time workers.
- 3.6 The library was small but held a wide range of stock and had access to loans from Surrey County Council libraries. Prison Service Instructions and legal materials were available (see also paragraph 2.25).
- 3.7 In our survey, only 29% of black and minority ethnic prisoners said that they were satisfied with the range of stock held, which was far lower than for other prisoners. There was no analysis of which prisoners used the library, to inform provision.
- 3.8 The library offered a range of activities to promote literacy. The Reading Ahead scheme encouraged prisoners to read six books. There were Shannon Trust mentors in place (providing peer-mentored reading plan resources and training to prisons) but they struggled to access potential clients. The Prison Reading Groups scheme operated successfully and the library ran the popular Storybook Dads scheme (in which prisoners record stories for their children). There was also a creative writing group for the vulnerable prisoner population.

- 3.9** The two gyms were underused. Sessions were routinely cancelled and provision was inadequate. In the month before the inspection, sessions had been cancelled on 19 out of 30 days. There were often not enough staff available to open the newer gym facilities or the AstroTurf pitch (an artificial grass sports area). One weekend of classes was currently cancelled every month. Sessions usually started late because of regime delays and the need to collect prisoners from the house blocks.
- 3.10** There was no current analysis of gym use to inform provision. There were no links to the health care department, and remedial classes rarely ran, with only one referral in the previous six months. There were no accredited PE courses available, to provide opportunities for prisoners to learn the skills needed for a job on release.

Recommendations

- 3.11 All prisoners should have daily access to an hour in the open air.**
- 3.12 Prisoners' access to time out of cell should be increased and prisoners should be unlocked for at least 10 hours each day during weekdays.**
- 3.13 The prison should offer a full programme of recreational PE that meets all prisoners' needs.** (Repeated recommendation 3.40)
- 3.14 Data on prisoners' participation in PE should be routinely collected and analysed, to ensure that all prisoners have equal access to recreational PE and that their needs are met fully.** (Repeated recommendation 3.42)
- 3.15 The prison should offer a range of accredited programmes to provide prisoners with skills and qualifications that will help them gain appropriate employment on release.** (Repeated recommendation 3.41)

Education, skills and work activities (Ofsted)¹³

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.¹⁴

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

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

Management of education, skills and work

- 3.17** Prison and education managers had shown perseverance and determination to maintain the provision of education, vocational training and work activities since the previous inspection. Despite this, the quality of the provision had not improved. Most recommendations from the previous inspection had not been achieved. This was due, in part, to significant ongoing operational challenges, including staff shortages and regime restrictions, and repeated delays to the establishment's transition to a category C training prison. The education and vocational training provision, provided by Novus (The Manchester College), required improvement.
- 3.18** Senior leaders had not planned strategically or realistically for the establishment either to remain a category B prison or become a category C prison. Senior prison leaders published an annual, ambitious vision for improving and extending purposeful activities but the most recent action plan recorded no measurable progress toward achieving it. No clear, measurable performance improvement targets had been set to tackle the major and persistent weaknesses in the provision of purposeful activities. Senior leaders and managers did not have accurate or comprehensive datasets with which to monitor and improve this.
- 3.19** Prison and education managers recognised clearly what needed to improve but not always how best to do so. Many of the improvements required prison-wide change, and their relative lack of seniority limited their ability to enact and influence this.
- 3.20** Managers maintained a quality improvement plan but the ever-increasing number of items for action had become overwhelming, far exceeding their capacity to deal with these systematically or coherently. Consequently, managers' improvement work focused on

¹³ This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

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

dealing with relatively small-scale issues, most of which were caused by wider, persistent problems. They had had little success in dealing with key weaknesses. For example, prisoners' attendance at sessions was still persistently low (as identified in the previous two inspections), and punctuality poor (see main recommendation S54).

- 3.21** Prison managers had conducted a useful self-assessment process but it had paid too little attention to identifying and exploring all weaknesses. The prison's quality improvement group was not well attended and was mainly ineffective.
- 3.22** Leaders and managers had brought about a modest increase in the number of activity places available but there were still sufficient full-time places for only around two-thirds of the prison population. On average, only around half of the available places were being filled. Just under half of the prison population was routinely unemployed (see main recommendation S54).
- 3.23** A reasonably broad range of courses was on offer but too many were at level 1 or below, despite a steady increase in the proportion of sentenced prisoners arriving at the establishment with higher-level skills and expertise. Few prisoners were taking advanced-level distance-learning courses.
- 3.24** The management of the allocations process was inefficient; too many prisoners had to wait too long to get on a course or left the prison before they could do so. Education managers and staff on the house blocks did not communicate well enough, resulting too often in prisoners struggling to get onto a course, or get to the sessions they were scheduled to attend.
- 3.25** Managers had tried hard, and with some success, to reduce the large number of cancelled activity sessions but too many were still being cancelled each month.
- 3.26** The National Careers Service no longer offered careers advice at the establishment and the prison's replacement offer was inadequate. Prisoners had poor access to the virtual campus (internet access for prisoners to community education, training and employment opportunities).
- 3.27** The two community rehabilitation company (CRC) providers at the prison offered support to prisoners during the last 12 weeks of their sentence, but this focused primarily on housing and finance (see section on interventions). The CRCs obtained little information on prisoners' ambitions and goals. No specific resettlement courses were offered, although discrete courses were available through the education department in employability, business enterprise and personal finance. The minimal CRC data available indicated that few of the prisoners released since the beginning of 2018 had gone on to sustained education, training or employment.

Recommendations

- 3.28 Senior leaders and managers should identify and implement appropriate datasets which underpin an efficient and accurate performance management system.**
- 3.29 Effective pre- and post-release support should be provided, to help prisoners to enter education, training or employment.**

Quality of provision

- 3.30** Too few prisoners attended education or vocational training sessions and, of those who started a course, too few completed it. Too many prisoners did not attend the sessions they were allocated to, or subsequently left because they chose to attend other scheduled activities (see main recommendation S54).
- 3.31** Prisoners had two inductions to education but both were ineffective; the one run by the prison was chaotic. Attendance at these inductions was consistently low, which meant that prisoners did not have a comprehensive introduction to, or understand the value of, the range of education courses, vocational training and work opportunities open to them.
- 3.32** The prison induction environment was not appropriate for a considered or accurate initial assessment of prisoners' mathematics and English skills. Too many prisoners, around 250 at the time of the inspection, had not had an initial assessment of their English and mathematics skills, so were not eligible to access education or vocational training sessions.
- 3.33** Prisoners often arrived late to activities, and as a result lost up to an hour of classroom or training time, severely limiting their progress and their productive time (see main recommendation S54).
- 3.34** Apart from the art classroom, which was cramped and poorly resourced, the classrooms and workshops were well equipped, bright, airy and pleasant learning environments. Vocational tutors and prisoners had designed and built the multi-skills training area and created bespoke areas for learning and assessment.
- 3.35** For those prisoners actually attending an education or vocational training session, the teaching, training, learning and assessment they received were mostly effective. Teachers in education and training sessions were skilled and committed to their craft. Most vocational tutors and workshop tutors helped prisoners to develop useful employment and technical skills for use on release.
- 3.36** Most prisoners could relate the new skills they were developing to opportunities for employment on release. Teachers and trainers made good use of trained prisoner teaching assistants to support other prisoners' use of English and mathematics. Most teachers made effective use of questioning to establish prisoners' understanding of the skills and knowledge they were developing. Teachers in education and training sessions mostly gave prisoners effective feedback on their practical and written work, which helped them to improve their work further.
- 3.37** Specialist support was provided to prisoners in education classes with identified learning difficulties but, because of the large numbers needing additional support, this provision was stretched. Most teachers used individual learning plans (ILPs) well to promote prisoners' progress but the quality of target setting in vocational learners' ILPs following progress reviews too often lacked detail and challenge. Less able prisoners sometimes struggled to keep up in mixed ability lessons.

Recommendations

- 3.38** The induction process should introduce all prisoners to the full range of opportunities in education, vocational training and work.
- 3.39** All prisoners should have timely skills assessments and be allocated swiftly to activities that meet their future employment or training needs.
- 3.40** Teachers and tutors should be consistent in setting challenging targets in individual learning plans, and progress reviews should relate to prisoners gaining job-related skills.

Personal development and behaviour

- 3.41** Most of the small number of prisoners attending education or vocational training sessions were positive about their learning, and worked with enthusiasm and purpose. They behaved well towards each other and their teachers during sessions.
- 3.42** Prisoners could generally explain how their self-confidence had improved and, for example, how they had learned to work effectively in teams. A minority had developed particularly useful work-related skills in The Clink restaurant and the barbering shop.
- 3.43** Prisoners had good support in the carpentry workshop for gaining future employment. Only about 10% of prisoners working in the call centre subsequently gained employment in that sector. However, prison managers had not ensured that all courses were focused sufficiently on improving prisoners' personal development and behaviour.
- 3.44** As a result of their low attendance and poor punctuality at sessions, prisoners were not developing essential employment skills. Too few prisoners chose to engage in, or recognised the value of, education, skills and work.

Outcomes and achievements

- 3.45** Most prisoners involved in education and vocational training made at least reasonable progress from their starting points. However, managers did not record the skills developed by prisoners in work areas where qualifications were not available. There were no significant variations in the achievement of different groups of prisoners.
- 3.46** Too few prisoners achieved qualifications. On most qualification-based courses offered, between 20% and 50% of prisoners who started the course left it before gaining the qualification. The proportion of achievers compared with starters had declined steadily over the previous three years. The comparatively small number of prisoners who completed a course generally achieved the qualification.
- 3.47** In the current year, prisoners' achievements were too low in English at levels 1 and 2, art, business, and information technology qualifications at levels 1 and 2.

Recommendations

- 3.48** The proportion of prisoners who start a course complete it and gain the qualification should be increased.
- 3.49** Prisoners' achievements should be improved in all courses, particularly in English and information technology qualifications.

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 contact with their children and families was reasonably good and the prison was in the process of developing a family strategy. The Prison Advice and Care Trust had recently taken over visitors' support services. A family engagement worker had recently been recruited but was not yet in post.
- 4.2 The introduction of in-cell telephones represented important progress. However, the shortage of staff in the public protection team resulted in delays for prisoners whose telephone numbers needed to be checked by staff before allowing contact, although staff were working hard to reduce the backlog.
- 4.3 In our survey, only 17% of prisoners said that they had been supported to stay in touch with their families. However, prison records showed that 87% of prisoners had received a social visit while at the establishment, which was an unusually high figure. Prison visitors were available through the chaplaincy for those who had no visitors.
- 4.4 Families could book visits by telephone or email, on a website or in person. The visitors centre was a useful resource, with welcoming and informative staff. Families booked in and had their identification checked there, and processes were generally efficient. Searching was carried out respectfully.
- 4.5 The visits hall was spacious and clean, although shabby. It had a refreshments bar and a play area that was supervised during busy times. The atmosphere in the visits hall was relaxed and visitors we spoke to were generally positive about their visits experience. In our survey, 76% of prisoners said that their families were treated respectfully by staff.
- 4.6 Random strip-searching of 5% of prisoners took place after visits and, although this was recorded, it was not monitored to check for effectiveness (see paragraph 1.32 and recommendation 1.40).
- 4.7 The monthly homework club helped prisoners to get involved in their children's education and was a positive initiative. The prison also ran child-centred visits during school holidays. Following appropriate safeguarding and security checks, the parent or carer would bring their child into the prison and leave them with their father for the morning. This enabled fathers to bond with their children and take responsibility for parenting them.

Good practice

- 4.8 *Child-centred visits gave prisoners the opportunity to bond with their 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.

- 4.9 A reducing reoffending strategy had been developed shortly before the inspection. However, because of the plan to turn High Down into a category C training prison, some other strategic work had been postponed. For example, there was no needs analysis of the population, to inform the most appropriate range of interventions and support required. A reasonably well-attended committee met each month but there was no action plan against which to monitor progress or set new priorities.
- 4.10 There were two community rehabilitation companies (CRCs) at the establishment. Kent, Surrey and Sussex CRC was the host provider on behalf of Seetec, and worked alongside London CRC, which delivered services on behalf of MTCNovo. The resettlement teams were fairly well integrated into the wider prison and had reasonably good connections with the offender management unit (OMU).
- 4.11 Most sentenced prisoners were serving long sentences and at least 30% presented a high risk of harm to others. About 16% of the population had been at the prison for over a year and 170 prisoners were convicted of, or charged with, sex offences. This meant that offender managers had a key role in managing risk and supporting prisoners to progress through their sentence.
- 4.12 The quality of offender management was hindered by several operational factors. There were far too few uniformed offender supervisors in post at the time of the inspection, and the team also lacked two probation officers. Uniformed offender supervisors were often cross-deployed, losing much of their OMU time each month. Probation officers managed the National Probation Service cases, which was appropriate, but their caseloads were far too high, at about 130 cases for a full-time officer. As a result of these factors, the OMU was solely reactive in its approach, only able to respond to events in a prisoner's sentence rather than providing meaningful engagement over time, and this was reflected in the cases we looked at. Uniformed offender supervisors acknowledged the lack of contact they had with prisoners on their caseloads and were often frustrated by their cross-deployment. However, when responding to events in the sentence, such as parole board hearings, work by the probation officers was of a sufficiently good quality.
- 4.13 Monitoring of the completion of offender assessment system (OASys) assessments that were under the prison's control was poor, which made it difficult to establish how many were late. We estimated that the prison was responsible for about 350 assessments, and that at the time of the inspection about a quarter were late. This figure was lower than at the time of the previous inspection, and the recruitment of a sessional worker to complete assessments was having a positive impact. A smaller proportion of OASys assessments under the remit of the National Probation Service were also late.
- 4.14 Another problem was the late completion of the Basic Custody Screening Tool (BCST) I by offender supervisors. Only about 30% had not been completed late in the previous year. This had a detrimental effect on the work of the CRCs as they were not always aware of which

prisoners needed a resettlement plan, and therefore missed the opportunity to do this work (see also paragraph 4.31).

- 4.15 OMU surgeries were held on the vulnerable prisoner unit (house block 6), and this had contributed to a 50% reduction in the number of complaints submitted by this group. Staff shortages and cross-deployment prevented the OMU from replicating this model across the other house blocks.
- 4.16 The new home detention curfew (HDC) processes were managed appropriately. Delays in release were often caused by issues outside of the prison's control, such as very short sentences and a failure by the community-based offender manager to confirm the suitability of the address to which the prisoner was to be released. We were concerned to find that 15 prisoners were still in prison, despite being approved for release on HDC, owing to the lack of places in Bail Accommodation and Support Services (BASS) hostels.

Categorisation and transfers

- 4.17 Following previous backlogs in recategorisation reviews, the work was currently up to date. However, reviews, including approval of moves to open conditions, were not always informed by an-up-to date OASys assessment. At the time of the inspection, a small number of prisoners awarded category D status were waiting for their OASys assessments to be updated before they could move to open conditions.
- 4.18 As a result of the lack of prison places nationally, it was difficult to move some prisoners on – particularly those convicted of sex offences and some indeterminate-sentenced prisoners (ISPs). This meant that some of these stayed at the establishment with little opportunity to progress (see paragraph 4.32). There were too few progression opportunities for ISPs. A recently held ISP day was a good initiative to promote engagement, provide these prisoners with information and seek views on the improvements needed. Prison managers told us that more events were planned for the future.
- 4.19 About half of the sentenced prisoners were subject to some sort of transfer hold. Many of these were historical and no longer relevant, and too many lacked a time limit. Offender supervisors were not involved in agreeing transfer holds, and in some cases the reason for the hold did not promote sentence progression or risk reduction.

Recommendations

- 4.20 **The strategic oversight of reducing reoffending should be informed by a detailed analysis of the needs of the current population and progress measured against a comprehensive action plan.**
- 4.21 **The quality of offender management should be improved, to ensure that all prisoners receive adequate support, including timely completion of offender assessment system (OASys) assessments and regular, meaningful contact which is aimed at progression and risk reduction.**
- 4.22 **Basic Custody Screening Tool I resettlement screenings should be completed on time.**
- 4.23 **The number of Bail Accommodation and Support Services hostel places should be increased, to enable the timely release of prisoners on home detention curfew.**

Public protection

- 4.24** Of concern, public protection risk assessments to determine the necessity of mail and telephone call monitoring were not routinely completed for new arrivals. This meant that some prisoners who presented a risk to people in the community did not have these restrictions applied, enabling them to contact victims or potential victims without the fear of being detected (see main recommendation S55).
- 4.25** The list of prisoners to be monitored that was held by the mail monitoring team was not up to date. One high-risk prisoner who should have had his letters monitored had been missed over recent weeks and there was evidence of him regularly contacting a vulnerable person in the community. Even when mail monitoring was undertaken, far too little information was recorded about the content and potential risk issues, which further undermined its effectiveness (see main recommendation S55).
- 4.26** The interdepartmental risk management team meeting was reasonably well attended and its purpose was appropriately focused on the release of high-risk prisoners. However, in practice, we found too many cases of prisoners due for release that had not been reviewed at this meeting. Many did not have an up-to-date OASys assessment in preparation for release and the quality of risk management planning was far too variable. In some cases, there was evidence of the prison-based offender supervisor and the community-based offender manager working well together in the months leading up to release, resulting in a robust release plan, including confirmation of the multi-agency public protection arrangements (MAPPA) management level. However, in some cases the offender manager failed to engage with the offender supervisor, resulting in poor release planning. The resulting problems included unclear MAPPA management levels, last-minute arrangements for a place in an approved hostel and a lack of engagement with the prisoner.

Recommendations

- 4.27 Information gained from monitoring mail should be comprehensive, providing detailed evidence about the content and any concerns that could inform risk management.**
- 4.28 Risk management planning in preparation for the release of high-risk prisoners should be given a greater priority. Offender managers should work closely with prison-based staff in the six months leading up to release, to put in place clear risk management plans, including confirmation of the multi-agency public protection arrangements (MAPPA) management level where relevant.**

Interventions

Expected outcomes:

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

- 4.29** St Mungo's and the St Giles Trust worked alongside the two CRCs to provide specialist housing advice. Support was available on arrival and before release, and included maintaining and closing down tenancies alongside seeking accommodation for release. Despite the hard work of the housing advisers, 50% of the prisoners released during the previous six months had said that they would be homeless or only had temporary accommodation to go to. The monitoring of accommodation status after release was not routinely undertaken, so it was not known how many prisoners were offered a place to live once back in the community.

- 4.30** Jobcentre Plus staff were on site to help prisoners to set up new benefits claims before release. The CRCs did not have specialist debt advisers and could only signpost prisoners to help in the community. Bank accounts could be opened and CRC staff helped prisoners to deal with some basic debts, such as suspending court fines or mobile phone bills. There were no group work programmes dealing with money management but the education department provided a course aimed at managing personal finance, and this was well attended.
- 4.31** The offending-related needs of the population had not been analysed, so it was difficult to establish the offence-focused interventions that were needed. There was little opportunity for offender supervisors to deliver one-to-one work aimed at risk reduction and progression. Some useful programmes were provided through the substance misuse services but, as a local prison, High Down was not commissioned to deliver any accredited offending behaviour programmes.
- 4.32** The number of prisoners convicted of sexual or domestic violence offences was high and there was no clear strategy to manage their offending behaviour or progress them to sites that could do this. There was no specific offending behaviour work available for them at the establishment.

Recommendations

- 4.33** **The proportion of prisoners provided with suitable and sustainable accommodation shortly after release from custody should be monitored, to establish the number who remain homeless or in transient accommodation.**
- 4.34** **The prison should implement a strategy to manage prisoners convicted of sexual and domestic violence offences which provides for either specific offending behaviour work at High Down or progression to another prison to access accredited programmes.**

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** Due to the lack of timely completion of the BCST I in many cases (see also paragraph 4.14), the CRCs were often unaware of the need to draw up a resettlement plan for a prisoner. This meant that many prisoners did not receive immediate resettlement help on arrival. Some prisoners, such as those on remand, therefore missed their only opportunity to have their resettlement needs assessed and dealt with.
- 4.36** The demand for resettlement services on release was high, with about 130 releases a month, including some high-risk prisoners. Resettlement needs were reviewed before release. We looked at some of these cases and saw appropriate action being taken to address the issues identified. However, we also found that some reviews were undertaken late, and too near the release date to be fully effective. A discharge board held four weeks before release gave another opportunity for the delivery of resettlement help but this had not operated for the previous two months, which caused further gaps in provision.
- 4.37** Prisoners were supposed to attend CRC appointments in the resettlement centre but this was only open on weekday mornings, which limited the number of appointments that could

be provided. In addition, a large proportion of prisoners failed to attend their resettlement appointment. CRC staff worked hard to offer these individuals alternative appointments, and often went to the house blocks to interview prisoners, but the lack of space there made it difficult to conduct work in private.

Recommendation

- 4.38 All prisoners should have a resettlement plan on arrival to address their immediate problems, and reviews should be undertaken well enough ahead of release to be fully effective.**

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** Reception and first night processes should be efficient. Vulnerability risk assessments on new arrivals should be robust. Before being locked up for the night, prisoners should be welcomed, informed and supported by peers and staff. Cells should be clean, well prepared and fully equipped, and prisoners should be able to shower. (S52)
- 5.2** Improved oversight and leadership of the segregation unit should ensure that prisoners have good living conditions and a consistently decent regime. All decisions should be appropriately authorised. There should be robust governance to monitor and maintain improvements. (S53)
- 5.3** There should be sufficient purposeful activity to meet the needs of the population. All prisoners should be allocated to a suitable activity and all prisoners should attend their activity on time. (S54)
- 5.4** Prisoners' risk of harm to others should be routinely assessed on arrival, and appropriate mail and telephone monitoring applied as required. (S55)

Recommendation

To the Home Office

Equality, diversity and faith

- 5.5** The Home Office should serve all decisions to detain a prisoner at least one month before the end of their sentence. (2.42, repeated recommendation 2.35)

Recommendations

To HM Prison and Probation Service

Reducing risk, rehabilitation and progression

- 5.6** The number of Bail Accommodation and Support Services hostel places should be increased, to enable the timely release of prisoners on home detention curfew. (4.23)
- 5.7** Risk management planning in preparation for the release of high-risk prisoners should be given a greater priority. Offender managers should work closely with prison-based staff in the six months leading up to release, to put in place clear risk management plans, including confirmation of the multi-agency public protection arrangements (MAPPA) management level where relevant. (4.28)

Interventions

- 5.8** The proportion of prisoners provided with suitable and sustainable accommodation shortly after release from custody should be monitored, to establish the number who remain homeless or in transient accommodation. (4.33)

Recommendations

To the governor

Early days in custody

- 5.9** A comprehensive induction should be delivered to all prisoners in a suitable environment, and attendance monitored. (1.8)

Managing behaviour

- 5.10** Actions designed to reduce violence should be fully implemented and embedded. (1.16)
- 5.11** The management of perpetrators of bullying or violence should be improved and a formal system to support victims should be implemented. (1.17, repeated recommendation 1.18)
- 5.12** The prison should introduce an effective scheme to incentivise good behaviour. (1.18)
- 5.13** Adjudication charges should be appropriate and necessary, and the process should be concluded without unnecessary delay. (1.20)
- 5.14** A member of the health services team should be present for all planned use of force interventions. (1.25)
- 5.15** Use of force dossiers should be completed within the required timeframes. (1.26)
- 5.16** The disproportionate use of force against black and minority ethnic (BME) prisoners should be explored and addressed. (1.27)

Security

- 5.17** Prison managers should ensure that roll counts are consolidated accurately and promptly, to enable prisoners to attend activities on time. (1.39)
- 5.18** All strip-searching of prisoners should be intelligence led or based on a specific suspicion. (1.40, recommendation repeated 1.39)

Safeguarding

- 5.19** A member of the health services team should attend all initial assessment, care in custody and teamwork (ACCT) case reviews. (1.46)
- 5.20** Incidents of self-harm should be followed up, to inform learning and improve support for prisoners in crisis. (1.47)
- 5.21** Listeners should be able to see prisoners confidentially during the first night process, and access prisoners on the segregation unit, subject to a risk assessment. (1.48)

- 5.22** Adult safeguarding referrals should be recorded, and progress and outcomes monitored. (1.50)

Daily life

- 5.23** Single cells should not be used to accommodate two prisoners. (2.10, repeated recommendation 2.7)
- 5.24** Communal showers on the older units should be refurbished and provide sufficient privacy. (2.11)
- 5.25** Prisoners should be unlocked to collect their lunchtime meal. (2.19)
- 5.26** Staff supervision during the serving of meals should be improved, to ensure better portion control and compliance with basic hygiene requirements. (2.20)
- 5.27** Prisoners should have access to a full prison shop order within a week of arriving at the prison. (2.21)
- 5.28** Complaints data should be analysed to identify and address emerging trends. (2.26)

Equality, diversity and faith

- 5.29** Prisoners with protected characteristics should be consulted regularly, and their needs, concerns and any unfair treatment identified and addressed. (2.30)
- 5.30** Foreign national prisoners' nationality should be checked and confirmed on arrival. (2.41)
- 5.31** Personal emergency evacuation plans should be kept up to date and readily available to residential staff in an emergency. (2.43)

Health, well-being and social care

- 5.32** Clinical and managerial supervision should be provided consistently to all health care practitioners. (2.58)
- 5.33** Local health care complaints processes should be quality assured, and written replies should indicate how concerns can be escalated if a patient remains dissatisfied with the response. (2.59)
- 5.34** A prison-wide health promotion strategy should be developed that engages prisoner health representatives effectively. (2.61)
- 5.35** Prisoners should be able to access podiatry appointments within community-equivalent waiting times. (2.71)
- 5.36** All waiting lists should be regularly monitored and reviewed to ensure their accuracy, and non-attendance rates for all clinics should be continuously evaluated and addressed. (2.72)
- 5.37** A dedicated clinical lead should be identified for the inpatient unit, and a discrete multidisciplinary team meeting implemented to review all cases. (2.73)
- 5.38** Prisoners needing treatment in hospital under the Mental Health Act should be transferred within established NHS guidelines. (2.80)

- 5.39** Drug- and alcohol-dependent prisoners should receive treatment on their first night without delay. (2.88)
- 5.40** Custodial staff should supervise the medicine administration queues adequately to maintain patient confidentiality and reduce potential bullying. (2.95, repeated recommendation 2.82)
- 5.41** Prisoners should be able to access dental appointments within community-equivalent waiting times. (2.101)
- 5.42** The dental surgery should comply with best practice standards for dental infection control. (2.102, repeated recommendation 2.87)

Time out of cell

- 5.43** All prisoners should have daily access to an hour in the open air. (3.11)
- 5.44** Prisoners' access to time out of cell should be increased and prisoners should be unlocked for at least 10 hours each day during weekdays. (3.12)
- 5.45** The prison should offer a full programme of recreational PE that meets all prisoners' needs. (3.13, repeated recommendation 3.40)
- 5.46** Data on prisoners' participation in PE should be routinely collected and analysed, to ensure that all prisoners have equal access to recreational PE and that their needs are met fully. (3.14, repeated recommendation 3.42)
- 5.47** The prison should offer a range of accredited programmes to provide prisoners with skills and qualifications that will help them gain appropriate employment on release. (3.15, repeated recommendation 3.41)

Education, skills and work activities

- 5.48** Senior leaders and managers should identify and implement appropriate datasets which underpin an efficient and accurate performance management system. (3.28)
- 5.49** Effective pre- and post-release support should be provided, to help prisoners to enter education, training or employment. (3.29)
- 5.50** The induction process should introduce all prisoners to the full range of opportunities in education, vocational training and work. (3.38)
- 5.51** All prisoners should have timely skills assessments and be allocated swiftly to activities that meet their future employment or training needs. (3.39)
- 5.52** Teachers and tutors should be consistent in setting challenging targets in individual learning plans, and progress reviews should relate to prisoners gaining job-related skills. (3.40)
- 5.53** The proportion of prisoners who start a course complete it and gain the qualification should be increased. (3.48)
- 5.54** Prisoners' achievements should be improved in all courses, particularly in English and information technology qualifications. (3.49)

Reducing risk, rehabilitation and progression

- 5.55** The strategic oversight of reducing reoffending should be informed by a detailed analysis of the needs of the current population and progress measured against a comprehensive action plan. (4.20)
- 5.56** The quality of offender management should be improved, to ensure that all prisoners receive adequate support, including timely completion of offender assessment system (OASys) assessments and regular, meaningful contact which is aimed at progression and risk reduction. (4.21)
- 5.57** Basic Custody Screening Tool I resettlement screenings should be completed on time. (4.22)
- 5.58** Information gained from monitoring mail should be comprehensive, providing detailed evidence about the content and any concerns that could inform risk management. (4.27)

Interventions

- 5.59** The prison should implement a strategy to manage prisoners convicted of sexual and domestic violence offences which provides for either specific offending behaviour work at High Down or progression to another prison to access accredited programmes. (4.34)

Release planning

- 5.60** All prisoners should have a resettlement plan on arrival to address their immediate problems, and reviews should be undertaken well enough ahead of release to be fully effective. (4.38)

Examples of good practice

Health, well-being and social care

- 5.61** The pain clinic provided excellent support for prisoners with chronic pain and had helped to manage the prescribing of tradeable medicines. (2.96)
- 5.62** The bespoke application for medicine reviews was innovative and helped prompt clinicians when further tests were needed. (2.97)

Children and families and contact with the outside world

- 5.63** Child-centred visits gave prisoners the opportunity to bond with their children. (4.8)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Alison Perry	Team leader
Jonathan Tickner	Inspector
Sandra Fieldhouse	Inspector
Paul Rowlands	Inspector
Francesca Cooney	Inspector
Ian Dickens	Inspector
Laura Green	Researcher
Beth Wilson	Researcher
Emily Spilman	Researcher
Natalie-Anne Hall	Researcher
Helen Ranns	Researcher
Claudia Vince	Researcher
Steve Eley	Lead health and social care inspector
Sigrid Engelen	Health and social care inspector
Simon Denton	Pharmacist
Tim Byrom	Care Quality Commission inspector
Nick Crombie	Ofsted inspector
Judy Lye-Forster	Ofsted inspector
Martin Hughes	Ofsted inspector
Jane Hughes	Ofsted inspector
Joe Simpson	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

*At the last inspection, in 2015, the majority of prisoners had short journeys to the prison; their treatment was reasonable. Reception was efficient and well organised. First night and induction arrangements required improvement as some of prisoners' basic needs were not met. The number of violent incidents and perceptions of safety were comparable to similar prisons. Vulnerable prisoners felt safe overall. There had been one self-inflicted death since our previous inspection. The number of incidents of self-harm had declined significantly, but prisoners in crisis required better support. The prison was addressing the safeguarding needs of its population. Security was well managed and properly focused on trying to maintain a safe environment. New psychoactive substances (NPS) had been a problem in the prison but this appeared to be diminishing. The incentives and earned privileges scheme (IEP) was ineffective. Disciplinary measures were used frequently and, while oversight had improved, it remained inadequate for the use of force. The segregation unit was reasonable, but the regime was poor. Substance misuse services were very good and the overall management of supply and reduction was reasonable despite the lack of suspicion testing. **Outcomes for prisoners were reasonably good against this healthy prison test.***

Main recommendation

There should be improvements in the governance of the use of force, particularly regarding logging of incidents, quality of documentation, special accommodation, planned interventions, scrutiny of drawing/use of batons and the use of force committee. (S48)

Partially achieved

Recommendations

First night cells should be fully prepared and handover arrangements improved. (1.10)

Not achieved

New arrivals should be offered a phone call and shower on their first night. (1.11)

Not achieved

The regime in the induction unit should be improved. (1.12)

Achieved

The management of perpetrators of bullying or violence should be improved and a formal system to support victims should be implemented. (1.18)

Not achieved (recommendation repeated, 1.17)

The quality and consistency of ACCT documentation should be improved. (I.26)

Not achieved

There should be better staff support for prisoners in crises. (I.27)

Not achieved

The prison should reinforce that prisoners on an open ACCT document should only be segregated in exceptional circumstances and where necessary to ensure their own or others' safety. (I.28)

Achieved

The governor should work with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (I.31)

Achieved

All strip-searching of prisoners should be intelligence led or based on a specific suspicion. (I.39)

Not achieved (recommendation repeated, I.40)

Prisoners should only be placed on and remain on closed visits when there is sufficient intelligence relating to visits to support this. (I.40)

Achieved

The MDT programme should be appropriately resourced to enable suspicion tests to be conducted. (I.41)

Not achieved

The IEP scheme should be applied fairly and consistently. (I.47)

Achieved

Records of adjudications should record a thorough exploration of charges before a finding of guilt and formal quality assurance measures should be introduced. (I.50)

Achieved

Adjudication standardisation meetings should use data meaningfully to identify and act on trends and patterns. (I.51)

Achieved

All cells in the segregation unit should be clean, well maintained and free of graffiti. (I.63)

Not achieved

The regime in the segregation unit should be improved. (I.64)

Not achieved

Drug and alcohol issues should be prioritised and monitored regularly; an action plan should ensure there is a direct link between prisoners' offending behaviour and substance use. (I.77)

Achieved

Vulnerable prisoners should have access to the full range of programmes. (I.78)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

*At the last inspection, in 2015, communal areas were generally clean and the newer accommodation was good, but some cells in the older house blocks were poor. Staff-prisoner interactions were reasonable overall and we saw some exceptional staff, but staff shortages had an adverse impact on relationships and a few staff were negative. The management of equality and diversity was weak, although this was mitigated by supportive equalities and wing staff. The prison failed to explore adequately some poor outcomes. Health care was good and improving. The food was satisfactory. The prison shop provided an adequate service. **Outcomes for prisoners were reasonably good against this healthy prison test.***

Main recommendation

Management oversight of diversity should be prioritised to ensure that the needs of all prisoners from minority groups are identified, assessed and met, and that any negative monitoring data and prisoner perceptions relating to particular groups are understood and acted on. (S49)

Not achieved

Recommendations

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

Not achieved (recommendation repeated, 2.10)

Prisoners should be able to shower in private. (2.8)

Not achieved

Cell bells should receive a prompt response. (2.9)

Achieved

The application process should be robust, timely and have the confidence of prisoners. (2.10)

Achieved

The prison should explore and address the negative perceptions of some groups of prisoners about relationships with staff. (2.16)

Achieved

The prison should address issues raised through consultation effectively. (2.17)

Achieved

The Home Office should serve all decisions to detain a prisoner at least one month before the end of their sentence. (2.35)

Not achieved (recommendation repeated, 2.42)

Unit staff should make greater use of the telephone interpreting service to communicate with foreign national prisoners who do not speak or understand English. (2.36)

Not achieved

All older prisoners and those with disabilities should have an assessment to determine if they need a care plan, which should be reviewed regularly. (2.37)

Achieved

All prisoners requiring help to evacuate their units in the event of an emergency should have a bespoke evacuation plan and staff on duty should know who they are. (2.38)

Not achieved

Retired prisoners should not have to pay to use their TVs. (2.39)

Achieved

The establishment should put in place an effective and thorough quality assurance system for complaints and the results should be communicated to prisoners. (2.50)

Partially achieved

Health staff carrying out tasks beyond their usual role should receive competency-based initial and refresher training, regular supervision and ongoing practice assessments from senior staff. (2.63)

Achieved

All clinical environments should comply with infection control standards. (2.64)

Achieved

Sufficient custodial staff should be trained in emergency first aid and defibrillation to ensure a prompt response in emergencies. (2.65)

Achieved

All prisoners should receive a separate secondary health assessment within 72 hours of arrival. (2.73)

Achieved

Prisoners should be able to access all primary care clinics including dental and external hospital appointments within community equivalent waiting times. (2.74)

Not achieved

The non-attendance rates for all clinics should be reduced to under 12%. (2.75)

Not achieved

Methadone administration should comply with professional standards and only approved glass measures should be used. (2.81)

Achieved

Custodial staff should supervise the medicine administration queues adequately to maintain patient confidentiality and reduce potential bullying. (2.82)

Not achieved (recommendation repeated, 2.95)

The dental surgery should comply with best practice standards for dental infection control. (2.87)

Not achieved (recommendation repeated, 2.102)

Custodial staff should receive regular mental health awareness training. (2.93)

Achieved

Mental health provision should include prompt access to the full range of primary care, counselling and dual diagnosis services. (2.94)

Not achieved

Patients requiring a transfer under the Mental Health Act should be assessed promptly and transferred within the current transfer guidelines. (2.95)

Not achieved

Breakfast should be issued on the day it is to be eaten. (2.101)

Not achieved

There should be at least five hours between lunch and the evening meal being served. (2.102)

Achieved

Prisoners should be able to take their meals in association. (2.103)

Not achieved

The prison should prevent the contamination of food served to vulnerable prisoners in house block six and provide assurance to these prisoners that this has been done. (2.104)

Achieved

All prisoners should have weekly access to the shop. (2.108)

Not achieved

Deliveries of catalogue orders should be processed promptly and issued to prisoners. (2.109)

Achieved

Purposeful activity

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

*At the last inspection, in 2015, too many prisoners were locked up during the day; unemployment was high and those prisoners had only about two hours out of their cells each day. The recently revised strategy had begun to improve educational and vocational outcomes. There were insufficient activity places for all prisoners. The overall quality of education required improvement, and achievement outcomes in many qualifications were good but they were too low in maths and English. Outcomes in vocational training were good. Attendance was mostly poor. The library provision was adequate. Staff shortages and the redeployment of physical education (PE) staff were having a negative impact on the gym provision. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

Main recommendation

There should be sufficient purposeful activity to meet the needs of the population, attendance should be improved and prisoners' access to time out of cells should be increased. (S50)

Not achieved

Recommendations

All prisoners should have access to a daily exercise period. (3.4)

Achieved

Managers should implement a strategy to raise prisoners' skills and attainment in English and mathematics to prepare them better for employment on release. (3.10)

Not achieved

Managers should improve the use of performance targets to monitor and pace further improvements, and use data to monitor and deal with differences in performance between different groups. (3.11)

Not achieved

Managers should increase the number of prisoners involved in purposeful activity and reduce the proportion of prisoners who are unemployed. (3.15)

Not achieved

Teachers and trainers should set challenging targets in ILPs and progress reviews should relate to prisoners gaining job-related skills. (3.24)

Not achieved

Managers should extend the use of prisoner learning support assistants to help prisoners develop their English and mathematics skills. (3.25)

Achieved

Managers should improve the induction process so that all prisoners have timely skills assessments and are allocated swiftly to activities that meet their future employment or training needs. (3.26)

Not achieved

Achievement rates in English and mathematics qualifications should be improved. (3.29)

Not achieved

Prisoners' attendance and punctuality at OLASS education and vocational training should be improved. (3.30)

Not achieved

The prison should make better use of data to improve access for prisoners from house blocks where library use is infrequent. (3.35)

Not achieved

The prison should offer a full programme of recreational PE that meets all prisoners' needs. (3.40)

Not achieved (recommendation repeated, 3.13)

The prison should offer a range of accredited programmes to provide prisoners with skills and qualifications that will help them gain appropriate employment on release. (3.41)

Not achieved (recommendation repeated, 3.15)

Data on prisoners' participation in PE should be routinely collected and analysed, to ensure that all prisoners have equal access to recreational PE and that their needs are met fully. (3.42)

Not achieved (recommendation repeated, 3.14)

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, the reducing reoffending strategy was up to date and comprehensive but its delivery was fragmented. Offender management outcomes varied greatly. The prison's use of dedicated offender supervisors was appropriate but there was a backlog of work, including in offender assessment system (OASys) documents. Multi-agency public protection arrangements (MAPPAs) and the identification of MAPPAs levels required greater focus and prioritisation. Too many indeterminate sentence prisoners stayed at High Down too long without receiving sufficient assistance to help them progress. Pathway provision was good in most areas but offender supervisor involvement was minimal. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

Main recommendation

Implementation of the reducing re-offending strategy should be effectively co-ordinated, backlogs should be cleared and quality improvement measures implemented. (S51)

Not achieved

Recommendations

The prison should pursue a whole-prison approach to resettlement, encouraging and supporting staff from all departments to take an active role in the work of the offender management unit in assessing and implementing prisoner objectives to reduce their risk of reoffending. (4.6)

Not achieved

There should be reviews of offender assessment system (OASys) assessments and sentence plans in all relevant cases, including where there has been a significant change in the likelihood of the prisoner's reoffending or level of risk of harm. (4.14)

Not achieved

The role of all offender supervisors should be clearly defined, including how they support prisoners, especially those identified as a low- or medium-risk of harm, in addressing their offending behaviour and achieving sentence plan targets. (4.15)

Not achieved

Sentence planning and OASys documents should be informed by contributions from all relevant departments. (4.16)

Achieved

All offender supervisors should have regular professional supervision and casework reviews to aid personal development, and quality assurance should be extended across all offender management work. (4.17)

Not achieved

The prison should ensure that HDC reviews are undertaken promptly to give prisoners the best possible chance of release on their eligibility date. (4.18)

Achieved

There should be effective management oversight of all public protection arrangements and procedures, and the prison should ensure that in all cases MAPPA risk levels are identified six months in advance of prisoners' release dates. (4.20)

Not achieved

Prisoners should be transferred to other prisons that are able to offer them provision that matches identified sentence plan targets. (4.22)

Not achieved

The prison should streamline the resettlement centre appointment system to ensure that prisoners see everyone they need to, so an effective release plan can be developed. (4.27)

Achieved

The prison should ensure that information regarding progress during sentences and plans for release are routinely shared with offender managers prior to a prisoner's release. (4.28)

Not achieved

Staff should improve prisoners' access to, and attendance at, services that support prisoners with their resettlement on release. (4.32)

Achieved

All prisoners receiving regular prescribed medication should have adequate supplies on release and a health care discharge summary should be sent to the prisoners' GP or given to the prisoner before release to ensure continuity of care. (4.35)

Achieved

The prison should address the shortfall in offending behaviour provision to meet the needs of the population. (4.45)

Not achieved

A clear strategy for the management of sex offenders and indeterminate sentence prisoners should be developed. (4.46)

Not achieved

There should be sufficient appropriate interventions available to address the offending behaviour of those prisoners convicted of a sexual offence. (4.47)

Not achieved

Appendix III: Photographs

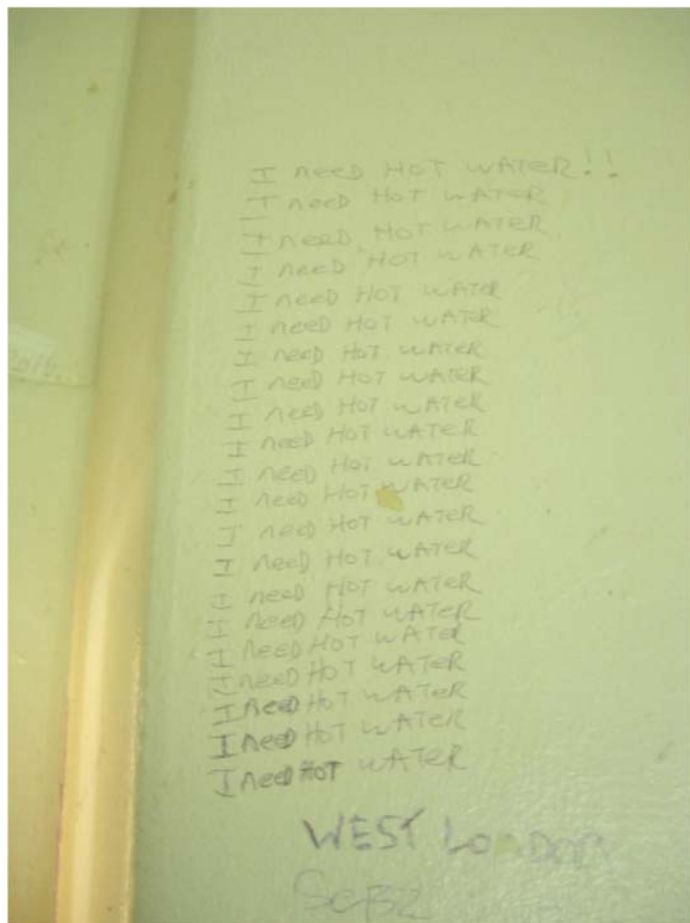
Extensive graffiti in first night cell on house block 4



Graffiti in segregation cell



Graffiti in segregation cell



Window cages full of rubbish



Appendix IV: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced	44	669	63.1
Recall	8	144	13.5
Convicted unsentenced	0	0	0
Remand	22	155	15.7
Civil prisoners	0	0	0
Detainees	0	0	0
Convicted unsentenced	4	33	3.3
Immigration detainee	2	12	1.2
Indeterminate sentence	0	34	3
Unknown	0	2	0.2
Civil prisoner	0	1	0.1
Total	80	1,050	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced	28	209	21.0
Less than six months	5	91	8.5
six months to less than 12 months	5	49	4.8
12 months to less than 2 years	13	86	8.8
2 years to less than 4 years	4	102	9.4
4 years to less than 10 years	15	82	8.6
10 years and over (not life)	8	269	24.5
ISPP (indeterminate sentence for public protection)	2	109	9.8
Life	0	53	6.8
Total	80	1,050	100

Age	Number of prisoners	%
Please state minimum age here:	18	
Under 21 years	80	7.1
21 years to 29 years	389	34.4
30 years to 39 years	307	27.2
40 years to 49 years	179	15.8
50 years to 59 years	111	9.8
60 years to 69 years	40	3.5
70 plus years	24	2.1
Please state maximum age here:	86	
Total	1,130	100

Nationality	18–20-year-olds	21 and over	%
British	63	917	86.7
Foreign nationals	17	128	12.8
Not stated	0	5	0.4
Total	80	1,050	100

Security category	18–20-year olds	21 and over	%
Uncategorised unsentenced	34	227	23.1
Uncategorised sentenced	7	92	8.8
Category A	0	0	0
Category B	0	129	11.4
Category C	0	572	50.6
Category D	0	23	2.0
Other	39	7	4.1
Total	80	1,050	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British	22	574	52.7
Irish	1	7	0.7
Gypsy/Irish Traveller	3	49	4.6
Other white	9	80	7.9
Mixed			
White and black Caribbean	3	28	2.7
White and black African	0	8	0.7
White and Asian	0	8	0.7
Other mixed	2	14	1.4
Asian or Asian British			
Indian	1	12	1.2
Pakistani	0	20	1.8
Bangladeshi	1	3	0.4
Chinese	0	1	0.1
Other Asian	2	16	1.6
Black or black British			
Caribbean	15	118	11.8
African	10	52	5.5
Other black	9	38	4.2
Other ethnic group			
Arab	0	2	0.2
Other ethnic group	2	10	1.2
Not stated	0	10	0.9
Total	80	1,050	100

Religion	18–20-year-olds	21 and over	%
Baptist	0	1	0.1
Church of England	7	205	18.8
Roman Catholic	16	205	19.6
Other Christian denominations	15	122	12.1
Muslim	24	184	18.4
Sikh	0	4	0.4
Hindu	0	5	0.4
Buddhist	0	13	1.2
Jewish	0	12	1.1
Other	0	12	1.1
No religion	17	253	23.9
Not stated	1	34	3.1
Total	80	1,050	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)	0	5	0.44
Total	0	5	0.44

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	8	0.7	153	13.5
1 month to 3 months	19	1.7	191	16.9
3 months to 6 months	9	0.8	193	17.1
six months to 1 year	13	1.2	164	14.5
1 year to 2 years	3	0.3	104	9.2
2 years to 4 years	0	0	34	3
4 years or more	0	0	2	0.2
Total	52	4.6	841	74.4

Sentenced prisoners only

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

Unsentenced prisoners only

Length of stay	18–20-year olds		21 and over	
	Number	%	Number	%
Less than 1 month	11	4.6	84	35.4
1 month to 3 months	8	3.4	67	28.3
3 months to 6 months	7	3.0	44	18.6
six months to 1 year	2	0.8	123	5.1
1 year to 2 years	0	0	2	0.8
2 years to 4 years	0	0	0	00
4 years or more	0	0	0	0
Total	28	2.5	209	18.5

Not available from P-NOMIS report.

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

Appendix V: Prisoner survey methodology and results

Prisoner survey methodology

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

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.¹⁵

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.¹⁶ 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.¹⁷ 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 8 May 2018, the prisoner population at HMP High Down was 1,137. Using the sampling method described above, questionnaires were distributed to 227 prisoners. We received a total of 186 completed questionnaires, a response rate of 82%. This included three questionnaires completed via face-to-face interview. Thirteen prisoners declined to participate in the survey and 28 questionnaires were either not returned at all, or returned blank.

¹⁵ Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

¹⁶ 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

¹⁷ 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 High Down. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.¹⁸ 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 High Down 2018 compared with those from other HMIP surveys¹⁹

- Survey responses from HMP High Down in 2018 compared with survey responses from the most recent inspection at all other local prisons.
- Survey responses from HMP High Down in 2018 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP High Down in 2018 compared with survey responses from HMP High Down in 2015.

Comparisons between different residential locations within HMP High Down 2018

- Responses of prisoners on the vulnerable prisoner unit (house block six) compared with those from the rest of the establishment.

Comparisons between sub-populations of prisoners within HMP High Down 2018²⁰

- White prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- Responses of prisoners from traveller communities compared with those of prisoners not from traveller communities.
- Muslim prisoners' responses compared with those of non-Muslim prisoners.
- Disabled prisoners' responses compared with those who do not have a disability.
- Responses of prisoners with mental health problems compared with those who do not have mental health problems.
- Responses of prisoners aged 50 and over compared with those under 50.
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.²¹

In the comparator analyses, statistically significant differences are indicated by shading.²² Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of

¹⁸ Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

¹⁹ 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.

²⁰ These analyses are carried out on summary data from selected survey questions only.

²¹ A minimum of 10 responses which must also represent at least 10% of the total response.

²² 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.

respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

Survey summary

I.1	What wing or house block are you currently living on?	
	House block 1	22 (12%)
	House block 2	29 (16%)
	House block 3	30 (16%)
	House block 4	27 (15%)
	House block 5	34 (18%)
	House block 6	40 (22%)
	Segregation unit	3 (2%)
	Health care unit	1 (1%)
I.2	How old are you?	
	Under 21	23 (12%)
	21 - 25	28 (15%)
	26 - 29	22 (12%)
	30 - 39	50 (27%)
	40 - 49	39 (21%)
	50 - 59	14 (8%)
	60 - 69	5 (3%)
	70 or over	4 (2%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British	103 (57%)
	White - Irish	2 (1%)
	White - Gypsy or Irish Traveller	13 (7%)
	White - any other White background	11 (6%)
	Mixed - White and Black Caribbean	4 (2%)
	Mixed - White and Black African	1 (1%)
	Mixed - White and Asian	0 (0%)
	Mixed - any other Mixed ethnic background	2 (1%)
	Asian/ Asian British - Indian	1 (1%)
	Asian/ Asian British - Pakistani	4 (2%)
	Asian/ Asian British - Bangladeshi	1 (1%)
	Asian/ Asian British - Chinese	0 (0%)
	Asian - any other Asian Background	1 (1%)
	Black/ Black British - Caribbean	11 (6%)
	Black/ Black British - African	17 (9%)
	Black - any other Black/ African/ Caribbean background	3 (2%)
	Arab	2 (1%)
	Any other ethnic group	4 (2%)
I.4	How long have you been in this prison?	
	Less than 6 months	103 (56%)
	6 months or more	80 (44%)
I.5	Are you currently serving a sentence?	
	Yes	113 (61%)
	Yes - on recall	32 (17%)
	No - on remand or awaiting sentence	35 (19%)
	No - immigration detainee	6 (3%)

1.6	How long is your sentence?	
	Less than 6 months.....	21 (12%)
	6 months to less than 1 year.....	17 (9%)
	1 year to less than 4 years.....	51 (28%)
	4 years to less than 10 years.....	29 (16%)
	10 years or more.....	15 (8%)
	IPP (indeterminate sentence for public protection).....	3 (2%)
	Life.....	5 (3%)
	Not currently serving a sentence.....	41 (23%)

Arrival and reception

2.1	Were you given up-to-date information about this prison before you came here?	
	Yes.....	25 (14%)
	No.....	145 (78%)
	Don't remember.....	15 (8%)
2.2	When you arrived at this prison, how long did you spend in reception?	
	Less than 2 hours.....	29 (16%)
	2 hours or more.....	146 (79%)
	Don't remember.....	10 (5%)
2.3	When you were searched in reception, was this done in a respectful way?	
	Yes.....	134 (73%)
	No.....	34 (18%)
	Don't remember.....	16 (9%)
2.4	Overall, how were you treated in reception?	
	Very well.....	31 (17%)
	Quite well.....	95 (52%)
	Quite badly.....	42 (23%)
	Very badly.....	14 (8%)
	Don't remember.....	2 (1%)
2.5	When you first arrived here, did you have any of the following problems?	
	Problems getting phone numbers.....	79 (43%)
	Contacting family.....	105 (57%)
	Arranging care for children or other dependants.....	8 (4%)
	Contacting employers.....	12 (7%)
	Money worries.....	54 (29%)
	Housing worries.....	44 (24%)
	Feeling depressed.....	88 (48%)
	Feeling suicidal.....	27 (15%)
	Other mental health problems.....	46 (25%)
	Physical health problems.....	36 (20%)
	Drug or alcohol problems (e.g. withdrawal).....	39 (21%)
	Problems getting medication.....	64 (35%)
	Needing protection from other prisoners.....	14 (8%)
	Lost or delayed property.....	55 (30%)
	Other problems.....	27 (15%)
	Did not have any problems.....	16 (9%)

2.6	Did staff help you to deal with these problems when you first arrived?	
	Yes	38 (22%)
	No	122 (69%)
	Did not have any problems when I first arrived	16 (9%)

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		131 (71%)	
	Toiletries / other basic items		81 (44%)	
	A shower		16 (9%)	
	A free phone call		43 (23%)	
	Something to eat		136 (74%)	
	The chance to see someone from health care		100 (54%)	
	The chance to talk to a Listener or Samaritans		32 (17%)	
	Support from another prisoner (e.g. Insider or buddy)		13 (7%)	
	Wasn't offered any of these things		12 (7%)	
3.2	On your first night in this prison, how clean or dirty was your cell?			
	Very clean		7 (4%)	
	Quite clean		49 (27%)	
	Quite dirty		40 (22%)	
	Very dirty		85 (46%)	
	Don't remember		3 (2%)	
3.3	Did you feel safe on your first night here?			
	Yes		108 (60%)	
	No		61 (34%)	
	Don't remember		11 (6%)	
3.4	In your first few days here, did you get:	Yes	No	Don't remember
	Access to the prison shop / canteen?	24 (14%)	145 (83%)	6 (3%)
	Free PIN phone credit?	97 (55%)	75 (43%)	4 (2%)
	Numbers put on your PIN phone?	43 (26%)	119 (71%)	5 (3%)
3.5	Did your induction cover everything you needed to know about this prison?			
	Yes			49 (28%)
	No			66 (38%)
	Have not had an induction			58 (34%)

On the wing

4.1	Are you in a cell on your own?	
	Yes	76 (42%)
	No, I'm in a shared cell or dormitory	103 (58%)
4.2	Is your cell call bell normally answered within 5 minutes?	
	Yes	36 (20%)
	No	125 (70%)
	Don't know	18 (10%)
	Don't have a cell call bell	0 (0%)

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?	118 (67%)	52 (30%)	5 (3%)
	Can you shower every day?	163 (90%)	15 (8%)	3 (2%)
	Do you have clean sheets every week?	145 (82%)	24 (14%)	7 (4%)
	Do you get cell cleaning materials every week?	84 (47%)	87 (49%)	6 (3%)
	Is it normally quiet enough for you to relax or sleep at night?	97 (56%)	76 (44%)	1 (1%)
	Can you get your stored property if you need it?	31 (18%)	86 (50%)	56 (32%)
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			12 (7%)
	Quite clean			71 (41%)
	Quite dirty			56 (32%)
	Very dirty			35 (20%)

Food and canteen

5.1	What is the quality of food like in this prison?		
	Very good.....		4 (2%)
	Quite good.....		46 (25%)
	Quite bad		59 (32%)
	Very bad		73 (40%)
5.2	Do you get enough to eat at mealtimes?		
	Always.....		8 (4%)
	Most of the time.....		30 (16%)
	Some of the time.....		59 (32%)
	Never		86 (47%)
5.3	Does the shop / canteen sell the things that you need?		
	Yes		84 (47%)
	No.....		84 (47%)
	Don't know.....		10 (6%)

Relationships with staff

6.1	Do most staff here treat you with respect?		
	Yes		118 (68%)
	No.....		55 (32%)
6.2	Are there any staff here you could turn to if you had a problem?		
	Yes		114 (64%)
	No.....		64 (36%)
6.3	In the last week, has any member of staff talked to you about how you are getting on?		
	Yes		38 (21%)
	No.....		143 (79%)

6.4	How helpful is your personal or named officer?	
	Very helpful.....	6 (3%)
	Quite helpful.....	14 (8%)
	Not very helpful.....	7 (4%)
	Not at all helpful.....	12 (7%)
	Don't know.....	27 (16%)
	Don't have a personal / named officer	106 (62%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly.....	7 (4%)
	Sometimes.....	20 (11%)
	Hardly ever.....	126 (71%)
	Don't know.....	24 (14%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes.....	59 (33%)
	No.....	119 (67%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change.....	19 (11%)
	Yes, but things don't change.....	53 (30%)
	No.....	69 (39%)
	Don't know.....	38 (21%)

Faith

7.1	What is your religion?	
	No religion.....	45 (25%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	91 (51%)
	Buddhist.....	3 (2%)
	Hindu.....	1 (1%)
	Jewish	2 (1%)
	Muslim.....	28 (16%)
	Sikh	0 (0%)
	Other	8 (4%)
7.2	Are your religious beliefs respected here?	
	Yes.....	85 (48%)
	No.....	22 (12%)
	Don't know.....	25 (14%)
	Not applicable (no religion).....	45 (25%)
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	
	Yes.....	83 (47%)
	No.....	14 (8%)
	Don't know.....	35 (20%)
	Not applicable (no religion).....	45 (25%)
7.4	Are you able to attend religious services, if you want to?	
	Yes.....	112 (63%)
	No.....	15 (8%)
	Don't know.....	5 (3%)
	Not applicable (no religion).....	45 (25%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	30 (17%)
	No	147 (83%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	97 (55%)
	No	79 (45%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	155 (88%)
	No	21 (12%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	13 (7%)
	Quite easy	59 (34%)
	Quite difficult	47 (27%)
	Very difficult	39 (22%)
	Don't know	18 (10%)
8.5	How often do you have visits from family or friends?	
	More than once a week	5 (3%)
	About once a week	39 (23%)
	Less than once a week	76 (44%)
	Not applicable (don't get visits)	51 (30%)
8.6	Do visits usually start and finish on time?	
	Yes	41 (35%)
	No	76 (65%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	87 (76%)
	No	27 (24%)

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	66 (37%)
	Yes, but these times are not usually kept to	84 (47%)
	No	27 (15%)
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	73 (42%)
	2 to 6 hours	64 (37%)
	6 to 10 hours	20 (11%)
	10 hours or more	7 (4%)
	Don't know	10 (6%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	51 (29%)
	2 to 6 hours	115 (65%)
	6 to 10 hours	5 (3%)
	10 hours or more	0 (0%)
	Don't know	7 (4%)

9.4	How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?		
	None	6 (3%)	
	1 or 2	40 (23%)	
	3 to 5.....	44 (25%)	
	More than 5.....	78 (45%)	
	Don't know.....	7 (4%)	
9.5	How many days in a typical week do you get association, if you want it?		
	None	18 (10%)	
	1 or 2	24 (14%)	
	3 to 5.....	37 (21%)	
	More than 5.....	80 (45%)	
	Don't know.....	18 (10%)	
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?		
	None	11 (6%)	
	1 or 2	33 (19%)	
	3 to 5.....	43 (25%)	
	More than 5.....	79 (45%)	
	Don't know.....	8 (5%)	
9.7	Typically, how often do you go to the gym?		
	Twice a week or more	24 (14%)	
	About once a week.....	31 (18%)	
	Less than once a week.....	36 (21%)	
	Never	80 (47%)	
9.8	Typically, how often do you go to the library?		
	Twice a week or more	10 (6%)	
	About once a week.....	49 (28%)	
	Less than once a week.....	55 (32%)	
	Never	59 (34%)	
9.9	Does the library have a wide enough range of materials to meet your needs?		
	Yes	67 (40%)	
	No.....	40 (24%)	
	Don't use the library	59 (36%)	

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?			
	Yes			101 (57%)
	No.....			59 (33%)
	Don't know.....			17 (10%)
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?	61 (40%)	74 (48%)	19 (12%)
	Are applications usually dealt with within 7 days?	42 (26%)	101 (62%)	19 (12%)
10.3	Is it easy for you to make a complaint?			
	Yes			91 (51%)
	No.....			48 (27%)
	Don't know.....			39 (22%)

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?	30 (19%)	66 (41%)	65 (40%)
	Are complaints usually dealt with within 7 days?	17 (11%)	76 (48%)	65 (41%)
10.5	Have you ever been prevented from making a complaint here when you wanted to?			
	Yes			32 (19%)
	No.....			97 (58%)
	Not wanted to make a complaint.....			39 (23%)
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?	53 (31%)	61 (36%)	34 (20%)
	Attend legal visits?	77 (46%)	33 (20%)	38 (23%)
	Get bail information?	16 (10%)	63 (39%)	58 (36%)
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?			
	Yes			64 (37%)
	No.....			80 (46%)
	Not had any legal letters			29 (17%)

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	11 (6%)	33 (19%)	61 (35%)	53 (30%)	17 (10%)
	Nurse	39 (23%)	71 (42%)	30 (18%)	22 (13%)	8 (5%)
	Dentist	5 (3%)	14 (8%)	33 (19%)	92 (53%)	28 (16%)
	Mental health workers	4 (2%)	15 (9%)	29 (17%)	56 (33%)	64 (38%)
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	13 (8%)	54 (32%)	31 (18%)	35 (21%)	37 (22%)
	Nurse	29 (18%)	58 (35%)	33 (20%)	27 (16%)	18 (11%)
	Dentist	10 (6%)	18 (11%)	22 (13%)	42 (25%)	73 (44%)
	Mental health workers	6 (4%)	19 (12%)	23 (14%)	34 (21%)	79 (49%)
11.3	Do you have any mental health problems?					
	Yes					84 (49%)
	No.....					86 (51%)
11.4	Have you been helped with your mental health problems in this prison?					
	Yes					18 (11%)
	No.....					65 (38%)
	Don't have any mental health problems.....					86 (51%)

11.5	What do you think of the overall quality of the health services here?	
	Very good.....	6 (4%)
	Quite good.....	54 (32%)
	Quite bad	49 (29%)
	Very bad	41 (24%)
	Don't know.....	19 (11%)

Other support needs

12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?	
	Yes	65 (37%)
	No.....	109 (63%)
12.2	If you have a disability, are you getting the support you need?	
	Yes	13 (8%)
	No.....	47 (28%)
	Don't have a disability	109 (64%)
12.3	Have you been on an ACCT in this prison?	
	Yes	26 (16%)
	No.....	140 (84%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes	17 (10%)
	No.....	9 (5%)
	Have not been on an ACCT in this prison.....	140 (84%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	27 (15%)
	Quite easy	44 (25%)
	Quite difficult	21 (12%)
	Very difficult	15 (9%)
	Don't know.....	64 (37%)
	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	33 (19%)
	No.....	143 (81%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	16 (9%)
	No.....	16 (9%)
	Did not / do not have an alcohol problem	143 (82%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	57 (32%)
	No.....	120 (68%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	22 (13%)
	No.....	152 (87%)

13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	16 (9%)
	No	161 (91%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	23 (14%)
	No	38 (23%)
	Did not / do not have a drug problem.....	107 (64%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	49 (28%)
	Quite easy	22 (13%)
	Quite difficult	7 (4%)
	Very difficult	7 (4%)
	Don't know.....	87 (51%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	25 (14%)
	Quite easy	20 (11%)
	Quite difficult	14 (8%)
	Very difficult	16 (9%)
	Don't know.....	102 (58%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	95 (52%)
	No	86 (48%)
14.2	Do you feel unsafe now?	
	Yes	38 (21%)
	No	139 (79%)
14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply.)	
	Verbal abuse	57 (35%)
	Threats or intimidation.....	46 (28%)
	Physical assault.....	30 (18%)
	Sexual assault.....	2 (1%)
	Theft of canteen or property.....	42 (26%)
	Other bullying / victimisation	25 (15%)
	Not experienced any of these from prisoners here.....	86 (53%)
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	67 (39%)
	No	106 (61%)

14.5	Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply.)	
	Verbal abuse	44 (27%)
	Threats or intimidation.....	33 (20%)
	Physical assault.....	16 (10%)
	Sexual assault.....	3 (2%)
	Theft of canteen or property.....	20 (12%)
	Other bullying / victimisation	29 (18%)
	Not experienced any of these from staff here.....	102 (62%)

14.6	If you were being bullied / victimised by staff here, would you report it?	
	Yes	89 (51%)
	No.....	84 (49%)

Behaviour management

15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	
	Yes	49 (28%)
	No.....	86 (49%)
	Don't know what the incentives / rewards are	39 (22%)

15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	
	Yes	47 (27%)
	No.....	65 (37%)
	Don't know.....	32 (18%)
	Don't know what this is	30 (17%)

15.3	Have you been physically restrained by staff in this prison in the last 6 months?	
	Yes	18 (10%)
	No.....	159 (90%)

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	1 (1%)
	No.....	12 (7%)
	Don't remember	1 (1%)
	Not been restrained here in last 6 months	159 (92%)

15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	
	Yes	21 (12%)
	No.....	155 (88%)

15.6	If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:		
		Yes	No
	Were you treated well by segregation staff?	12 (63%)	7 (37%)
	Could you shower every day?	8 (40%)	12 (60%)
	Could you go outside for exercise every day?	10 (56%)	8 (44%)
	Could you use the phone every day (if you had credit)?	5 (29%)	12 (71%)

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	66 (38%)	69 (40%)	39 (22%)	0 (0%)
Vocational or skills training	31 (18%)	83 (49%)	51 (30%)	3 (2%)
Prison job	32 (19%)	112 (65%)	27 (16%)	1 (1%)
Voluntary work outside of the prison	5 (3%)	51 (31%)	56 (34%)	55 (33%)
Paid work outside of the prison	7 (4%)	49 (30%)	51 (31%)	59 (36%)

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	64 (40%)	41 (26%)	55 (34%)
Vocational or skills training	51 (34%)	33 (22%)	68 (45%)
Prison job	52 (33%)	57 (36%)	51 (32%)
Voluntary work outside of the prison	28 (19%)	18 (12%)	105 (70%)
Paid work outside of the prison	33 (22%)	14 (9%)	106 (69%)

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

Yes	51 (30%)
No.....	107 (63%)
Not applicable (e.g. if you are retired, sick or on remand)	12 (7%)

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

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

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

Yes	19 (59%)
No.....	6 (19%)
Don't know what my objectives or targets are.....	7 (22%)

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

Yes	11 (35%)
No.....	13 (42%)
Don't know what my objectives or targets are.....	7 (23%)

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	6 (21%)	4 (14%)	19 (66%)
Other programmes	4 (15%)	4 (15%)	18 (69%)
One to one work	2 (7%)	3 (11%)	22 (81%)
Being on a specialist unit	1 (4%)	3 (12%)	21 (84%)
ROTL - day or overnight release	1 (4%)	3 (11%)	23 (85%)

Preparation for release

18.1	Do you expect to be released in the next 3 months?			
	Yes			60 (34%)
	No			85 (49%)
	Don't know			30 (17%)
18.2	How close is this prison to your home area or intended release address?			
	Very near			5 (8%)
	Quite near			26 (44%)
	Quite far			15 (25%)
	Very far			13 (22%)
18.3	Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?			
	Yes			26 (43%)
	No			34 (57%)
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	4 (8%)	27 (53%)	20 (39%)
	Getting employment	5 (10%)	24 (48%)	21 (42%)
	Setting up education or training	2 (4%)	19 (41%)	25 (54%)
	Arranging benefits	5 (11%)	25 (53%)	17 (36%)
	Sorting out finances	4 (8%)	22 (46%)	22 (46%)
	Support for drug or alcohol problems	6 (13%)	15 (32%)	26 (55%)
	Health / mental health support	4 (8%)	18 (38%)	26 (54%)
	Social care support	1 (2%)	14 (30%)	31 (67%)
	Getting back in touch with family or friends	4 (8%)	18 (37%)	27 (55%)

More about you

19.1	Do you have children under the age of 18?		
	Yes		78 (45%)
	No		97 (55%)
19.2	Are you a UK / British citizen?		
	Yes		160 (91%)
	No		16 (9%)
19.3	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?		
	Yes		20 (11%)
	No		155 (89%)
19.4	Have you ever been in the armed services (e.g. army, navy, air force)?		
	Yes		12 (7%)
	No		165 (93%)
19.5	What is your gender?		
	Male		175 (99%)
	Female		2 (1%)
	Non-binary		0 (0%)
	Other		0 (0%)

19.6	How would you describe your sexual orientation?	
	Straight / heterosexual.....	168 (95%)
	Gay / lesbian / homosexual.....	3 (2%)
	Bisexual.....	4 (2%)
	Other.....	1 (1%)
19.7	Do you identify as transgender or transsexual?	
	Yes.....	3 (2%)
	No.....	165 (98%)

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.....	21 (13%)
	Less likely to offend.....	78 (46%)
	Made no difference.....	69 (41%)

HMP High Down 2018

Survey responses compared with those from other HMIP surveys of local prisons and with those from the previous survey

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

- Summary statistics from most recent surveys of all other local prisons (33 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.
- Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (9 prisons). Please note that this does not include all local prisons.
- Summary statistics from HMP High Down in 2018 are compared with those from HMP High Down 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:

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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 High Down 2018)

HMP High Down 2018	All other local prisons	HMP High Down 2018	All other local prisons surveyed since September 2017	HMP High Down 2018	HMP High Down 2015
186	5,933	186	1,612	186	196

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION									
1.2	Are you under 21 years of age?	<i>n=185</i>	12%	5%	12%	4%	12%	7%	
	Are you 25 years of age or younger?	<i>n=185</i>	28%	21%	28%	21%	28%	21%	
	Are you 50 years of age or older?	<i>n=185</i>	12%	13%	12%	14%	12%	13%	
	Are you 70 years of age or older?	<i>n=185</i>	2%	2%	2%	1%	2%	3%	
1.3	Are you from a minority ethnic group?	<i>n=180</i>	28%	24%	28%	25%	28%	37%	
1.4	Have you been in this prison for less than 6 months?	<i>n=183</i>	56%	60%	56%	60%	56%	60%	
1.5	Are you currently serving a sentence?	<i>n=186</i>	78%	71%	78%	72%	78%	73%	
	Are you on recall?	<i>n=186</i>	17%	11%	17%	13%	17%	8%	
1.6	Is your sentence less than 12 months?	<i>n=182</i>	21%	21%	21%	20%	21%	14%	
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n=182</i>	2%	3%	2%	4%	2%	2%	
7.1	Are you Muslim?	<i>n=178</i>	16%	12%	16%	13%	16%	14%	
11.3	Do you have any mental health problems?	<i>n=170</i>	49%	49%	49%	49%	49%	49%	
12.1	Do you consider yourself to have a disability?	<i>n=174</i>	37%	33%	37%	39%	37%	20%	
19.1	Do you have any children under the age of 18?	<i>n=175</i>	45%	52%	45%	53%	45%	53%	
19.2	Are you a foreign national?	<i>n=176</i>	9%	11%	9%	10%	9%	10%	
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n=175</i>	11%	5%	11%	5%	11%	7%	
19.4	Have you ever been in the armed services?	<i>n=177</i>	7%	6%	7%	7%	7%	4%	
19.5	Is your gender female or non-binary?	<i>n=177</i>	1%	1%	1%	1%	1%	1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n=176</i>	5%	3%	5%	4%	5%	4%	
19.7	Do you identify as transgender or transsexual?	<i>n=168</i>	2%	2%	2%	2%	2%	2%	
ARRIVAL AND RECEPTION									
2.1	Were you given up-to-date information about this prison before you came here?	<i>n=185</i>	14%	17%	14%	17%	14%	17%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n=185</i>	16%	39%	16%	38%	16%	40%	
2.3	When you were searched in reception, was this done in a respectful way?	<i>n=184</i>	73%	77%	73%	76%	73%	76%	
2.4	Overall, were you treated very / quite well in reception?	<i>n=184</i>	69%	74%	69%	74%	69%	74%	

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2.5	When you first arrived, did you have any problems?	<i>n=184</i>	91%	82%	91%	89%	91%	76%
2.5	Did you have problems with:							
	- Getting phone numbers?	<i>n=184</i>	43%	37%	43%	47%	43%	38%
	- Contacting family?	<i>n=184</i>	57%	39%	57%	49%	57%	45%
	- Arranging care for children or other dependents?	<i>n=184</i>	4%		4%	5%	4%	
	- Contacting employers?	<i>n=184</i>	7%	6%	7%	8%	7%	5%
	- Money worries?	<i>n=184</i>	29%	25%	29%	28%	29%	24%
	- Housing worries?	<i>n=184</i>	24%	24%	24%	24%	24%	22%
	- Feeling depressed?	<i>n=184</i>	48%		48%	48%	48%	
	- Feeling suicidal?	<i>n=184</i>	15%		15%	18%	15%	
	- Other mental health problems?	<i>n=184</i>	25%		25%	27%	25%	
	- Physical health problems	<i>n=184</i>	20%	20%	20%	20%	20%	15%
	- Drugs or alcohol (e.g. withdrawal)?	<i>n=184</i>	21%		21%	24%	21%	
	- Getting medication?	<i>n=184</i>	35%		35%	30%	35%	
	- Needing protection from other prisoners?	<i>n=184</i>	8%	10%	8%	11%	8%	7%
	- Lost or delayed property?	<i>n=184</i>	30%	18%	30%	20%	30%	15%
	<i>For those who had any problems when they first arrived:</i>							
2.6	Did staff help you to deal with these problems?	<i>n=160</i>	24%	32%	24%	31%	24%	24%
FIRST NIGHT AND INDUCTION								
3.1	Before you were locked up on your first night, were you offered:							
	- Tobacco or nicotine replacement?	<i>n=184</i>	71%	70%	71%	73%	71%	68%
	- Toiletries / other basic items?	<i>n=184</i>	44%	58%	44%	56%	44%	57%
	- A shower?	<i>n=184</i>	9%	30%	9%	35%	9%	8%
	- A free phone call?	<i>n=184</i>	23%	52%	23%	51%	23%	16%
	- Something to eat?	<i>n=184</i>	74%	72%	74%	77%	74%	69%
	- The chance to see someone from health care?	<i>n=184</i>	54%	65%	54%	64%	54%	57%
	- The chance to talk to a Listener or Samaritans?	<i>n=184</i>	17%	30%	17%	27%	17%	26%
	- Support from another prisoner (e.g. Insider or buddy)?	<i>n=184</i>	7%		7%	23%	7%	
	- None of these?	<i>n=184</i>	7%		7%	4%	7%	
3.2	On your first night in this prison, was your cell very / quite clean?	<i>n=184</i>	30%		30%	28%	30%	
3.3	Did you feel safe on your first night here?	<i>n=180</i>	60%	64%	60%	61%	60%	65%
3.4	In your first few days here, did you get?							
	- Access to the prison shop / canteen?	<i>n=175</i>	14%	26%	14%	34%	14%	17%
	- Free PIN phone credit?	<i>n=176</i>	55%		55%	52%	55%	
	- Numbers put on your PIN phone?	<i>n=167</i>	26%		26%	33%	26%	
3.5	Have you had an induction at this prison?	<i>n=173</i>	67%	78%	67%	83%	67%	73%
	<i>For those who have had an induction:</i>							
3.5	Did your induction cover everything you needed to know about this prison?	<i>n=115</i>	43%		43%	48%	43%	

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ON THE WING								
4.1	Are you in a cell on your own?	<i>n=179</i>	43%		43%	30%	43%	
4.2	Is your cell call bell normally answered within 5 minutes?	<i>n=179</i>	20%	21%	20%	17%	20%	18%
4.3	On the wing or houseblock you currently live on:							
	- Do you normally have enough clean, suitable clothes for the week?	<i>n=175</i>	67%	49%	67%	53%	67%	52%
	- Can you shower every day?	<i>n=181</i>	90%	74%	90%	70%	90%	63%
	- Do you have clean sheets every week?	<i>n=176</i>	82%	60%	82%	61%	82%	75%
	- Do you get cell cleaning materials every week?	<i>n=177</i>	48%	48%	48%	49%	48%	48%
	- Is it normally quiet enough for you to relax or sleep at night?	<i>n=174</i>	56%	53%	56%	52%	56%	53%
	- Can you get your stored property if you need it?	<i>n=173</i>	18%	18%	18%	21%	18%	20%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	<i>n=174</i>	48%		48%	57%	48%	
FOOD AND CANTEEN								
5.1	Is the quality of the food in this prison very / quite good?	<i>n=182</i>	28%		28%	36%	28%	
5.2	Do you get enough to eat at meal-times always / most of the time?	<i>n=183</i>	21%		21%	29%	21%	
5.3	Does the shop / canteen sell the things that you need?	<i>n=178</i>	47%	51%	47%	61%	47%	46%
RELATIONSHIPS WITH STAFF								
6.1	Do most staff here treat you with respect?	<i>n=173</i>	68%	71%	68%	65%	68%	66%
6.2	Are there any staff here you could turn to if you had a problem?	<i>n=178</i>	64%	69%	64%	69%	64%	64%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	<i>n=181</i>	21%	28%	21%	28%	21%	21%
6.4	Do you have a personal officer?	<i>n=172</i>	38%		38%	57%	38%	
<i>For those who have a personal officer:</i>								
6.4	Is your personal or named officer very / quite helpful?	<i>n=66</i>	30%		30%	44%	30%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	<i>n=177</i>	4%		4%	7%	4%	
6.6	Do you feel that you are treated as an individual in this prison?	<i>n=178</i>	33%		33%	37%	33%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	<i>n=179</i>	40%		40%	40%	40%	
	If so, do things sometimes change?	<i>n=72</i>	26%		26%	33%	26%	
FAITH								
7.1	Do you have a religion?	<i>n=178</i>	75%	68%	75%	69%	75%	76%
<i>For those who have a religion:</i>								
7.2	Are your religious beliefs respected here?	<i>n=132</i>	64%		64%	65%	64%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	<i>n=132</i>	63%		63%	63%	63%	
7.4	Are you able to attend religious services, if you want to?	<i>n=132</i>	85%		85%	82%	85%	

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			186	1,612
			All other local prisons surveyed since September 2017	
			186	196

CONTACT WITH FAMILY AND FRIENDS						
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=177	17%		17%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=176	55%	49%	55%	58%
8.3	Are you able to use a phone every day (if you have credit)?	n=176	88%		88%	
8.4	Is it very / quite easy for your family and friends to get here?	n=176	41%		41%	
8.5	Do you get visits from family/friends once a week or more?	n=171	26%		26%	
For those who get visits:						
8.6	Do visits usually start and finish on time?	n=117	35%		35%	
8.7	Are your visitors usually treated respectfully by staff?	n=114	76%		76%	
TIME OUT OF CELL						
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=177	85%		85%	
For those who know what the unlock and lock-up times are supposed to be:						
9.1	Are these times usually kept to?	n=150	44%		44%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=174	42%	32%	42%	36%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=174	4%	7%	4%	5%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=178	29%		29%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=178	0%		0%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=175	45%		45%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=177	45%		45%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=174	45%		45%	
9.7	Do you typically go to the gym twice a week or more?	n=171	14%		14%	
9.8	Do you typically go to the library twice a week or more?	n=173	6%	7%	6%	2%
For those who use the library:						
9.9	Does the library have a wide enough range of materials to meet your needs?	n=107	63%	55%	63%	38%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS						
10.1	Is it easy for you to make an application?	n=177	57%	70%	57%	64%
For those who have made an application:						
10.2	Are applications usually dealt with fairly?	n=135	45%	46%	45%	42%
	Are applications usually dealt with within 7 days?	n=143	29%	31%	29%	26%
10.3	Is it easy for you to make a complaint?	n=178	51%	49%	51%	44%
For those who have made a complaint:						
10.4	Are complaints usually dealt with fairly?	n=96	31%	26%	31%	27%
	Are complaints usually dealt with within 7 days?	n=93	18%	21%	18%	24%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=129	25%		25%	

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For those who need it, is it easy to:									
10.6	Communicate with your solicitor or legal representative?	n=148	36%		36%	39%	36%		
	Attend legal visits?	n=148	52%		52%	56%	52%		
	Get bail information?	n=137	12%		12%	15%	12%		
For those who have had legal letters:									
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=144	44%	49%	44%	52%	44%	56%	
HEALTH CARE									
11.1	Is it very / quite easy to see:								
	- Doctor?	n=175	25%		25%	23%	25%		
	- Nurse?	n=170	65%		65%	46%	65%		
	- Dentist?	n=172	11%		11%	10%	11%		
11.2	Do you think the quality of the health service is very / quite good from:								
	- Doctor?	n=170	39%		39%	39%	39%		
	- Nurse?	n=165	53%		53%	50%	53%		
	- Dentist?	n=165	17%		17%	25%	17%		
11.3	Do you have any mental health problems?	n=170	49%		49%	49%	49%		
	For those who have mental health problems:								
	11.4	Have you been helped with your mental health problems in this prison?	n=83	22%		22%	34%	22%	
	11.5	Do you think the overall quality of the health services here is very / quite good?	n=169	36%		36%	33%	36%	
OTHER SUPPORT NEEDS									
12.1	Do you consider yourself to have a disability?	n=174	37%	33%	37%	39%	37%	20%	
For those who have a disability:									
12.2	Are you getting the support you need?	n=60	22%		22%	25%	22%		
12.3	Have you been on an ACCT in this prison?	n=166	16%		16%	23%	16%		
For those who have been on an ACCT:									
12.4	Did you feel cared for by staff?	n=26	65%		65%	43%	65%		
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=175	41%		41%	47%	41%		
ALCOHOL AND DRUGS									
13.1	Did you have an alcohol problem when you came into this prison?	n=176	19%	22%	19%	23%	19%	15%	
For those who had / have an alcohol problem:									
13.2	Have you been helped with your alcohol problem in this prison?	n=32	50%	56%	50%	61%	50%	62%	
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=177	32%	36%	32%	33%	32%	24%	
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=174	13%	13%	13%	16%	13%	6%	
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=177	9%		9%	12%	9%		
For those who had / have a drug problem:									
13.6	Have you been helped with your drug problem in this prison?	n=61	38%	55%	38%	49%	38%	63%	
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=172	41%		41%	51%	41%		

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13.8	Is it very / quite easy to get alcohol in this prison?	n=177	25%		25%	25%	
SAFETY							
14.1	Have you ever felt unsafe here?	n=181	53%	55%	53%	61%	53% 45%
14.2	Do you feel unsafe now?	n=177	22%	26%	22%	29%	22% 19%
14.3	Have you experienced any of the following from other prisoners here:						
	- Verbal abuse?	n=163	35%		35%	38%	35%
	- Threats or intimidation?	n=163	28%		28%	35%	28%
	- Physical assault?	n=163	18%		18%	19%	18%
	- Sexual assault?	n=163	1%		1%	2%	1%
	- Theft of canteen or property?	n=163	26%		26%	29%	26%
	- Other bullying / victimisation?	n=163	15%		15%	20%	15%
	- Not experienced any of these from prisoners here	n=163	53%	63%	53%	48%	53% 72%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=173	39%		39%	35%	39%
14.5	Have you experienced any of the following from staff here:						
	- Verbal abuse?	n=164	27%		27%	35%	27%
	- Threats or intimidation?	n=164	20%		20%	26%	20%
	- Physical assault?	n=164	10%		10%	14%	10%
	- Sexual assault?	n=164	2%		2%	2%	2%
	- Theft of canteen or property?	n=164	12%		12%	11%	12%
	- Other bullying / victimisation?	n=164	18%		18%	18%	18%
	- Not experienced any of these from staff here	n=164	62%	65%	62%	54%	62% 66%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=173	51%		51%	46%	51%
BEHAVIOUR MANAGEMENT							
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=174	28%		28%	38%	28%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=174	27%		27%	35%	27%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=177	10%	13%	10%	14%	10% 13%
<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=14	7%		7%	20%	7%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=176	12%	18%	12%	9%	12% 23%
<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%	52%	63%
	Could you shower every day?	n=20	40%		40%	47%	40%
	Could you go outside for exercise every day?	n=18	56%		56%	55%	56%
	Could you use the phone every day (if you had credit)?	n=17	29%		29%	44%	29%

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EDUCATION, SKILLS AND WORK						
16.1	In this prison, is it easy to get into the following activities:					
	- Education?	n=174	38%		38%	
	- Vocational or skills training?	n=168	19%		19%	
	- Prison job?	n=172	19%		19%	
	- Voluntary work outside of the prison?	n=167	3%		3%	
	- Paid work outside of the prison?	n=166	4%		4%	
16.2	In this prison, have you done the following activities:					
	- Education?	n=160	66%	67%	66%	68%
	- Vocational or skills training?	n=152	55%	55%	55%	50%
	- Prison job?	n=160	68%	71%	68%	67%
	- Voluntary work outside of the prison?	n=151	31%		31%	
	- Paid work outside of the prison?	n=153	31%		31%	
<i>For those who have done the following activities, do you think they will help you on release:</i>						
	- Education?	n=105	61%	49%	61%	55%
	- Vocational or skills training?	n=84	61%	45%	61%	47%
	- Prison job?	n=109	48%	39%	48%	41%
	- Voluntary work outside of the prison?	n=46	61%		61%	
	- Paid work outside of the prison?	n=47	70%		70%	
16.3	Do staff encourage you to attend education, training or work?	n=158	32%		32%	
PLANNING AND PROGRESSION						
17.1	Do you have a custody plan?	n=174	18%		18%	
<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=32	59%		59%	
17.3	Are staff helping you to achieve your objectives or targets?	n=31	36%		36%	
17.4	In this prison, have you done:					
	- Offending behaviour programmes?	n=29	35%		35%	
	- Other programmes?	n=26	31%		31%	
	- One to one work?	n=27	19%		19%	
	- Been on a specialist unit?	n=25	16%		16%	
	- ROTL - day or overnight release?	n=27	15%		15%	
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>						
	- Offending behaviour programmes?	n=10	60%		60%	
	- Other programmes?	n=8	50%		50%	
	- One to one work?	n=5	40%		40%	
	- Being on a specialist unit?	n=4	25%		25%	
	- ROTL - day or overnight release?	n=4	25%		25%	

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PREPARATION FOR RELEASE							
18.1	Do you expect to be released in the next 3 months?	<i>n=175</i>	34%		34%	31%	34%
<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=59</i>	53%		53%	60%	53%
18.3	Is anybody helping you to prepare for your release?	<i>n=60</i>	43%		43%	43%	43%
18.4	Do you need help to sort out the following for when you are released:						
	- Finding accommodation?	<i>n=51</i>	61%		61%	64%	61%
	- Getting employment?	<i>n=50</i>	58%		58%	61%	58%
	- Setting up education or training?	<i>n=46</i>	46%		46%	48%	46%
	- Arranging benefits?	<i>n=47</i>	64%		64%	66%	64%
	- Sorting out finances?	<i>n=48</i>	54%		54%	55%	54%
	- Support for drug or alcohol problems?	<i>n=47</i>	45%		45%	51%	45%
	- Health / mental Health support?	<i>n=48</i>	46%		46%	60%	46%
	- Social care support?	<i>n=46</i>	33%		33%	41%	33%
	- Getting back in touch with family or friends?	<i>n=49</i>	45%		45%	40%	45%
18.4	Are you getting help to sort out the following for when you are released, if you need it:						
	- Finding accommodation?	<i>n=31</i>	13%		13%	29%	13%
	- Getting employment?	<i>n=29</i>	17%		17%	20%	17%
	- Setting up education or training?	<i>n=21</i>	10%		10%	15%	10%
	- Arranging benefits?	<i>n=30</i>	17%		17%	23%	17%
	- Sorting out finances?	<i>n=26</i>	15%		15%	17%	15%
	- Support for drug or alcohol problems?	<i>n=21</i>	29%		29%	43%	29%
	- Health / mental Health support?	<i>n=22</i>	18%		18%	23%	18%
	- Social care support?	<i>n=15</i>	7%		7%	17%	7%
	- Getting back in touch with family or friends?	<i>n=22</i>	18%		18%	25%	18%
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=168</i>	46%		46%	48%	46%

HMP High Down 2018

Comparison of survey responses between sub-populations of prisoners

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

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Black and minority ethnic	White
51	129

Muslim	Non-Muslim
28	150

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION							
1.2	Are you under 21 years of age?		22%	9%	29%	9%	
	Are you 50 years of age or older?		6%	16%	0%	15%	
1.3	Are you from a minority ethnic group?				68%	21%	
7.1	Are you Muslim?		38%	7%			
11.3	Do you have any mental health problems?		48%	50%	44%	51%	
12.1	Do you consider yourself to have a disability?		35%	38%	28%	39%	
19.2	Are you a foreign national?		11%	8%	27%	6%	
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)		2%	15%	4%	12%	
ARRIVAL AND RECEPTION							
2.3	When you were searched in reception, was this done in a respectful way?		57%	78%	63%	75%	
2.4	Overall, were you treated very / quite well in reception?		61%	71%	48%	73%	
2.5	When you first arrived, did you have any problems?		92%	91%	93%	91%	
<i>For those who had any problems when they first arrived:</i>							
2.6	Did staff help you to deal with these problems?		22%	26%	31%	22%	
FIRST NIGHT AND INDUCTION							
3.3	Did you feel safe on your first night here?		48%	64%	37%	63%	
3.5	Have you had an induction at this prison?		74%	63%	67%	67%	
<i>For those who have had an induction:</i>							
3.5	Did your induction cover everything you needed to know about this prison?		30%	46%	39%	43%	
ON THE WING							
4.2	Is your cell call bell normally answered within 5 minutes?		18%	22%	21%	20%	
4.3	On the wing or houseblock you currently live on:						
	- Do you normally have enough clean, suitable clothes for the week?		72%	66%	65%	68%	
	- Can you shower every day?		88%	91%	93%	90%	
	- Do you have clean sheets every week?		76%	86%	77%	83%	
	- Do you get cell cleaning materials every week?		40%	50%	33%	50%	
	- Is it normally quiet enough for you to relax or sleep at night?		46%	58%	42%	58%	
- Can you get your stored property if you need it?		10%	21%	21%	18%		

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Number of completed questionnaires returned

Black and minority ethnic	White
51	129

Muslim	Non-Muslim
28	150

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	24%	20%	32%	18%
5.3	Does the shop / canteen sell the things that you need?	44%	49%	52%	48%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	53%	75%	48%	72%
6.2	Are there any staff here you could turn to if you had a problem?	55%	68%	48%	66%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	16%	23%	22%	21%
6.6	Do you feel that you are treated as an individual in this prison?	27%	36%	31%	34%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	55%	69%	64%	64%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	60%	65%	54%	65%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	20%	16%	18%	17%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	50%	56%	37%	59%
8.3	Are you able to use a phone every day (if you have credit)?	80%	91%	85%	88%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	63%	84%	55%	81%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	44%	40%	58%	40%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	4%	4%	8%	4%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	29%	73%	40%	65%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	59%	57%	58%	57%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	40%	48%	36%	46%
10.3	Is it easy for you to make a complaint?	58%	49%	48%	52%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	19%	37%	27%	32%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	25%	23%	23%	24%

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

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

Number of completed questionnaires returned

Black and minority ethnic	White
51	129

Muslim	Non-Muslim
28	150

HEALTH CARE		Black and minority ethnic	White	Muslim	Non-Muslim
11.1	Is it very / quite easy to see:				
	- Doctor?	25%	26%	27%	25%
	- Nurse?	65%	65%	60%	65%
	- Dentist?	13%	11%	20%	10%
	- Mental health workers?	6%	14%	8%	12%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	9%	25%	0%	25%
11.5	Do you think the overall quality of the health services here is very / quite good?	36%	36%	42%	34%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	14%	23%	0%	23%
SAFETY					
14.1	Have you ever felt unsafe here?	65%	47%	68%	51%
14.2	Do you feel unsafe now?	29%	18%	32%	21%
14.3	Not experienced bullying / victimisation by other prisoners	51%	54%	61%	50%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	34%	41%	42%	39%
14.5	Not experienced bullying / victimisation by members of staff	40%	73%	36%	67%
14.6	If you were being bullied / victimised by staff here, would you report it?	52%	53%	62%	51%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	21%	32%	19%	31%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	15%	33%	12%	30%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	18%	7%	24%	8%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	17%	8%	12%	10%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	27%	35%	16%	36%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	23%	16%	20%	17%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	30%	35%	20%	42%
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?	25%	49%	14%	46%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	44%	48%	39%	48%

HMP High Down 2018

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.

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

Mental health problems	No mental health problems	Have a disability	Do not have a disability
84	86	65	109

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	10%	13%	9%	13%
	Are you 50 years of age or older?	11%	15%	14%	12%
1.3	Are you from a minority ethnic group?	28%	30%	27%	29%
7.1	Are you Muslim?	13%	17%	11%	17%
11.3	Do you have any mental health problems?			86%	
12.1	Do you consider yourself to have a disability?	64%	11%		
19.2	Are you a foreign national?	5%	13%	5%	11%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	14%	10%	16%	10%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	71%	77%	66%	80%
2.4	Overall, were you treated very / quite well in reception?	66%	73%	65%	72%
2.5	When you first arrived, did you have any problems?	96%	86%	99%	87%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	26%	24%	30%	20%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	51%	68%	51%	66%
3.5	Have you had an induction at this prison?	68%	65%	65%	68%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	38%	51%	42%	44%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	14%	24%	17%	22%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	65%	71%	63%	71%
	- Can you shower every day?	88%	92%	86%	93%
	- Do you have clean sheets every week?	77%	88%	77%	86%
	- Do you get cell cleaning materials every week?	43%	52%	47%	48%
	- Is it normally quiet enough for you to relax or sleep at night?	52%	61%	58%	57%
	- Can you get your stored property if you need it?	21%	16%	24%	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
84	86

Have a disability	Do not have a disability
65	109

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	23%	17%	17%	23%
5.3	Does the shop / canteen sell the things that you need?	49%	45%	52%	46%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	67%	72%	66%	72%
6.2	Are there any staff here you could turn to if you had a problem?	63%	66%	64%	66%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	23%	19%	27%	19%
6.6	Do you feel that you are treated as an individual in this prison?	34%	37%	39%	32%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	59%	71%	54%	71%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	60%	67%	49%	71%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	18%	18%	11%	22%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	62%	49%	60%	51%
8.3	Are you able to use a phone every day (if you have credit)?	83%	93%	81%	93%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	79%	76%	73%	80%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	43%	38%	47%	37%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	5%	4%	2%	6%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	57%	69%	58%	66%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	55%	61%	49%	62%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	38%	52%	38%	49%
10.3	Is it easy for you to make a complaint?	55%	47%	48%	53%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	35%	30%	36%	30%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	25%	23%	33%	19%

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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
84	86

Have a disability	Do not have a disability
65	109

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	22%	29%
	- Nurse?	63%	66%
	- Dentist?	5%	18%
	- Mental health workers?	14%	9%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	22%	
11.5	Do you think the overall quality of the health services here is very / quite good?	30%	41%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	20%	38%
SAFETY			
14.1	Have you ever felt unsafe here?	70%	35%
14.2	Do you feel unsafe now?	30%	13%
14.3	Not experienced bullying / victimisation by other prisoners	37%	65%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	33%	44%
14.5	Not experienced bullying / victimisation by members of staff	53%	69%
14.6	If you were being bullied / victimised by staff here, would you report it?	49%	53%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	26%	31%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	22%	32%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	11%	11%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	13%	11%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	35%	32%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	17%	21%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	21%	50%
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?	35%	48%
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%	55%

27%	25%
64%	64%
8%	13%
13%	10%
22%	
69%	42%
31%	15%
40%	59%
39%	38%
59%	64%
50%	52%
19%	34%
22%	31%
11%	10%
16%	9%
35%	31%
19%	18%
17%	50%
42%	44%
43%	50%

HMP High Down 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners aged 25 and under are compared with those of prisoners over 25

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

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

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

Number of completed questionnaires returned

	25 and under	Over 25	50 and over	Under 50
	51	134	23	162

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.3	Are you from a minority ethnic group?	52%	20%	13%	31%
7.1	Are you Muslim?	30%	10%	0%	18%
11.3	Do you have any mental health problems?	44%	51%	41%	50%
12.1	Do you consider yourself to have a disability?	33%	39%	41%	37%
19.2	Are you a foreign national?	21%	5%	0%	11%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	13%	11%	0%	13%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	66%	75%	61%	74%
2.4	Overall, were you treated very / quite well in reception?	64%	70%	78%	67%
2.5	When you first arrived, did you have any problems?	86%	93%	91%	91%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	16%	27%	47%	21%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	57%	61%	64%	59%
3.5	Have you had an induction at this prison?	67%	67%	60%	68%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	42%	43%	42%	43%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	14%	23%	25%	20%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	74%	66%	85%	66%
	- Can you shower every day?	88%	91%	91%	90%
	- Do you have clean sheets every week?	79%	84%	95%	81%
	- Do you get cell cleaning materials every week?	46%	48%	65%	46%
	- Is it normally quiet enough for you to relax or sleep at night?	40%	61%	81%	52%
	- Can you get your stored property if you need it?	15%	19%	25%	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
51	134

50 and over	Under 50
23	162

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	20%	21%
5.3	Does the shop / canteen sell the things that you need?	55%	44%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	53%	74%
6.2	Are there any staff here you could turn to if you had a problem?	46%	71%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	18%	22%
6.6	Do you feel that you are treated as an individual in this prison?	27%	36%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	63%	65%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	53%	68%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	15%	18%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	50%	57%
8.3	Are you able to use a phone every day (if you have credit)?	87%	88%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	74%	77%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	56%	37%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	4%	4%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	53%	65%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	52%	59%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	37%	49%
10.3	Is it easy for you to make a complaint?	48%	52%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	22%	37%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	28%	24%

23%	21%
46%	47%
91%	65%
68%	64%
18%	22%
46%	32%
89%	60%
78%	61%
29%	16%
55%	55%
86%	88%
100%	73%
33%	43%
5%	4%
87%	59%
67%	56%
50%	45%
55%	50%
40%	31%
18%	26%

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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
51	134

50 and over	Under 50
23	162

HEALTH CARE		
11.1	Is it very / quite easy to see:	
	- Doctor?	21% 27%
	- Nurse?	51% 71%
	- Dentist?	10% 12%
	- Mental health workers?	10% 12%
<i>For those who have mental health problems:</i>		
11.4	Have you been helped with your mental health problems in this prison?	15% 24%
11.5	Do you think the overall quality of the health services here is very / quite good?	30% 38%
OTHER SUPPORT NEEDS		
<i>For those who have a disability:</i>		
12.2	Are you getting the support you need?	14% 24%
SAFETY		
14.1	Have you ever felt unsafe here?	65% 48%
14.2	Do you feel unsafe now?	33% 18%
14.3	Not experienced bullying / victimisation by other prisoners	55% 53%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	38% 39%
14.5	Not experienced bullying / victimisation by members of staff	52% 66%
14.6	If you were being bullied / victimised by staff here, would you report it?	51% 52%
BEHAVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	25% 30%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	13% 33%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	23% 5%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	17% 10%
EDUCATION, SKILLS AND WORK		
16.3	Do staff encourage you to attend education, training or work?	21% 37%
PLANNING AND PROGRESSION		
17.1	Do you have a custody plan?	15% 20%
<i>For those who have a custody plan:</i>		
17.3	Are staff helping you to achieve your objectives or targets?	43% 33%
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?	35% 48%
FINAL QUESTION ABOUT THIS PRISON		
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	44% 48%

14%	27%
60%	66%
5%	12%
13%	11%
25%	21%
43%	35%
44%	18%
52%	52%
22%	22%
57%	53%
52%	37%
75%	61%
57%	51%
30%	28%
30%	27%
0%	12%
17%	11%
50%	31%
30%	17%
29%	38%
50%	43%
71%	43%

HMP High Down 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
 - responses of prisoners from traveller communities are compared with those of prisoners not from traveller communities
 Please note that these analyses are based on summary data from selected survey questions only.

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

	Green shading shows results that are significantly more positive than the comparator
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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Traveller	Non-traveller
20	155

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	10%	12%
	Are you 50 years of age or older?	0%	15%
1.3	Are you from a minority ethnic group?	5%	31%
7.1	Are you Muslim?	6%	16%
11.3	Do you have any mental health problems?	60%	50%
12.1	Do you consider yourself to have a disability?	50%	36%
19.2	Are you a foreign national?	5%	10%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	65%	75%
2.4	Overall, were you treated very / quite well in reception?	55%	71%
2.5	When you first arrived, did you have any problems?	85%	92%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	19%	25%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	60%	60%
3.5	Have you had an induction at this prison?	68%	66%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	46%	43%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	15%	21%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	61%	68%
	- Can you shower every day?	90%	91%
	- Do you have clean sheets every week?	63%	84%
	- Do you get cell cleaning materials every week?	37%	49%
	- Is it normally quiet enough for you to relax or sleep at night?	37%	58%
	- Can you get your stored property if you need it?	11%	20%

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

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

	Traveller	Non-traveller
Number of completed questionnaires returned	20	155

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	20%	20%
5.3	Does the shop / canteen sell the things that you need?	35%	50%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	55%	71%
6.2	Are there any staff here you could turn to if you had a problem?	53%	66%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	26%	22%
6.6	Do you feel that you are treated as an individual in this prison?	15%	37%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	54%	66%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	79%	60%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	26%	17%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	63%	53%
8.3	Are you able to use a phone every day (if you have credit)?	100%	87%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	85%	75%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	58%	37%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	5%	4%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	73%	63%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	40%	61%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	35%	47%
10.3	Is it easy for you to make a complaint?	50%	51%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	25%	33%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	36%	23%

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Number of completed questionnaires returned

	Traveller	Non-traveller
Number of completed questionnaires returned	20	155

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	21%	26%
	- Nurse?	44%	67%
	- Dentist?	15%	10%
	- Mental health workers?	11%	12%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	25%	21%
11.5	Do you think the overall quality of the health services here is very / quite good?	22%	37%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	30%	20%
SAFETY			
14.1	Have you ever felt unsafe here?	60%	51%
14.2	Do you feel unsafe now?	15%	22%
14.3	Not experienced bullying / victimisation by other prisoners	55%	53%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	26%	39%
14.5	Not experienced bullying / victimisation by members of staff	61%	63%
14.6	If you were being bullied / victimised by staff here, would you report it?	37%	53%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	30%	29%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	39%	26%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	16%	9%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	16%	11%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	29%	34%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	26%	18%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	40%	35%
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?	44%	43%
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?	53%	46%

HMP High Down 2018

Comparison of survey responses from different residential locations

In this table responses from prisoners on the vulnerable prisoner unit (Houseblock 6) are compared with those from prisoners in the rest of the establishment (Houseblocks 1 to 5).

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Number of completed questionnaires returned

Houseblock 6	Houseblocks 1 - 5
40	142

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	5%	15%
	Are you 25 years of age or younger?	10%	31%
	Are you 50 years of age or older?	33%	7%
	Are you 70 years of age or older?	8%	1%
1.3	Are you from a minority ethnic group?	18%	31%
1.4	Have you been in this prison for less than 6 months?	40%	63%
1.5	Are you currently serving a sentence?	93%	73%
	Are you on recall?	15%	17%
1.6	Is your sentence less than 12 months?	15%	23%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	1%
7.1	Are you Muslim?	3%	19%
11.3	Do you have any mental health problems?	58%	45%
12.1	Do you consider yourself to have a disability?	56%	31%
19.1	Do you have any children under the age of 18?	37%	46%
19.2	Are you a foreign national?	5%	10%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	11%	11%
19.4	Have you ever been in the armed services?	18%	4%
19.5	Is your gender female or non-binary?	3%	1%
19.6	Are you homosexual, bisexual or other sexual orientation?	16%	2%
19.7	Do you identify as transgender or transsexual?	0%	2%

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Houseblock 6	Houseblocks 1 - 5
40	142

Number of completed questionnaires returned

ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	23%	11%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	20%	15%
2.3	When you were searched in reception, was this done in a respectful way?	73%	73%
2.4	Overall, were you treated very / quite well in reception?	73%	67%
2.5	When you first arrived, did you have any problems?	93%	91%
2.5	Did you have problems with:		
	- Getting phone numbers?	33%	46%
	- Contacting family?	53%	60%
	- Arranging care for children or other dependents?	3%	5%
	- Contacting employers?	3%	8%
	- Money worries?	28%	30%
	- Housing worries?	13%	27%
	- Feeling depressed?	58%	46%
	- Feeling suicidal?	33%	9%
	- Other mental health problems?	30%	23%
	- Physical health problems?	28%	17%
	- Drugs or alcohol (e.g. withdrawal)?	15%	24%
	- Getting medication?	50%	30%
	- Needing protection from other prisoners?	18%	5%
	- Lost or delayed property?	15%	33%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	46%	18%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	60%	74%
	- Toiletries / other basic items?	53%	42%
	- A shower?	20%	6%
	- A free phone call?	15%	26%
	- Something to eat?	70%	75%
	- The chance to see someone from health care?	58%	54%
	- The chance to talk to a Listener or Samaritans?	18%	18%
	- Support from another prisoner (e.g. Insider or buddy)?	8%	7%
	- None of these?	10%	6%
3.2	On your first night in this prison, was your cell very / quite clean?	53%	25%

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Houseblock 6	Houseblocks 1 - 5
40	142

Number of completed questionnaires returned

3.3	Did you feel safe on your first night here?	70%	57%
3.4	In your first few days here, did you get?		
	- Access to the prison shop / canteen?	18%	13%
	- Free PIN phone credit?	39%	60%
	- Numbers put on your PIN phone?	26%	27%
3.5	Have you had an induction at this prison?	73%	66%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	59%	38%
ON THE WING			
4.1	Are you in a cell on your own?	75%	32%
4.2	Is your cell call bell normally answered within 5 minutes?	38%	16%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	76%	64%
	- Can you shower every day?	95%	88%
	- Do you have clean sheets every week?	92%	79%
	- Do you get cell cleaning materials every week?	76%	39%
	- Is it normally quiet enough for you to relax or sleep at night?	74%	52%
	- Can you get your stored property if you need it?	27%	15%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	79%	39%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	40%	24%
5.2	Do you get enough to eat at meal-times always / most of the time?	30%	17%
5.3	Does the shop / canteen sell the things that you need?	50%	46%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	88%	64%
6.2	Are there any staff here you could turn to if you had a problem?	80%	59%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	33%	17%
6.4	Do you have a personal officer?	30%	41%
	<i>For those who have a personal officer:</i>		
6.4	Is your personal or named officer very / quite helpful?	33%	30%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	5%	3%
6.6	Do you feel that you are treated as an individual in this prison?	49%	29%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	55%	36%
	If so, do things sometimes change?	36%	20%

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Houseblock 6	Houseblocks 1 - 5
40	142

Number of completed questionnaires returned

FAITH			
7.1	Do you have a religion?	64%	77%
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	84%	60%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	81%	58%
7.4	Are you able to attend religious services, if you want to?	96%	84%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	26%	14%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	46%	56%
8.3	Are you able to use a phone every day (if you have credit)?	95%	87%
8.4	Is it very / quite easy for your family and friends to get here?	47%	40%
8.5	Do you get visits from family/friends once a week or more?	28%	25%
<i>For those who get visits:</i>			
8.6	Do visits usually start and finish on time?	31%	36%
8.7	Are your visitors usually treated respectfully by staff?	92%	71%
TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	90%	84%
<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?	46%	44%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	19%	47%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	5%	4%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	28%	27%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	0%	0%
9.4	Do you have time to do domestics more than 5 days in a typical week?	41%	46%
9.5	Do you get association more than 5 days in a typical week, if you want it?	49%	45%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	37%	49%
9.7	Do you typically go to the gym twice a week or more?	13%	15%
9.8	Do you typically go to the library twice a week or more?	3%	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?	70%	60%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	77%	52%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	68%	38%
	Are applications usually dealt with within 7 days?	47%	24%

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Number of completed questionnaires returned

Houseblock 6	Houseblocks 1 - 5
40	142

10.3	Is it easy for you to make a complaint?	51%	50%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	48%	27%
	Are complaints usually dealt with within 7 days?	30%	16%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	19%	27%
<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	48%	34%
	Attend legal visits?	59%	51%
	Get bail information?	19%	10%
<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?	38%	45%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	23%	24%
	- Nurse?	72%	62%
	- Dentist?	13%	10%
	- Mental health workers?	14%	10%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	53%	35%
	- Nurse?	66%	49%
	- Dentist?	29%	14%
	- Mental health workers?	29%	12%
11.3	Do you have any mental health problems?	58%	45%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	43%	14%
11.5	Do you think the overall quality of the health services here is very / quite good?	46%	33%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	56%	31%
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	43%	8%
12.3	Have you been on an ACCT in this prison?	39%	9%
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	86%	46%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	54%	36%

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Houseblock 6	Houseblocks 1 - 5
40	142

Number of completed questionnaires returned

ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	15%	20%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	67%	46%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	18%	36%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	5%	14%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	5%	10%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	71%	35%
13.7	Is it very / quite easy to get illicit drugs in this prison?	23%	45%
13.8	Is it very / quite easy to get alcohol in this prison?	10%	28%
SAFETY			
14.1	Have you ever felt unsafe here?	46%	54%
14.2	Do you feel unsafe now?	13%	24%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	47%	30%
	- Threats or intimidation?	34%	25%
	- Physical assault?	13%	20%
	- Sexual assault?	3%	1%
	- Theft of canteen or property?	18%	28%
	- Other bullying / victimisation?	16%	16%
	- Not experienced any of these from prisoners here	47%	55%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	58%	34%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	24%	25%
	- Threats or intimidation?	18%	19%
	- Physical assault?	8%	9%
	- Sexual assault?	3%	1%
	- Theft of canteen or property?	13%	12%
	- Other bullying / victimisation?	13%	18%
	- Not experienced any of these from staff here	68%	62%
14.6	If you were being bullied / victimised by staff here, would you report it?	62%	49%

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Houseblock 6	Houseblocks 1 - 5
40	142

BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	31%	28%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	41%	24%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	5%	9%
<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?		10%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	10%	11%
<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?	75%	62%
	Could you shower every day?	50%	31%
	Could you go outside for exercise every day?	50%	55%
	Could you use the phone every day (if you had credit)?	50%	20%
EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	53%	35%
	- Vocational or skills training?	25%	17%
	- Prison job?	24%	18%
	- Voluntary work outside of the prison?	3%	3%
16.2	In this prison, have you done the following activities:		
	- Education?	65%	66%
	- Vocational or skills training?	44%	58%
	- Prison job?	66%	69%
	- Voluntary work outside of the prison?	29%	29%
	<i>For those who have done the following activities, do you think they will help you on release:</i>		
	- Education?	67%	60%
	- Vocational or skills training?	43%	66%
	- Prison job?	44%	51%
	- Voluntary work outside of the prison?	40%	70%
16.3	- Paid work outside of the prison?	63%	75%
	Do staff encourage you to attend education, training or work?	58%	27%

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Houseblock 6	Houseblocks 1 - 5
40	142

Number of completed questionnaires returned

PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	26%	15%
<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?	40%	75%
17.3	Are staff helping you to achieve your objectives or targets?	20%	47%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	40%	35%
	- Other programmes?	50%	25%
	- One to one work?	33%	13%
	- Been on a specialist unit?	13%	20%
	- ROTL - day or overnight release?	20%	13%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	- Offending behaviour programmes?	75%	50%
	- Other programmes?	75%	25%
	- One to one work?	67%	0%
	- Being on a specialist unit?	0%	33%
	- ROTL - day or overnight release?	50%	0%
PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	21%	39%
<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?	57%	51%
18.3	Is anybody helping you to prepare for your release?	38%	45%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	67%	59%
	- Getting employment?	67%	56%
	- Setting up education or training?	60%	43%
	- Arranging benefits?	83%	60%
	- Sorting out finances?	80%	50%
	- Support for drug or alcohol problems?	40%	44%
	- Health / mental Health support?	83%	39%
	- Social care support?	80%	28%
	- Getting back in touch with family or friends?	83%	41%

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Houseblock 6	Houseblocks 1 - 5
40	142

Number of completed questionnaires returned

18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	0%	15%
	- Getting employment?	25%	17%
	- Setting up education or training?	0%	12%
	- Arranging benefits?	0%	21%
	- Sorting out finances?	0%	19%
	- Support for drug or alcohol problems?	50%	28%
	- Health / mental Health support?	40%	13%
	- Social care support?	25%	0%
	- Getting back in touch with family or friends?	40%	12%
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?	65%	43%