

Report on an unannounced inspection of

HMP Wakefield

by HM Chief Inspector of Prisons

11, 12 & 18–22 June 2018

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Glossary of terms

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

Introduction

HMP Wakefield is a high security establishment holding category A and B prisoners. At the time of this inspection there were some 700 being held. The vast majority were serving sentences of more than 10 years, and included some of the most challenging and complex prisoners in the country. Despite this, the prison was calm and had an atmosphere that spoke of good order, safety, security and decency. This was reflected in the assessments under our four healthy prison tests, in particular the improved assessment of purposeful activity and the continuing highest possible assessment of 'good' in the area of respect.

The identification and promulgation of good practice is, I believe, a key function of the inspection process. To that end I would urge readers to pay particular attention to the examples cited in Section 5 of this report. They include a varied and impressive set of initiatives and good work drawn from across all of the healthy prison tests.

A problem that was not unique to Wakefield, but which was particularly acute there, was that of transferring prisoners under the Mental Health Act to secure accommodation. Because of the totally unacceptable delays in doing so, many prisoners across the prison estate are held in conditions that are not in any way therapeutic and indeed in many cases clearly exacerbate their condition. This is a national strategic issue to which we have made reference many times in inspection reports. The situation at Wakefield was yet another example of prisoners with severe illness not receiving the care that they needed. It is clearly something that is beyond the capability of either individual prisons or HM Prison and Probation Service (HMPPS) to resolve. Therefore, in view of the fact that to date there has been no effective response to this issue, on this occasion I am taking the unusual step of making a recommendation directly to the Prisons Minister in the hope that he can use his influence to initiate effective cross-departmental action to address the problem.

We found HMP Wakefield to be an essentially respectful prison, with many examples of good relationships and interactions between staff and prisoners. However, as in so many establishments, our survey revealed that black and minority ethnic prisoners had a poorer perception of their treatment and conditions than their white counterparts. These negative perceptions needed to be understood. Until this happened there would be no way of knowing whether the negative perceptions were justified or not, and even if they were not, the negative perceptions themselves needed to be taken seriously and addressed.

Despite the fact that we found an overall improvement in the area of purposeful activity, there was still a need to provide sufficient activity places for the entire population. This would then complement the adequate time out of cell that was already available to those who were employed. The introduction of key workers, offering an ongoing link between individual prisoners and identified officers, was a key strategic initiative. Early indications were that this could be a highly significant development, and once it was fully embedded could well offer the opportunity for further improvement in the area of rehabilitation and release planning.

By any standards this was a good inspection, which was highly creditable given the complexity of the prison. The high standards, good practice and improvements that have been achieved were the result of hard work and dedication on the part of those who clearly took very seriously their responsibilities for the safe, secure and purposeful imprisonment of those in their care.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

August 2018

Fact page

Task of the establishment

HMP Wakefield is a high security prison for category A and B male prisoners, almost exclusively holding those with a determinate sentence of over 10 years, lifers and prisoners with an indeterminate sentence for public protection.

Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 709

Certified normal capacity: 750

Operational capacity: 750

Notable features from this inspection

Nearly all prisoners were convicted for sexual or violent offences and 60% were serving a life sentence or an indeterminate sentence for public protection.

Almost half of all prisoners were aged 50 or over; the oldest was 91.

Most prisoners felt safe and the prison was calm.

There had been no self-inflicted deaths since our last inspection.

The newly implemented key worker scheme had made a positive impact on relationships between prisoners and staff.

Prisoners in the segregation unit had been there for an average of five months, the longest for more than 14 months.

During the working day, 29% of prisoners were locked in their cells.

Prison status (public or private) and key providers

Public

Physical health provider: Care UK Health and Rehabilitation Services Limited (Care UK)

Mental health provider: Care UK Health and Rehabilitation Services Limited (Care UK)

Substance misuse provider: Care UK Health and Rehabilitation Services Limited (Care UK) (clinical), Inclusion (psychosocial)

Learning and skills provider: Novus

Escort contractor: GeoAmey and HM Prison and Probation Service

Department

Long-term high security estate

Brief history

HMP Wakefield was built as a house of correction in 1594. The prison became a dispersal prison in 1996 and held those posing the highest security risk. It is now a lifer centre with a focus on serious sex offenders.

Short description of residential units

Wings A-D: residential units

Wing F: segregation unit and close supervision centre

Health care centre: inpatient unit

Name of governor

Acting governor: Andy Ripley

Independent Monitoring Board chair

Ron Drake

Date of last inspection

30 June – 11 July 2014

About this inspection and report

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

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

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

Safety Prisoners, particularly the most vulnerable, are held safely.

Respect Prisoners are treated with respect for their human dignity.

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

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

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

- **Outcomes for prisoners are good.**

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

- **Outcomes for prisoners are reasonably good.**

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

- **Outcomes for prisoners are not sufficiently good.**

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

- **Outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.
- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017)*.¹ The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in the appendices.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.²

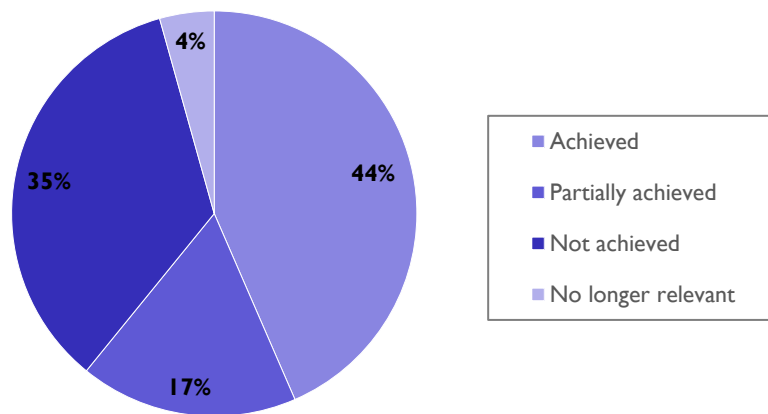
¹ <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

² The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

- S1 We last inspected HMP Wakefield in 2014 and made 46 recommendations overall. The prison fully accepted 42 of the recommendations and partially (or subject to resources) accepted three. It rejected one of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 20 of those recommendations, partially achieved eight recommendations and not achieved 16 recommendations. Two recommendations were no longer relevant.

Figure 1: HMP Wakefield progress on recommendations from last inspection (n=46)



- S3 Since our last inspection outcomes for prisoners stayed the same in safety, respect and rehabilitation and release planning. Outcomes had improved from not sufficiently good in purposeful activity, to reasonably good.

Figure 2: HMP Wakefield healthy prison outcomes 2014 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

- S4** *Early days procedures were generally adequate. The prison was calm and most prisoners felt safe, but not enough had been done to understand and address low-level antisocial behaviour. Use of force was proportionate but governance of special accommodation was poor. Prisoners were usually managed well by segregation staff, but some spent too long there awaiting transfers. Security was effectively managed. Care for those at risk of self-harm was good and there had been no self-inflicted deaths since the last inspection. **Outcomes for prisoners against this healthy prison test were reasonably good.***
- S5** *At the last inspection in 2014, we found that outcomes for prisoners in HMP Wakefield were reasonably good against this healthy prison test. We made nine recommendations in the area of safety. At this inspection we found that three of the recommendations had been achieved, three had been partially achieved and three had not been achieved.*
- S6** The reception area was shabby and did not provide a welcoming or informative environment. However, over 80% of prisoners in our survey said they had been treated well and searched respectfully on arrival. The main holding room was adequate but the single holding cell was austere and not easily observed by staff. Risk assessment interviews on arrival were reasonably thorough. There was no peer support in reception but Insiders⁴ and Listeners⁵ welcomed all new arrivals on to their wings. Induction was prompt and informative.
- S7** The prison was calm and well ordered, and about three-quarters of prisoners in our survey said they felt safe. However, over 60% reported victimisation, usually verbal, by other prisoners. Prisoners told us of an increase in low-level antisocial behaviour and insufficient challenge by staff. Staff were aware of these perceptions but not enough had been done to address them. There had been an increase in recorded assaults against staff, even accounting for the fact that one prisoner was responsible for multiple incidents. There was a violence reduction strategy but no action plan. The safer prisons and complex needs meetings led to some positive outcomes, but safer prisons meetings were not always well attended. Investigations after violent incidents were timely but did not always identify the underlying causes or result in enough actions.
- S8** In our survey, only just over a third of prisoners said that the incentives and earned privileges scheme encouraged them to improve their behaviour. Few were on the basic level and they could access a good regime. Adjudications were generally conducted fairly, but quarterly adjudication meetings were not always well attended and there had been no recent quality assurance.
- S9** Use of force had increased since our previous inspection and was comparatively high, although one prisoner accounted for a disproportionate number of incidents. Over a third of incidents had taken place in the segregation unit. Documentation was reasonably well completed and gave a good account of what had happened, but was not routinely reviewed by senior managers. Most, but not all, planned interventions were recorded and available to view. In most cases, recordings demonstrated clear briefings and attempts at de-escalation. There was effective use of body-worn cameras, although not all of those available to staff were being drawn and managers were not reviewing the footage. The spontaneous incident recordings that we reviewed showed generally good management of incidents. Special

⁴ Prisoners who introduce new arrivals to prison life.

⁵ Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

accommodation was not used excessively but paperwork to justify it was poor and this issue had not had sufficient focus from managers.

- S10 The segregation unit was clean and cells contained adequate furniture and little graffiti. Exercise yards remained stark despite attempts to soften them. Relationships between staff and segregated prisoners were good. Reintegration and exit plans were underdeveloped. A significant majority of prisoners had transferred in from other segregation units or following serious disruptive behaviour elsewhere. While the number of those segregated had reduced, a considerable number of prisoners remained in the unit for too long, for an average of more than five months. While it was positive that an hour of exercise was offered every day, showers were generally provided only every three days, which was unacceptable. One prisoner was exceptionally challenging to manage and had complex needs that could not be met in the prison. While staff attempted to manage him positively and constructively, his condition was deteriorating during a lengthy wait to be admitted to a secure hospital. We were told that senior HM Prison and Probation Service (HMPPS) managers had started discussions with the Department of Health in an attempt to address this concern.
- S11 Procedural and physical security was rigorous and generally proportionate. Security committee meetings were well attended and effective. Intelligence reports were processed quickly and intelligence was communicated promptly. Target searching and suspicion testing were effective. The random mandatory drug testing rate was low at 2.25%, including new psychoactive substances (NPS).⁶ The use of specialist equipment to scan incoming mail for illicit substances was good practice. Work to prevent staff corruption was robust, and work to identify and manage extremist prisoners was comprehensive.
- S12 There had been no self-inflicted deaths since the last inspection. Nearly all Prisons and Probation Ombudsman (PPO) recommendations following deaths from natural causes had been achieved. Disproportionate use of restraints to outside hospital appointments had been the most common concern in PPO reports. In the cases that we examined, we found thorough individual risk assessments and justification for restraints. There had been 95 acts of self-harm involving 29 prisoners in the previous six months. This was more than double the number at the previous inspection, although comparable to other high security prisons. The quality of ACCT⁷ documents was generally good and quality assurance processes were sound. Monitoring and analysis of data at the monthly safer prison meeting were good and the weekly complex case meeting was a useful forum for information sharing. Access to Listeners was adequate for most, but restrictions were placed on their movement to segregation and health care.
- S13 The prison's safeguarding policy had not been updated since 2015 and links with the local safeguarding adults board had lapsed. No referrals had been made and many staff were unaware of safeguarding policy and procedures.

⁶ 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 vaporised and inhaled in e-cigarettes and other devices.

⁷ Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

Respect

- S14** *Staff-prisoner relationships were generally good and enhanced by the key worker scheme. Overall living conditions were good, food was above average in quality and prisoners appreciated use of the wing kitchens. Consultation was good, but there were some shortcomings in applications and complaints procedures. Equality and diversity work was reasonable overall, with examples of good practice, but some areas remained underdeveloped. Faith provision was good. Health services were generally good. **Outcomes for prisoners against this healthy prison test were good.***
- S15** *At the last inspection in 2014, we found that outcomes for prisoners in HMP Wakefield were good against this healthy prison test. We made 20 recommendations in the area of respect. At this inspection we found that eight of the recommendations had been achieved, two had been partially achieved, nine had not been achieved and one was no longer relevant.*
- S16** Staff were knowledgeable about prisoners in their care and, in our survey, 80% of prisoners said that most staff treated them with respect. We observed several positive interactions but some prisoners complained that staff were not visible or engaged enough. The key worker scheme was not yet being consistently delivered, but had led to more frequent and meaningful interactions. Most case note entries since the implementation of the scheme were detailed, and meetings between key workers and prisoners were productive. There was a strong focus on developing a community ethos, led by senior managers, and prisoners were actively involved in decisions affecting their environment and activities.
- S17** Communal and external areas were clean. Cells were generally clean, well looked after and adequately furnished. There were no overcrowded cells but toilets and some showers were inadequately screened. Prisoners had good access to showers. Laundry facilities were good and clothing supplies plentiful. All wings had prisoner information desks (PIDs) and PID workers played an active role in supporting other prisoners. Food was plentiful, varied and of reasonable quality. Prisoners appreciated having kitchen areas on wings to cook their own food, but they were small and access was limited. Prisoners could eat with each other if they chose.
- S18** Regular consultation took place and resulting improvements were evident. Applications were logged but not tracked for a response and it was not therefore possible for the prison to judge timeliness. Many prisoners complained about late responses. The number of complaints was not high, but some could still have been dealt with through applications. Complaint responses were timely but sometimes curt and did not always address the issues raised. Quality assurance had identified these problems and managers were taking action to address them. There was a good range of legal texts in the library and Access to Justice laptops were available.
- S19** Equality provision had recently been strengthened by the addition of a full-time equality manager. The prisoner equality action group met regularly and had recently started to consider useful and relevant data, so far with little evidence of resulting actions. There were few discrimination incident reports and most investigations were thorough. As at the last inspection, our survey and some prison data suggested that black and minority ethnic and Muslim prisoners had more negative perceptions about their treatment across some key areas. Managers had not done enough to investigate and address this. Grey Matters, an older prisoner discussion group which promoted their needs, was very good. However, we met some older prisoners whose needs were not fully met, and there was not enough specific provision for them. There was impressive support for prisoners with learning disabilities and those identified with autism spectrum disorders. The 'This is Me' initiative was good

practice.⁸ Faith provision was good and facilities were reasonable. Despite some recent recruitment difficulties, all main faiths were catered for and the chaplaincy was involved in many aspects of prison life. Dialogue and support groups facilitated by the chaplaincy were useful and progressive forums.

- S20 Primary health care services met patient need. Did-not-attend rates were low and most waiting lists were acceptable. Access to nurses was very good. Prisoners located in the inpatient unit received good care. Some prisoners in the unit did not have clinical needs. There was no therapeutic regime in place. Mental health services offered a good range of group activities and psychological support for mild to moderate conditions. Support for more complex cases was more variable. Most prisoners requiring admission to hospital under the Mental Health Act waited too long to be transferred, and this required concerted action by senior HMPPS and health services managers. Inclusion provided a good range of psychosocial interventions for prisoners with substance use needs, including some impressive group work.⁹ Dental services were reasonable and met need, but the facilities needed upgrading. Pharmacy services were generally good but there were some shortcomings in the storage of medication and lack of confidentiality during the dispensing of supervised medication. Nine people were receiving social care packages and some also received reasonable support from prisoner carers. Formal social care assessments took too long and care plans did not sufficiently demonstrate what was being provided. Palliative care was very good.

Purposeful activity

S21 *Time out of cell and access to association were reasonable, but exercise was too short. The library provided a good and well-used service. Most eligible prisoners could access activities and provision had increased, but was still not sufficient and too many prisoners were locked up during parts of the working day. Workshop and education provision had improved. The quality of teaching and learning was generally good. Achievement of qualifications was good. **Outcomes for prisoners against this healthy prison test were reasonably good.***

S22 *At the last inspection in 2014, we found that outcomes for prisoners in HMP Wakefield were not sufficiently good against this healthy prison test. We made 13 recommendations in the area of purposeful activity. At this inspection we found that eight of the recommendations had been achieved, two had been partially achieved, two had not been achieved and one was no longer relevant.*

- S23 The core day was predictable but there was frequent minor slippage against published unlock times. Time out of cell was adequate for most employed prisoners at around 8.5 hours during the working week. For unemployed people on basic regime, it was only about 2.5 hours. Our spot checks during the working day revealed an average of 29% of prisoners locked in cells, which was too high. Evening and weekend association was adequate but weekday exercise remained limited. Library provision was good and the number of active users was high at about 80%. Establishment funding of a writer-in-residence was an impressive initiative, which engaged prisoners through workshops and one-to-one work. Prisoners had good access to recreational gym activities and a range of accredited vocational training was on offer. The gym needed refurbishment.

⁸ The This is Me initiative supported prisoners with learning disabilities or autistic spectrum disorders. The initiative assessed needs and shared the information across prison departments. Prisoners carried a small card explaining their identified disabilities and needs.

⁹ Inclusion is a drug and alcohol recovery team and part of the criminal justice division of the Midlands Partnership NHS Foundation Trust.

- S24 Managers had expanded workshop provision since the previous inspection but too many prisoners were still unoccupied for parts of the working week. There were sufficient activity places for about 90% of the population but some roles were part time and not all were filled. Provision for category A prisoners had increased, and most had jobs. The range of activities had been adapted to meet better the needs of long-term prisoners. For example, there were good opportunities for mentoring and enrichment activities such as creative writing, commissioned artwork and music. Managers had enabled prisoners to participate in some aspects of quality assurance and curriculum planning. There was not enough level 3 provision, although a sizeable number of prisoners took open and distance-learning courses.
- S25 Managers had improved outcomes for workers in prison industries by introducing into workshops the development and recording of employability skills and vocational qualifications. Attendance in workshops was good and was satisfactory in education. Quality assurance processes such as observation of teaching were good in education, but underdeveloped in prison workshops. Pre-release provision for the small number of prisoners affected required improvement.
- S26 The majority of teaching was good. Prisoners developed new skills and achieved good standards, particularly in IT and art. However, the large number of authorised absences delayed progress for some prisoners, and the sequencing of courses did not meet learners' needs in some cases. Most workshops identified individual needs well. Tutors set and regularly reviewed personal development targets for prisoners. There was a shortage of work in some workshops. In most areas, only level one accreditation was available, when prisoners were achieving much higher standards. Mentors were effective in supporting learners and challenging them to improve. Wing work was managed well through the team approach. Resources for education and in workshops were generally good. Workshops were very clean and well managed. There were few examples of effective use of ICT in class and use of the virtual campus¹⁰ remained very limited.
- S27 Standards of behaviour were good. Bad language was challenged and prisoners appeared to enjoy their work. Learners felt safe and adopted good safety practice in their work. Most worked diligently and interacted well with staff and peers. There were good opportunities for mentors, including training and development.
- S28 Prisoners made good progress in education. Written work was of a high standard. Pass rates for prisoners taking mathematics and English courses were high overall, but withdrawal rates were too high. There was good practical skills development in workshops, particularly in Braille, woodwork and catering. Pass rates for prisoners on vocational training courses were good. Those on prison workshop and gym courses all achieved their awards.

¹⁰ Prisoner access to community education, training and employment opportunities via the internet.

Rehabilitation and release planning

- S29** *Family support provision was limited. Visits took place in a relaxed environment. Offender supervisors did not do enough one-to-one work with prisoners and rehabilitation services were not yet well coordinated. Assessment and intervention centre (AIC) staff engaged with prisoners creatively and effectively. Offender assessment system (OASys) assessments were largely up to date and the quality was generally good. Public protection procedures were thorough. More prisoners were re-categorised than at the last inspection, but too many were still unable to achieve progressive transfer. Release arrangements were generally good. **Outcomes for prisoners against this healthy prison test were reasonably good.***
- S30** *At the last inspection in 2014, we found that outcomes for prisoners in HMP Wakefield were reasonably good against this healthy prison test. We made four recommendations in the area of resettlement. At this inspection we found that one of the recommendations had been achieved, one had been partially achieved and two had not been achieved.*
- S31** The promotion of and support for family contact were limited to family visits and Storybook Dads, and this area required better leadership. Visits were relaxed but often started late. Visits searching that we observed, particularly of young children, was sensitive and respectful. A survey of prisoners and families conducted in 2017 by Partners of Prisoners (POPs) had led to improvements.
- S32** Various departments worked to reduce reoffending but there was a lack of strategic oversight and coordinated working between them. The offender management unit (OMU) was in a state of transition. The first stage of the new offender management in custody model, implementing the key worker scheme, had been largely effective. Support for key workers from the AIC was good. In our survey, 60% of prisoners said that their experiences in the prison had made them less likely to offend in the future, which was reasonably positive.
- S33** The quality of OASys assessment was generally good: complexity of cases was understood and public protection issues were identified, although objectives did not always focus on outcomes. The backlog of OASys assessments was not excessive. Sentence planning meetings were timely and prisoner focused, but offender managers were not included. Prisoners were more likely to receive a progressive re-categorisation than at our last inspection, but some were held at Wakefield for too long. Twenty-three category C prisoners and four category D prisoners were held in excessively secure conditions for the risks they posed.
- S34** AIC staff undertook a range of useful work, including risk assessments, research and consultancy. The team had a positive impact on the prison's developing culture of rehabilitation. They provided a focused and suitable range of programmes to meet the needs of the population. Most prisoners in our survey said that programmes or other work had helped them to meet their targets.
- S35** Work to engage with prisoners who denied their offences had improved and there were some good initiatives for this group, such as 'Wayfinders', but there was still a high number of deniers who required more focused one-to-one interventions. Offender supervisors did not undertake one-to-one work with those who had completed programmes to reinforce learning.
- S36** Public protection work was robust. The interdepartmental risk management meeting was an effective forum for assessing and managing risks. Few prisoners were released directly from

the prison but pre-release planning was thorough, mindful of public protection and generally met the needs of the few who were released.

Main concerns and recommendations

S37 Concern: A significant majority of prisoners in the segregation unit at the time of our inspection had transferred in from other segregation units or following serious disruptive behaviour elsewhere. Their average length of stay in segregation was more than five months and nearly double the duration we saw at our last inspection. Six prisoners had been segregated for more than seven months, with the longest for over 14 months. Exit plans took too long to implement and prisoners' physical and mental well-being was negatively affected, especially if they had pre-existing mental health problems. Prisoners requiring transfer to hospital under the Mental Health Act also waited too long to be transferred and some very acutely ill prisoners had faced excessive delays.

Recommendation: The Ministry of Justice should work with the Department of Health to ensure that – following repeated recommendations and concerns expressed by this Inspectorate and others, including the Public Accounts Committee – effective action is taken to complete transfers under the Mental Health Act within the target time of 14 days.

Recommendation: Prisoners should not be held in the segregation unit for excessive periods. Achievable exit plans should be developed and implemented.

S38 Concern: Although managers had increased the number of activity places, there were still not enough for the population, and not all of them were in use. There was not enough work for some prisoners to do when they attended workshops. As a result, too many prisoners had no jobs or were underemployed.

Recommendation: There should be sufficient, fully used education, training and work activities to occupy the population fully.

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 An average of three prisoners arrived at the prison each week and four were released or transferred. Category B prisoners were escorted by contractor staff and vehicles, and category A prisoners by Prison Service staff and vehicles. We inspected several category A vehicles, including one that had been adapted for wheelchair users. They were all clean and contained first aid kits and welfare packs. Person escort records (PERs) indicated that water and, on longer journeys, sandwiches were routinely offered, but toilet breaks were rare. We found an example of a prisoner who had travelled for more than five hours with no comfort break. Prisoners alighted from vehicles quickly on arrival.
- I.2 Reception was grubby and cramped and the opportunity to provide a more welcoming and informative environment was missed. All prisoners were strip-searched in private and walked past a freestanding metal detector. In our survey, 82% of prisoners said they had been searched in a respectful way in reception against the comparator of 71%, and 81% said they had been treated well. Most prisoners were detained briefly in a holding room opposite the booking-in desk. It was adequate with soft furnishings but there was little to occupy prisoners. There was one further holding cell which was austere with a wooden bench and no natural light or sanitation. The room could not be easily observed by staff but we were told that it would only be used to hold a prisoner who could not mix with others. One toilet was available for all prisoners in reception but they had to ask staff to use it. A reasonably thorough risk assessment interview was conducted. No peer supporters were available to greet new arrivals and provide advice or guidance.
- I.3 In our survey, prisoners generally responded more positively than at comparator prisons about access to entitlements during their early days in custody. Prisoners were offered a hot drink and microwave meal in reception if they arrived outside standard meal times. We were told that all new arrivals were given a telephone call in reception but there was no log and the computer system indicated that only three calls had been made in the previous six months, significantly less than the number of arrivals. Prisoners were unable to take their property to their wings from reception as it had to be searched and logged, which took two or three days. To alleviate this, new arrivals were given prison clothes and basic toiletries.
- I.4 There was no induction wing or first night cells and prisoners were located on one of the main residential wings. A supervising officer met new arrivals and gave them a first night induction. Staff told us that they carried out additional first night checks on new arrivals but this was not documented. Insiders (prisoners who introduce new arrivals to prison life) spoke to all newly arrived prisoners on the wing, usually on the first night or, at the latest, the following morning. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) introduced themselves and were available 24 hours a day. Prisoners spoke positively to us about the induction process.

Recommendations

- I.5 Prisoners on escort should be offered toilet breaks at least once every 2.5 hours and this should be recorded.** (Repeated recommendation I.4)
- I.6 Peer support should be available in reception.**
- I.7 All new prisoners should be able to make a telephone call in reception, subject to considerations of public protection.**
- I.8 First night observations should be carried out and recorded for all new arrivals and for prisoners whose circumstances have changed.**

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** The prison was reasonably calm and well ordered. However, violence had increased and was now at a high level. During the previous six months, there had been 64 assaults and nine fights, compared with 38 assaults and four fights at the last inspection. About a quarter of prisoners in our survey said they felt unsafe at the time of our inspection. One prisoner had been responsible for a disproportionate number of incidents.
- I.10** Violence reduction work was undertaken by a group of enthusiastic staff and was reasonably well resourced. The violence reduction strategy contained broad safety priorities but there was no action plan to indicate how they would be achieved.
- I.11** Staff did not understand well enough why the level of violence had risen. Prisoners told us of an increase in antisocial behaviour which was not adequately challenged by staff, including queue jumping and prisoners congregating in an intimidating fashion on wings. In our survey, over 60% reported victimisation, including verbal threats. Staff were aware of these perceptions, but not enough had been done to address them.
- I.12** There was a three-stage violence reduction procedure but targets were often generic. Monitoring generally ceased in the absence of negative entries on P-NOMIS (database used in prisons for the management of offenders), and documented actions were often not updated. Staff continued to rely on charging perpetrators of violence under prison discipline rules and placing them on the basic regime of the incentives and earned privileges (IEP) scheme. The violence reduction team acknowledged this and were seeking to introduce other interventions to manage violence. A violence worksheet for prisoners to work through with their key workers was promising. The one open victim support plan that we looked at was superficial.
- I.13** Investigations into violent incidents were conducted promptly but, in some cases, there was no focus on the underlying causes and actions were inadequate. Unexplained injuries were investigated, but there had been none in the previous six months.

- I.14** There were 12 violence reduction peer representatives at the time of our inspection. They were enthusiastic and felt well supported by the safer prison team. Peer representatives had consulted prisoners about their perceptions of safety and confirmed concerns about an increase in mainly low-level antisocial behaviour. There had been no following actions.
- I.15** The monthly safer prison meeting was not always well attended by senior managers, and security, health care and the offender management unit were often not represented. Discussion and analysis took place but actions were not always noted or updated. The complex needs meeting introduced in early 2018 was a good initiative by a multidisciplinary group. Prisoners of current concern were discussed and we observed positive actions being agreed and implemented swiftly.
- I.16** At the time of our inspection, 60% of prisoners were on the enhanced level of the IEP scheme, 4% on basic and the remainder on standard. There was not enough difference between the standard and enhanced levels to encourage prisoners to progress and, in our survey, only 38% said the IEP scheme encouraged them to behave well. Electronic case notes contained a good combination of positive and negative comments on behaviour.
- I.17** While few prisoners were on basic, they spent an average of 25 days on this level. In some cases, this was despite recorded improvements in their behaviour. Prisoners were not reviewed promptly, targets remained generic and management checks were infrequent. Two prisoners had spent more than two months on basic and one nearly six months.

Recommendations

- I.18** **A violence reduction action plan should specify how safety priorities will be achieved. It should include a commitment to investigate and address prisoners' perceptions of violent and antisocial incidents.**
- I.19** **Senior managers and representatives from relevant departments should attend the safer prison meeting.**

Adjudications

- I.20** There had been 592 adjudications during the previous six months, which was comparatively high and more than at our previous inspection. The reasons for this increase had not been properly analysed. Most charges related to antisocial behaviour (including violence) and unauthorised items.
- I.21** Adjudications were conducted fairly and promptly with adequate levels of enquiry in most cases, although some were for minor offences and could have been addressed through the IEP scheme. Oversight of adjudications was good.
- I.22** Adjudications were now frequently undertaken on residential units when prisoners already held in the segregation unit were not involved. One prisoner was serving cellular confinement on a residential unit. Safeguards were in place to ensure his welfare, and he was seen each day by the duty governor. The adjudication room in the segregation unit was adequate.
- I.23** Attendance was variable at the quarterly adjudication standardisation meetings. A reasonable level of data analysis was undertaken and there was evidence that adjudication tariffs were adapted to reflect risks to the good order of the establishment. Quality assurance of

adjudications was intended to take place by peer review during these quarterly meetings, but did not always happen.

Recommendations

- I.24** The quarterly adjudication standardisation meeting should be well attended and should focus on understanding adjudication trends over time.
- I.25** Quality assurance of adjudications should be conducted regularly and identified areas of learning discussed with adjudicators. This process should be documented.

Use of force

- I.26** Use of force had increased since our last inspection and was now comparatively high. There had been 128 incidents in the previous six months (57 at our last inspection), but 40 of these involved one prisoner held in the segregation unit. Eighty per cent of incidents were spontaneous and 35% of incidents took place in the segregation unit. Batons had been drawn on two occasions and used once.
- I.27** A comprehensive spreadsheet was used to record relevant data and to follow up outstanding paperwork, and little was outstanding. Documentation was sufficiently detailed on the reasons for the use of force and attempts at de-escalation. However, managers did not routinely scrutinise completed paperwork, including on incidents involving batons. Two local investigations were in progress following the submission of complaints by prisoners alleging excessive use of force.
- I.28** Video recordings of planned interventions were reviewed by the deputy governor, but seven of the 30 planned incidents within the last six months were not available for us to view. Staff said that the seven incidents might not have been filmed by the dedicated search team, but otherwise could not account for this discrepancy. The incidents that we viewed were managed well, with effective initial briefings and attempts at de-escalation in most cases. Staff used body-worn video cameras, including to record spontaneous use of force. However, not all cameras were being drawn, and not all incidents of spontaneous force were routinely downloaded. There was no management review of recordings of spontaneous use of force. Recordings that we viewed demonstrated good management of incidents.
- I.29** The two special accommodation cells in the segregation unit basement were stark. They had been used on six occasions in the past six months which was higher than at our last inspection but similar to comparator prisons. Prisoners had spent an average of 3 hours 43 minutes in these cells, with a maximum period of just under eight hours. Governance was poor and documentation suggested that use of the special cells was not always justified. In two cases no justification had been provided and, in almost all instances, records did not demonstrate justification for continued use.
- I.30** A range of information was considered at quarterly use of force meetings, including protected characteristics. Some analysis was carried out on the levels of force and trends in its use. Some key departments were not always represented and previous actions were not always updated.

Recommendations

- I.31** There should be regular management scrutiny of completed use of force paperwork, including all incidents of baton use.
- I.32** All incidents of force captured on handheld or body-worn video cameras should be routinely downloaded, retained and reviewed by managers.
- I.33** Prisoners should spend only the minimum time required in special accommodation and there should be clear evidence in all cases to justify its use.

Segregation

- I.34** The communal areas of the segregation unit were clean and well maintained given the age of the building. Cells were reasonable, although some contained graffiti, peeling paint and damaged flooring. There were four cage-like exercise yards for the use of segregation prisoners and those in the adjoining close supervision unit (inspected separately in December 2017). Attempts had been made to soften their appearance with wall murals and exercise equipment. Prisoners located on the unit were routinely strip-searched.
- I.35** Sixteen prisoners were in the unit at the time of our inspection, 14 for reasons of good order or discipline and two for punishment. There were two designated cells for the close supervision system, one of which was occupied. The regime included an hour's daily exercise and the opportunity to use the telephone. However, showers were only provided every three days, which was unacceptable. In-cell education was available and several prisoners were working with psychology staff.
- I.36** The unit held some very challenging men. We saw evidence of decisions which reflected balanced assessment of individual risks; for example, two prisoners were allowed to exercise together and one had been allowed to attend corporate worship. Prisoners were permitted to have televisions or radios in their cells and to collect their own meals from the unit servery subject to their behaviour and IEP level.
- I.37** Thirty-six prisoners had been segregated in the previous six months. This was comparatively few and had reduced since our last inspection. However, we remained concerned at the increasing time some prisoners spent in segregation. A significant majority of prisoners in the segregation unit had transferred in from other segregation units or following serious disruptive behaviour elsewhere. Their average length of stay was more than five months, almost twice the average at our last inspection. Six prisoners had been segregated for more than seven months, with the longest for over 14 months (see main recommendation S37).
- I.38** One prisoner was exceptionally challenging to manage and had complex needs which could not be met at Wakefield. Staff tried to manage him constructively, but his condition was deteriorating during a long wait for admission to a secure hospital (see main recommendation S37). Other prisoners were awaiting transfers to specialist units, but these were taking too long to facilitate. The long-term and high security prison estate had recently developed a new management system, Pathways to Progression, for prisoners who spent excessive periods in segregation. This was a promising initiative but it was too early to assess its effectiveness.
- I.39** Staff-prisoner relationships in the unit were good. Staff behaved professionally, knew their prisoners and responded well to daily interactions, incidents and changes in prisoners' circumstances. Prisoners we spoke to were largely positive about staff treatment. P-NOMIS records did not reflect the good work that we saw.

- I.40** Special arrangements (the level three unlocking protocol¹¹) remained for prisoners presenting a significant risk to staff or other prisoners. Only one prisoner was subject to this procedure, but there was no robust risk assessment or appropriate authorisation protocol and review process.
- I.41** Segregation reviews were completed on time. Reports were submitted by the mental health team, Independent Monitoring Board and psychology department, which was positive. However, behavioural targets were often perfunctory and generic. Reintegration documents, known as COMPASS plans, remained basic and lacked detail. Segregation monitoring and review group meetings were held quarterly, but attendance was sometimes poor and few actions were generated.

Recommendations

- I.42 Showers should be offered each day to all segregated prisoners.**
- I.43 Level three unlocking procedures should be used as little as possible, and always be subject to initial authorisation by a senior manager with daily reviews based on presenting behaviour and demonstrations of compliance with staff and the unit regime. Authorisation and reviews should be recorded.**

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.44** Wakefield was one of 12 prisons in the long-term high security estate. It held 143 category A prisoners and four who were classified as high-risk category A. Physical security was strict and procedural security arrangements were rigorous. There was extensive fencing, electronic gates and anti-helicopter wire. These arrangements were in line with the risks posed by the population, but there were some exceptions (see paragraph 4.7). The security department was aware of key threats and risks.
- I.45** The security team had an up-to-date risk and control assessment and security strategy. Monthly security meetings were well attended by representatives from key departments and resulting actions were followed up.
- I.46** The security department received an average of 654 security information reports each month through Mercury, a prison computer-based intelligence gathering and information reporting system. Reports were of a good quality. They were processed by trained security analysts and intelligence was communicated promptly. There was no backlog of intelligence reports.

¹¹ This system required six prison officers to unlock a single violent prisoner. The prisoner was required to kneel facing away from officers while the cell was being unlocked, then searched and escorted out of his cell surrounded by prison officers. This was repeated on his return.

- I.47** The supply reduction strategy was effective. The random positive mandatory drug testing (MDT) rate was low at 1.8%; when new psychoactive substances (NPS)¹² were included, this rose to 2.25%. Most, although not all, suspicion testing was carried out and the positive rate was good. The MDT suite and holding rooms were tidy and appropriately equipped. A scanner was used to test incoming mail for illicit substances and this had yielded some substantial finds.
- I.48** The Prisons and Probation Ombudsman had previously made repeated recommendations regarding the disproportionate use of restraints for hospital escorts. The random sample of 15 PERs that we examined suggested that improvements had been made as restraints were adequately justified by individual risk assessments and appeared proportionate in each case. However, information from the health care department was not always sufficiently detailed (see paragraph 2.57). At the time of our inspection, five prisoners were subject to closed visits for reasons other than visits-related activity.
- I.49** Procedures to protect prisoners from illegal conduct by staff were good. The prison corruption prevention unit worked closely with the police and a member of staff had recently been prosecuted for corruption.
- I.50** The prison was working closely with other agencies to manage identified extremists in the prison.

Recommendation

- I.51 Prisoners should only be placed on closed visits in response to visits-related activities.**

Good practice

- I.52** *The use of a scanner to test incoming mail for illicit substances helped to reduce the number of drugs entering the prison.*

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.53** There had been no self-inflicted deaths since the last inspection. Nearly all Prisons and Probation Ombudsman (PPO) recommendations following deaths from natural causes had been achieved. Seventy-six ACCTs¹³ had been opened in the previous six months. At the time of our inspection, 11 prisoners were subject to ACCT procedures. There had been 95

¹² 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 vaporised and inhaled in e-cigarettes and other devices.

¹³ Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

self-harm incidents in the same period, involving 29 prisoners. This was more than double the number at the previous inspection, but similar to other high security prisons.

- I.54** The sample of ACCT documents that we examined indicated that the level of care was good. Inconsistency of case managers remained in some instances but the safer prison team was aware of this and it was improving. Quality assurance of ACCT documents was good and identified concerns were followed up. Night staff we spoke to were knowledgeable about prisoners on ACCTs.
- I.55** Constant supervision had been used on six occasions in the previous six months for three different prisoners. There had been one near miss investigation following a serious act of self-harm in the same period; learning points were carried forward by the safer custody team.
- I.56** Fourteen enthusiastic Listeners¹⁴ provided support to prisoners in crisis. The safer prison team were recruiting new Listeners at the time of the inspection. Listener movements were restricted without an individual risk assessment to ensure that limitations were kept to a minimum. They were not allowed to go to the segregation unit and only permitted in the health care centre on Saturday mornings, which was especially problematic as prisoners under constant supervision were generally located in health care. These restrictions impeded the ability of Listeners to support all prisoners who may have been in crisis. Each unit had a Samaritans telephone for prisoners to use. On one unit where the phone was not working, we saw a prisoner being taken to another wing to facilitate support, which was good.
- I.57** Safer prison meetings took place once a month. A wide range of information was discussed and acted on. Listeners attended part of the meeting and were able to contribute. At a useful weekly complex case meeting, information was shared on prisoners with complex needs and those who were on ACCTs. We observed a meeting at which a wide range of issues were discussed and actions followed up promptly.

Recommendation

- I.58 All prisoners should be able to see Listeners when required unless risk assessment indicates otherwise.**

Protection of adults at risk¹⁵

- I.59** The safeguarding adults policy was adequate but needed updating. Links had been made with the local safeguarding adults board, but these had lapsed. No referrals had been made in the previous six months. Many staff were unfamiliar with safeguarding policy and procedures, with the risk that needs might be missed and vulnerable prisoners exploited.

¹⁴ Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

¹⁵ 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).

Recommendation

- I.60 The governor should re-establish links with the local director of adult social services and the local safeguarding adults board to develop local safeguarding processes.**

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, 80% of prisoners said they were treated with respect by most staff, 79% that they had a member of staff they could turn to and 99% that they had a personal officer.
- 2.2 We observed good relationships between staff and prisoners with an ethos of staff and prisoners working together to improve Wakefield. Staff were respectful and demonstrated a very good knowledge of prisoners in their care.
- 2.3 The recently adopted key worker scheme showed early signs of improving meaningful interactions between staff and prisoners. Over half the prisoners in our survey said that staff had spoken to them in the last week to see how they were getting on, more than at the last inspection. Staff showed initiative in meeting prisoners in their workplace and leisure activities as well as in more formal settings. This gave staff the opportunity to appreciate fully individual prisoners' circumstances. Most case note entries since the implementation of the scheme were detailed and showed that meetings between case workers and prisoners were productive. The scheme was not yet fully implemented and not all prisoners were seen every two weeks as required (see paragraph 4.13).

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 Living conditions were generally good. All cells had integral sanitation although not all toilets were adequately screened. Most cells were clean, well maintained and furnished, including lockable cabinets. At the time of the inspection, no prisoners were living in overcrowded conditions. Not all showers were screened but access was good with 95% of prisoners in our survey saying that they could shower each day.
- 2.5 The external areas were impressively clean and well kept and internal communal areas were bright and kept clean and in good order by the wing cleaners.
- 2.6 Prisoners could wear their own clothes and there were enough laundries on the wings to ensure regular access. There was enough clothing for those who chose to wear prison-issue clothing or required specialist clothing for work. There was a weekly exchange system for clothing and bedding. In our survey, more than 90% of prisoners said they were able to get

clean clothing and bedding every week. There was good access to cell cleaning materials, and wing staff were supported by prisoner peer workers to distribute a regular supply.

- 2.7** We observed prompt responses to cell call bells but in our survey only 35% of prisoners against the comparator of 48% said that responses normally took place within five minutes. We examined the cell call monitoring system and found very few that had not been answered within five minutes. Managers checked the system regularly.
- 2.8** Each wing had a prisoner information desk (PID) staffed by prisoner peer workers. There was free access to applications and written information and the PID workers offered advice and assistance to those who needed it. The PID workers also maintained the information notices on the wings, which were plentiful and wide ranging. Easy read information booklets were readily available for most areas of prison life.
- 2.9** Access to property by application was reasonable.

Recommendation

- 2.10 Toilets and showers should be adequately screened.**

Residential services

- 2.11** The quality, variety and quantity of food were reasonably good. Some prisoners complained about the quality although half the prisoners in our survey said it was good. The kitchen and wing serveries were clean, and meal times were well supervised by staff. Heated food trolleys used to transport food to the wings were clean enough. The evening meal was served too early, particularly at weekends.
- 2.12** Prisoners on all wings had regular access to well-maintained cooking facilities, which they appreciated. However, the small kitchens and high demand prevented daily use. Prisoners were now able to buy fresh and frozen goods. There were facilities on each wing for prisoners to eat together.
- 2.13** The range of products on the prison shop list was extensive and included newspapers and magazines. Some work had been carried out with prisoners with disabilities relating to shop provision and 58% were now happy with the choices available. Other prisoners were also positive about the shop, and in our survey 62% of respondents said that it sold what they needed. Prisoners could order products through catalogues, although they were charged an administration fee.
- 2.14** Regular consultation about the food and the shop took place with prisoners, and changes were made as a result.

Recommendations

- 2.15 The evening meal should not be served before 5pm.**
- 2.16 There should be no administration charge for catalogue orders.** (Repeated recommendation 2.107)

Prisoner consultation, applications and redress

- 2.17** Consultation arrangements on the wings were comprehensive and prisoner-led initiatives included regular discussion meetings with managers.
- 2.18** The ‘rehabilitative culture’ panel of prisoners and staff had examined aspects of prison life and made recommendations for changes. Another group of peer workers concentrated on improving the prison environment and carrying out project work determined by the panel. A third group of peer workers, the lifestyle representatives, were responsible for wing and housekeeping issues that could not be resolved quickly on the wing. These initiatives were effective in fostering a sense of community in the prison.
- 2.19** In our survey, 85% of prisoners said that it was easy to make an application, but only 39% said they received a response within seven days. Although all applications were logged by wing staff, there was no system for monitoring responses and ensuring that they were timely and appropriate.
- 2.20** Complaint forms were freely available on all residential units and, in our survey, 79% of prisoners said that it was easy to make a complaint. The number of complaints submitted had risen slightly since our last inspection but was not high. Responses were timely but the quality varied and not all responses were focused or polite.
- 2.21** Monitoring and quality assurance were comprehensive and action was being taken to address improvements needed in the responses.
- 2.22** There was no formal legal services provision but prisoners had good access to legal texts in the library and ‘access to justice’ equipment. Access to legal visits was good and prisoners and solicitors we spoke to told us that there was never a problem with arranging legal sessions with prisoners.

Recommendation

- 2.23 Responses to applications should be tracked and monitored to ensure timeliness and focus on the matters raised.**

Good practice

- 2.24** *The range of consultation groups was impressive and enabled staff and prisoners to work together to encourage a sense of community in the prison.*

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 characteristics¹⁶ 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

- 2.25** The oversight of equality and diversity remained with the safer prison team and had recently benefited from the addition of a designated manager to improve the focus on equality.
- 2.26** The policy on prisoner equality was under review at the time of the inspection and remained in draft format. Prison managers were conducting further work to ensure the policy reflected the needs of the population and to underpin identified equality and diversity priorities.
- 2.27** The prisoner equality action group (PEAG) met monthly and was co-chaired by the deputy governor and a prisoner equality representative. The PEAG was reasonably well attended by senior managers and prisoner representatives from each main wing, although there was still no community or independent representation.
- 2.28** All prisoner equality representatives attended a support forum with the equality manager during the week before the PEAG meeting. This provided the opportunity to raise issues of concern from their own wings which were addressed during the meeting or taken forward for discussion at the PEAG.
- 2.29** A range of issues were discussed at the PEAG meeting and data from several sources were considered, including the HM Prison and Probation Service (HMPPS) equality monitoring tool and the chaplaincy. Data from the equality monitoring tool were frequently out of date and the equality manager had recently started to present local data on prisoners with protected characteristics which provided a more accurate picture. These local data were useful but had not led to sufficient analysis or action.
- 2.30** An equality action plan was discussed at each PEAG. The plan lacked a medium- or long-term strategy and most actions were taken by the PEAG, with many taking several months to complete.
- 2.31** The number of discrimination incident report forms (DIRFs) for the previous six months was low at 35. A further 50 DIRFs had been submitted which managers had not considered to be discriminatory. We examined a range of these DIRFs which indicated that prisoners had been given enough information on other ways of dealing with their complaints.
- 2.32** We examined the remaining DIRFs, most of which had been thoroughly investigated, with meaningful responses received by prisoners and evidence of actions taken. The DIRFs were quality checked by the deputy governor, but the investigation and response had taken too long in a few cases. Although there was no external scrutiny of DIRFs, prisoner equality representatives were involved in discussions and permitted to see redacted complaints.

¹⁶ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Concerns were raised at the monthly forum of equality representatives, although there was no evidence of actions taken to address prisoners' concerns.

Recommendations

- 2.33** The prisoner equality action group should analyse local data to identify potential disadvantage to minority groups, decide on actions to be taken and monitor the outcomes of these actions.
- 2.34** The prisoner equality action group should include external representation and scrutiny of DIRFs. (Repeated recommendation 2.24)

Protected characteristics

- 2.35** Initial screening for prisoners with protected characteristics took place on reception, and safer custody and equality staff conducted further interviews in private during induction.
- 2.36** Nineteen per cent of the population were from a black and minority ethnic background. These prisoners had more negative perceptions of their treatment across several key areas in our survey. This was confirmed by our conversations with them and local prison data. In our survey, 53% of black and minority ethnic prisoners compared with 84% of white prisoners said that they had a member of staff they could turn to if they had an issue. We found no direct evidence of bias towards these prisoners. Despite these negative perceptions being identified at our previous two inspections and reflected at the PEAG meetings, apart from work by the chaplaincy (see paragraph 2.49), prison managers had yet to address the issue and there was no regular support forum for prisoners from a black and minority ethnic background.
- 2.37** In our survey, 2% of prisoners identified themselves as from a Gypsy, Romany and Traveller background. Good support was provided for these prisoners by the chaplaincy and a regular forum enabled them to engage in history, quizzes and music sessions. Annual visits from the Irish chaplaincy took place to support Gypsy, Romany and Traveller prisoners and the chaplaincy had developed an evidence-based action plan to address their concerns.
- 2.38** Foreign national prisoners comprised less than 10% of the population and were provided with reasonable support. Each residential unit had a foreign nationals peer worker who attended a quarterly forum to discuss concerns. Peer workers spoke positively of their support and there was good evidence of actions being addressed.
- 2.39** In our survey, 40% of prisoners considered themselves to have a disability against the comparator of 28%. Support for these prisoners was reasonable. The safer custody team had recently reviewed the use of peer workers to support prisoners with identified needs in more intimate tasks than cell cleaning and collection of meals. The peer supporters had received basic care training and there were plans for further training by social care staff from Wakefield District Council. There were four adapted cells and a few semi-adapted with items such as toilet rails installed. However, many infirm prisoners raised concerns with us that access to some activities on the ground floor of each wing was difficult. Prisoners and staff also raised concerns about the lifts for prisoners with disabilities, which were often breaking down.
- 2.40** The prison was working towards Autism Awareness accreditation and had developed a multidisciplinary approach to supporting prisoners with learning disabilities and those identified with autism spectrum disorders. A locally designed information-sharing scheme

called 'This is Me' was an impressive initiative that had been introduced as an additional strand to support these prisoners. Prisoners were asked to provide staff with information on their needs, on triggers that might cause distress or sudden changes in behaviour, and about how they could be supported. Several prisoners praised the support they had received through the scheme.

- 2.41** Forty-seven per cent of prisoners were aged 50 or over. Support for older prisoners was improving and the prison had engaged with Age UK to provide support for prisoners and training for staff and peer support workers. As part of a wider prisoner well-being strategy, an initiative known as 'Grey Matters' had been introduced to provide a discussion group to promote the needs of older prisoners. Each wing had two 'Grey Matters' peer support representatives. Despite these improvements, more needed to be done to address the needs of older prisoners. For example, both older and disabled prisoners were provided with 'core day unlock', but there was often little to engage these prisoners and very few areas for older prisoners to socialise. Chairs had recently been installed on each landing but there were very few tables and prisoners with mobility problems found it difficult to attend areas of the wing where recreational equipment was installed. Access off wing was often limited because of the lifts (paragraph 2.39).
- 2.42** There was insufficient support for gay and bisexual prisoners. Quarterly support meetings took place but there was no evidence of identified actions being addressed. We spoke to several gay prisoners who did not attend the forum and were not fully aware of what support was available. At the time of the inspection, two prisoners had identified themselves as transgender and one gender fluid; care and support for these prisoners was adequate.
- 2.43** About 15 prisoners had identified themselves as ex-service personnel. Support for them was impressive and an enthusiastic officer held monthly meetings and had developed several support mechanisms, including community agencies such as the Royal British Legion and SSAFA, the Armed Forces charity.

Recommendations

- 2.44** **Managers should investigate and address, together with black and minority ethnic prisoners, the significantly poorer perceptions of their treatment at Wakefield.** (Repeated recommendation 2.31)
- 2.45** **A needs analysis of older prisoners should be conducted to ensure that they have equal access to all aspects of the regime to support social integration.**

Good practice

- 2.46** *The local information-sharing protocol, known as 'This is Me', provided impressive support to prisoners with learning disabilities and those identified with autism spectrum disorders.*

Faith and religion

- 2.47** Despite long-term recruitment issues that had only recently been addressed, the chaplaincy continued to offer impressive provision with a strong multi-faith ethos. This ensured that all prisoners received equal care and pastoral support. This was reflected in our survey where 67% of prisoners said their religious beliefs were respected, 75% said they could speak to a chaplain of their own faith in private and 89% of prisoners said they could attend religious services.

- 2.48** A duty chaplain was appointed each day to ensure that all statutory duties, such as visiting new receptions and segregated prisoners, were completed. A weekly programme covered all faith services and other events provided by the chaplaincy, including a band night and a 'meet and chill' group where prisoners could spend time with the chaplaincy away from the wing.
- 2.49** The managing chaplain had introduced a useful 'Dialogue and Appreciation' programme to encourage prisoners to engage effectively in discussions about difference, especially religious and cultural. The programme aimed to build understanding and create positive attitudes among prisoners. The programme had progressed to several World Café events facilitated by the chaplaincy covering a range of areas such as safety and black history, which helped to bridge shortfalls in some areas of equality provision (see paragraph 2.36).
- 2.50** Faith facilities were reasonable with a bright chapel and small but functional multi-faith room. Links with community faith groups included an active prison visitors' scheme.

Good practice

- 2.51** *The Dialogue and Appreciation programme and subsequent World Café events were an effective way of creating understanding among prisoners across a range of subjects.*

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.

- 2.52** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹⁷ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 2.53** Care UK Clinical Services Limited (Care UK) provided 24-hour health and social care services. Clinical governance had improved since the last inspection. The senior health care management team attended a wide range of prison meetings, but no regular service review meetings took place with the governor.
- 2.54** A health needs analysis informed the service and a comprehensive health improvement plan supported development. There was very good prisoner consultation at a monthly patient forum which, together with analysis of the patient satisfaction survey, influenced service improvement.
- 2.55** Eight serious incidents in the previous nine months had been properly investigated and action plans generated. Lessons learnt from these incidents were shared with staff and underpinned development, particularly regarding palliative care.

¹⁷ 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>.

- 2.56** With the use of regular agency and bank nurses, staffing levels were reasonable to support primary care, but there had been some delays with social care assessments (see paragraph 2.83). Recruitment to many posts had taken place but long waits for security clearance meant that start dates were delayed. Staff we spoke to felt supported and received regular clinical supervision. We observed professional and caring staff.
- 2.57** Health care professionals contributed to a single electronic clinical record for each patient. The standard of record keeping varied and not all care plans were updated regularly. Consent to share information was routinely sought from patients. We noted some tensions over information sharing between the security department and health care service, principally concerning medical input into person escort records (PERs) (see paragraph 2.73).
- 2.58** Access to services was good. Routine requests were made through a health care application system and prisoners could easily access the primary care centre to speak to a nurse. A member of health care staff was often available at medication times to manage patient queries, which was a good initiative. Telephone interpretation services were available if required.
- 2.59** Available clinic space was used effectively, although more would be needed to meet the increasing requirements of an ageing population. The clinical environment in the main health centre, which housed the pharmacy, inpatient unit, outpatients and dentist, was poor, partly as a result of building work that was being undertaken. Following the inspection, CQC raised concerns with NHS England about the condition of the rooms used for health care services. However, the clinical rooms in the primary care centre were good and met infection control standards. Patients still endured long waits in the two small, poorly decorated waiting rooms in the main health care centre.
- 2.60** Emergency equipment was readily available and checked regularly and staff were trained in its use.
- 2.61** A confidential health complaints system was in place. Low-level complaints (referred to as concerns) were managed through an individual meeting with the patient, and a follow-up letter to summarise the discussion. Issues not resolved in this way were dealt with by the head of health care and recorded as complaints. In the previous three months, there had been 73 concerns and only eight complaints. Written responses to patient concerns and complaints varied in tone, but usually focused on the issue.

Recommendations

- 2.62 All clinical environments should comply with infection control standards.**
- 2.63 Patients should not have to wait for extended periods before and after their appointments in the health centre.** (Repeated recommendation 2.62)

Promoting health and well-being

- 2.64** Simple information on health services in the prison was provided for all prisoners, but there was limited health promotion material on the wings. Health promotions in the health care centre were linked to national campaigns.
- 2.65** The health care team had contributed to the prison-wide resettlement and reducing reoffending strategy, and had identified links with other areas in the prison. We saw evidence of good work with the gym for prisoners with cardiac care needs and links between PE staff

and the physiotherapist. We noted a good health promotion display in the library but this was not linked to the health care service.

- 2.66** Prisoners could access a range of screening and well-being checks. Condoms were available but not advertised. The prison had been smoke free for almost nine months, and the transition had been reasonably smooth. Smoking cessation support was available for smokers new to the prison, and for those who wanted to stop vaping.

Recommendations

- 2.67** Health promotion material should be readily available on the wings.

- 2.68** Condoms should be well promoted.

Primary care and inpatient services

- 2.69** In our survey, 59% of prisoners said the quality of health services was good and 69% said it was easy to see a nurse. Prisoners we spoke to were complimentary about the service. Prisoners received comprehensive reception and secondary screening and appropriate referrals were made for ongoing care.
- 2.70** There was an impressive range of clinics. Most waiting times were reasonable, although podiatry and physiotherapy took about three months, which was too long. The number of prisoners who did not attend their appointments was low.
- 2.71** Long-term condition management was coordinated by suitably trained staff. Many care plans were nursing task based and did not demonstrate patient involvement or personalised care. In practice, we saw examples of primary care nurses undertaking clinical observations on the wings and checking on living conditions, which was good.
- 2.72** No patients had been diagnosed with dementia but two patients were suspected by health care to have the early signs. One man had given consent to health care to share his health risks but had waited several months for assessment because of a lack of community services.
- 2.73** Despite effective use of visiting consultants and telemedicine services, the number of external hospital appointments was high. Recent joint working with a local hospital had improved appointment scheduling and reduced cancellations.
- 2.74** In response to Prisons and Probation Ombudsman recommendations, a new algorithm had been developed by Care UK and the prison, for health care staff to complete as part of the PER. However, this algorithm was not routinely attached to the PERs that we reviewed which did not contain enough information from health care staff on clinical risks.
- 2.75** When health care staff knew in advance about prisoner movements, arrangements for transfers and release were good. Patients released from the prison were given 28 days' supply of medication or a prescription, with advice on registering with a GP and dentist.
- 2.76** The inpatient unit, staffed by nurses and prison officers, could accommodate 14 people over two floors. At the time of the inspection, there were nine patients on the unit and four prisoners who were not receiving clinical care, which meant that clinical beds were blocked. During the previous six months, 18 prisoners with no clinical need had been accommodated in the unit, although it was in many cases the most appropriate location in the prison.

- 2.77** Patients were unlocked for most of the day, but there was no therapeutic regime. We were told that the education department would offer input if requested.
- 2.78** Nursing staff were well trained in caring for in-patients, and prisoners were positive about their care. Care plans were in place for those requiring clinical nursing care, but there were no shared care plans for prison officers to contribute to, despite spending much time with these patients.
- 2.79** The health care team held external accreditation for their palliative care suite for terminally ill patients. Health care staff and prisoners had recently refurbished the palliative care suite to improve the environment. Other prisoners were encouraged to visit people staying in this suite, and arrangements had been made for next of kin to stay overnight.

Recommendations

- 2.80** **Information sharing between health and prison staff should be sufficiently detailed to identify potential risk and enable good multidisciplinary care.**
- 2.81** **The inpatient unit should only accommodate prisoners with identified clinical need and offer a clinically therapeutic environment.**

Good practice

- 2.82** *The palliative care suite had received Macmillan Quality Environment Mark accreditation. The end of life care pathways and provision for terminally ill prisoners offered dignified patient-focused care in a complex environment.*

Social care

- 2.83** Care UK staff conducted social care assessments and delivered care in partnership with Wakefield City Council. During 2017, 28 prisoners had been referred for assessment and in the first five months of 2018 there had been four referrals. Staffing pressures caused social care assessments to be regularly delayed for more than three months, which was too long. This was mitigated slightly by the provision of care before assessments had been completed and the availability of living aids.
- 2.84** Nine prisoners were in receipt of social care support at the time of our inspection and another 38 were allocated prisoner carers. There was good assessment and training for prisoner carers.
- 2.85** Many of the prisoners in receipt of formal social care did not have documented care plans. This was being rectified by the local authority.
- 2.86** Health care support workers made welfare visits to prisoners on wings to monitor their wellbeing and identify the need for further support or intervention. This was a good initiative. There was effective communication between health care staff, wing officers and safer custody staff to identify prisoners who might require additional support.

Recommendations

- 2.87** Social care assessments should be completed promptly.
- 2.88** Individual care plans should be in place for all prisoners in receipt of social care.

Good practice

- 2.89** *The introduction of welfare checks by health care support workers was a positive initiative which improved proactive care for prisoners and promoted good communication with wing officers.*

Mental health care

- 2.90** Care UK delivered mental health services using a stepped care model supported by specialist psychiatry and psychology input from Midlands Partnership NHS Foundation Trust. The service operated seven days a week but weekend cover was solely for urgent care.
- 2.91** The team jointly assessed all new receptions for primary care and followed up all prisoners individually within 72 hours, which was positive. A practitioner attended all newly opened ACCT¹⁸ reviews and maintained support where necessary.
- 2.92** There was an open referral system, referral activity was tracked effectively and all urgent cases were seen within 24 hours. Routine referrals were triaged within 72 hours and reviewed at the weekly single point of access meeting. Patients were not routinely notified if they were not accepted on to the case load, which could lead to frustration.
- 2.93** The mental health team was supporting 79 patients at the time of the inspection, 21 of whom were in receipt of interventions for conditions such as anxiety and depression. These were delivered by an IAPT (improving access to psychological therapies) practitioner who also co-facilitated impressive groups with the drug and alcohol team, Inclusion. Other work included an innovative insomnia project, but there was still no individual counselling support.
- 2.94** Most other interventions were undertaken individually on the wings, including support for prisoners with more significant problems. Support was reasonable and most patients had care plans. However, provision varied and some patient records showed only superficial contacts.
- 2.95** Psychiatry input was adequate but there was not enough psychology support, limiting interventions for patients with complex needs and reducing access to the personality disorder pathway highlighted at the last inspection.
- 2.96** Multi-agency complex case management was established, but there was no systematic multidisciplinary review of routine caseloads, including for those subject to the care programme approach¹⁹.
- 2.97** All prisoners needing transfer to hospital under the Mental Health Act waited too long to be transferred and some people who were very acutely ill had faced inordinate delays (see main recommendation S37).

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

¹⁹ Mental health services for individuals diagnosed with a mental illness.

Recommendation

2.98 There should be a full range of therapeutic options, including access to psychology and counselling services.

Substance misuse treatment²⁰

- 2.99** Care UK delivered clinical substance misuse treatment services and Inclusion, part of Midlands Partnership NHS Foundation Trust, delivered psychosocial support. Services were well integrated and all prison partners collaborated effectively, including attending the drug strategy meetings. The main strategic risk was the misuse of prescribed medicines through diversion and practices to address this were appropriate.
- 2.100** All prisoners were screened on reception and the team saw all of them individually during induction to explain services. The open referral system included triggers such as adjudications and positive drug tests. Nine patients were on opiate substitution therapy and six were on a reducing regime, which was positive. An identified trained nurse provided clinical oversight and there were regular multidisciplinary reviews. Treatment was collaborative, patient-centred and in accordance with national guidance. The nurse lead had developed a training and awareness pack for health professionals and prison staff, which was a good resource. Prisoners we spoke to were positive about the support that they received.
- 2.101** A small team of a manager and three staff delivered very good psychosocial support to 116 men. A range of programmes included one-to-one sessions and impressive group work. Collaborative personal care plans were developed. Harm reduction support was a regular component of the team's work. Prisoners had reasonable access to mutual aid support, including Narcotics Anonymous and pathway champions, both of which were regarded as valuable resources by the prisoners we spoke to.
- 2.102** Very few prisoners required through-the-gate support, but the team communicated with receiving establishments to ensure that effective support was maintained.

Medicines optimisation and pharmacy services

- 2.103** Medicines were supplied mainly on a named patient basis, against a valid in-possession risk assessment and legal prescription. Ninety-nine per cent of patients had a valid risk assessment.
- 2.104** Supervised medication was administered from two hatches in the primary care centre at 8am, 11.30am and 4pm. Medication was also administered during the evening between 9pm and 10pm if needed.
- 2.105** Medication queues were well supervised by officers. However, medicines were administered through a wide hatch with two prisoners present at the same time which afforded no confidentiality for patients. A more private gated area to the rear of the room was used for administering insulin, eye drops and medicated patches.
- 2.106** Weekly medicines which were both in possession and not in possession were stored in this treatment room, which had a temperature of over 25C at the time of the inspection. This was too high and the room was too small for the service provided.

²⁰ In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

- 2.107** Refrigerator temperatures were monitored each day but had been recorded as out of appropriate range for seven of the previous 19 days. No action had been taken to address this.
- 2.108** Monthly in-possession medicines were distributed from a larger room, where medication was stored in large metal boxes. These were locked, but not secured to the wall. Some of the controlled drugs cabinets were not bolted to the walls.
- 2.109** Patients receiving tradable in-possession medication stored their drugs in locked boxes at the end of each wing. Patients collected the key from prison officers at designated times to access these medicines. This was not consistent with medication prescribed to be taken as required and also gave prison officers access to tradable medication.
- 2.110** Patients could attend pharmacy clinics and had daily access to pharmacy technicians. Over-the-counter remedies were available and SystemOne (the electronic recording system) provided an on-screen warning if the patient had a contra-indication to that medicine.
- 2.111** Patients who needed them were provided with pre-prepared dosing boxes and patients receiving medicines with a narrow therapeutic window, such as lithium and warfarin, were monitored in accordance with best practice. However, nursing staff did not record the removal of medicated patches and the position of the new patch, as required by internal procedures.

Recommendations

- 2.112 Prisoners should receive their medicines in a confidential area, where they cannot see or hear what is being given to others.**
- 2.113 Medicines should be stored securely and at correct temperatures.**
- 2.114 Current guidance on tracking of medicated patch placement should be adhered to.**

Dental services and oral health

- 2.115** Dental services were delivered by Time for Teeth Limited. One dentist provided four sessions and a dental therapist two sessions each week, which met the need. The range of treatments available was good and routine access was generally within six weeks. Emergency treatment was given promptly. In our survey, 40% of prisoners said it was easy to see the dentist and 60% said the quality of dental services was good.
- 2.116** Although governance arrangements were good and equipment was adequate, the walls and work surfaces in the dental room did not meet infection control requirements and the room was not cleaned well enough.
- 2.117** The size and layout of the dental room limited safe movement. No tools were cleaned in the suite: they were all packaged and sent out of the prison for sterilisation. The storage of these items on the floor of the dental suite during clinics compromised safety.
- 2.118** The x-ray machine had been upgraded to digital and maintenance checks and certification were up to date. Plans had been in place since 2016 to re-locate the dental surgery to the centre of the main residential area as part of a wider refurbishment programme. However, funding had not been made available and the facility remained in need of improvement.

Recommendations

2.119 Dental services should meet infection control requirements.

2.120 Dental equipment should always be stored safely and securely.

Section 3. Purposeful activity

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

Time out of cell

Expected outcomes:

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

- 3.1 The core day was predictable but prisoners were often unlocked late because of staff briefings. Time out of cell for most prisoners was adequate at around 8.5 hours each weekday and seven hours at weekends. Time out of cell was better for a few prisoners such as those working in the staff bistro and the kitchen, as they remained at work over the lunch period. Time out of cell for the small number of unemployed prisoners or those on basic level was restricted to about 2.5 hours each weekday. At weekends this increased to about 3.5 hours for prisoners attending church services.
- 3.2 There were enough activity places for 90% of the population, including part-time workers, but our spot checks during the working day revealed an average of 29% of prisoners locked in cells, which was too high. Older or disabled prisoners who were not required for off-wing work were allowed to be unlocked during part of the working day (see paragraph 2.45).
- 3.3 Exercise was available following the morning work period but was limited to just 30 minutes. Some prisoners, such as serverly and kitchen workers, could not take exercise during the week because of timetable pressures. This was unacceptable. Association and activity outside at weekends was adequate and each wing had at least an hour a day, although access for disabled or older prisoners could be difficult (see paragraph 2.41).
- 3.4 The library remained well run and was popular, with 80% of prisoners registered as active users. Access was good with fewer cancellations than previously and prisoners could attend at least once a week. Most attended more often.
- 3.5 The facility was a reasonable size with a wide range of stock, and additional material could be requested from Wakefield District Council libraries. A self-assessment report was conducted annually and included analysis of data on prisoners' attendance to inform stock requests. Loss of stock was very low at less than 30 books in the previous year. Prison Service instructions and legal materials were readily available with some provision for prisoners to take material out on a short loan to assist with legal work.
- 3.6 The library continued to host a range of activities to promote literacy. The library manager acted as facilitator for the Shannon Trust²¹ 'Turning Pages' scheme and over 30 registered peer mentors helped other prisoners with their reading development. The Storybook Dads scheme (in which prisoners record stories for their children) was offered several times a year and a volunteer offered shared reading activity once a week. An enthusiastic writer-in-residence engaged prisoners through one-to-one work and in small workshops across a range of literacy projects.

²¹ Provides peer-mentored reading plan resources and training to prisons.

- 3.7** There was a reasonable range of PE facilities. Some areas, notably the cardiovascular and free weights room, needed refurbishment and some cardiovascular equipment needed replacing. There was no exercise equipment on residential units other than a small exercise suite in the health care inpatient unit.
- 3.8** About 40% of prisoners who responded to our survey said that they attended the gym at least once a week. Most prisoners had good access to recreational gym and data indicated that about 57% of the population participated in PE activities. There was a lift for disabled or older prisoners to attend the gym but staff told us that it was often out of use and we found this to be the case during the inspection (see paragraph 2.39).
- 3.9** Gym induction for new arrivals was prompt and PE staff managed impressive systems for referrals from health care for prisoners requiring remedial PE. Following referral, each prisoner was given a bespoke training plan, which was regularly reviewed. A range of accredited vocational qualifications was available and the British Heart Foundation 'Call Push Rescue' package was delivered to all new inductions.

Recommendations

- 3.10** **Unlock times should reflect the published core day.**
- 3.11** **All prisoners should have access to at least one hour of exercise in the open air each day.**

Good practice

- 3.12** *The PE induction package resulted in a bespoke and regularly reviewed training plan, and included accredited British Heart Foundation 'Call, Push, Rescue' life-saving training.*

Education, skills and work activities (Ofsted)²²

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.²³

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

Overall effectiveness of education, skills and work: **Good**

Achievements of prisoners engaged in education, skills and work: **Good**

Quality of education, skills and work provision, including the quality of teaching, training, learning and assessment: **Good**

Personal development and behaviour: **Good**

Leadership and management of education, skills and work: **Good**

Management of education, skills and work

3.14 Managers had improved performance in almost all the areas for improvement identified at the last inspection. The number and range of activity places had increased significantly, and there was more provision for category A prisoners, most of whom had jobs. Managers had good links with community organisations to facilitate further work opportunities.

3.15 The prison had enough activity places for about 90% of the population. Around 100 prisoners were not eligible for employment, for example because they were retired or in the health care unit. Most other prisoners had employment, but some activity places were part time and others were not filled. Although the number of prisoners in work had increased significantly, some were still unoccupied for part of the working week (see main recommendation S38).

3.16 Allocation to activities was well informed by data on prisoners' needs and past activities, and was good. Prisoners with complex needs were allocated appropriately and monitored carefully. The prison pay scheme was fair and provided incentives for prisoners to access learning and achieve personal development targets.

3.17 Prisoners' attendance in education sessions was satisfactory, but a few learners missed their classes because of authorised appointments with other prison departments. Their absence was not recorded consistently by teachers, so the data used to evaluate education attendance were not fully accurate. Managers had not done enough to coordinate activities to reduce these interruptions to learning.

²² 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.

²³ In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

- 3.18** The education and training provided by Novus was good. Managers implemented quality assurance processes robustly and had improved the quality of teaching. Outcomes for learners were good. Education and prison managers collaborated well by, for example, organising joint staff development activities. They used data well to understand the prisoners' need for English and mathematics provision, and had developed new courses accordingly.
- 3.19** Novus managers had responded flexibly to deliver a pre-release programme for prisoners when the National Careers Service contract ended. Managers were planning new careers advice provision for the small number of prisoners who were due for release, but this was not yet in place. Prisoners could access the virtual campus²⁴ for job search and to support learning, but few did so.
- 3.20** Quality improvement arrangements had improved and were good in most areas. The self-assessment process was evaluative, involved most staff, and produced an accurate account of the provision. The resulting learning and skills action plan focused strongly on improving outcomes for learners. A quality improvement group met quarterly to monitor progress with the plan, and was well attended. Prison workshop managers had been trained to observe teaching and provide feedback to instructors, but this had not yet started.
- 3.21** Managers had improved outcomes for workers in prison industries by introducing individual target setting to help them develop personal and social skills. Job descriptions replicated standard employment practice and set appropriate threshold requirements for English and mathematics. Opportunities to gain vocational qualifications had been introduced recently in all prison workshops leading to an increase in qualification enrolments. Most of these were at a basic level and did not fully accredit the skills that prisoners were developing.
- 3.22** The range of activities was suitable for prisoners serving long sentences. For example, the work in textiles and Braille workshops required lengthy periods of training and practice to develop the required skills. There was a good range of enrichment activities, such as creative writing, commissioned artwork and music. Managers had enhanced the role of prisoner mentors, enabling them to participate in some aspects of quality assurance and curriculum planning. This ensured that learners' views were reflected in self-assessment and enhanced the contribution that individual prisoners could make to the prison community. Managers had increased provision of level 3 courses, but there were not enough places to meet demand. However, provision for open and distance learning courses was good, with over 50 prisoners studying higher-level courses.

Recommendations

- 3.23 Managers should coordinate activities to reduce the number of authorised absences from education.**
- 3.24 Managers should evaluate the quality of teaching and learning in the workshops to help instructors improve the provision.**

Quality of provision

- 3.25** Education and vocational training provision was good, characterised by well-planned lessons which engaged mixed ability groups of prisoners throughout. Teachers used prisoners' starting points appropriately to plan challenging learning activities which developed prisoners' knowledge and skills effectively. Most prisoners responded positively and worked

²⁴ Prisoner access to community education, training and employment opportunities via the internet.

purposefully, both individually and in groups. Prisoners acquired and consolidated new knowledge and skills, including in English and mathematics.

- 3.26** The assessment of prisoners' skills on entry to the prison was effective. Managers used information such as prisoners' previous qualifications, levels of literacy and numeracy, and specific learning needs to ensure that all prisoners received the support they needed to succeed. Teachers supported prisoners particularly well through effective use of peer mentors and learning support practitioners. Peer mentors, vocational training and work settings encouraged prisoners to improve their English and mathematics skills alongside their work skills.
- 3.27** Prisoners with additional learning support needs were identified quickly and an individual learning support plan was put in place. Most prisoners with additional support needs made good progress and achieved as well as the rest of the population.
- 3.28** In education and vocational training, teachers used the findings from assessment and induction effectively to set meaningful individual targets which focused on personal and social development. Teachers frequently monitored learners' progress towards achieving these targets, and particularly well on the hospitality and catering course. Teachers and peer mentors gave prisoners helpful feedback on the quality of their work. They ensured that prisoners knew what they had done well and what they should do to improve further.
- 3.29** The prison workshops were well managed, and the larger units were run as commercial concerns, with prisoners fully engaged in every aspect of production, including quality control. Instructors and peer mentors provided good support, and prisoners were confident in the skills that they developed. There was particularly good skills development in Braille, textiles and woodwork workshops. Health and safety rules were well observed throughout.
- 3.30** In vocational training, prisoners benefited from experienced tutors, and they gained good practical skills which they could use throughout their prison sentence. Vocational training areas were well resourced and equipped, and were exceptionally clean and well managed.
- 3.31** Wing work for prisoners was managed well, using a team approach which developed a range of skills. However, in prison workshops there was not always enough work to keep people busy (see main recommendation S38). Instructors did not use the resulting free time effectively to help prisoners develop their knowledge and skills.
- 3.32** Facilities for education were good. Most classrooms, apart from the art room, were equipped with electronic whiteboards. However, few teachers made good use of information technology to add interest to their classes and help learners keep up to date with technology.
- 3.33** Teachers and instructors confidently challenged the small number of prisoners who used bad language or demonstrated inappropriate behaviour.

Personal development and behaviour

- 3.34** Almost all prisoners behaved very well and had a positive work ethic. They were respectful towards teachers, instructors and each other. They adopted safe working practices and generally enjoyed their work.
- 3.35** Most prisoners arrived at education sessions and workshops promptly and ready to start work. Attendance rates were high, especially in workshops, but a few prisoners could attend

authorised alternative activities instead of education. These absences interrupted their learning and slowed their progress (see paragraph 3.17).

- 3.36** Prisoners in education and vocational training made good progress in developing their English and mathematics skills. Senior prison managers had agreed a policy that prisoners with low-level English and mathematics skills should achieve level 1 qualifications in these subjects as a priority. However, a small minority of prisoners, who had been in the prison before the policy was introduced, had not completed the relevant courses before starting work or education courses in other subjects.
- 3.37** The large number of mentoring jobs provided good opportunities for prisoners to develop new skills and build self-esteem through helping their peers. The training programme for mentors was good and included opportunities for mentors to gain qualifications in mentoring and equality and diversity awareness, and to help people with learning difficulties.
- 3.38** A few prisoners had benefited from training in money management, disclosure letter writing and CV writing on a recent pre-release course, but they had not received sufficient careers advice.

Recommendation

- 3.39 Managers should provide access to careers advice and guidance for prisoners.**

Outcomes and achievements

- 3.40** Achievement on English and mathematics courses was high overall, although lower on some mathematics courses and at level 2. The number of prisoners withdrawing from courses before completion was generally low, although it was higher than in other areas on English and mathematics courses. Prisoners in vocational training achieved good results, and those on prison courses all achieved their awards. There were no significant differences in the outcomes for different groups of prisoners.
- 3.41** Most prisoners' work in education was of a high standard. It was particularly strong in creative arts and courses in English for speakers of other languages. Prisoners with additional learning needs and difficulties were supported well to achieve their qualifications and personal targets, and they made good progress.
- 3.42** The standard of work produced by prisoners in workshops and vocational training was good. Prisoners in the textiles and woodwork workshops worked to exacting targets and deadlines, producing good quality products for other prisons and external customers. In the Braille workshops, prisoners transcribed a range of text books, including foreign language materials, for customers, including the Royal National Institute for Blind People.
- 3.43** Prisoners working on community art projects achieved impressive results. For example, a recent project, led by the writer-in-residence, investigated the battle of El Alamein and its impact, successfully involving around 20 prisoners in research, writing, design and performance activities.

Recommendation

- 3.44 Managers should introduce higher-level qualification opportunities for prisoners employed in the prison workshops to reflect the level of skills they acquire.**

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 limited. There were no formal mechanisms to promote family contact other than family visits and Storybook Dads. This was reflected in our survey, where only 46% of respondents said they had been encouraged by staff to keep in touch with family or friends and only 14% said they received a visit once a week or more.
- 4.2 Partners of Prisoners²⁵ (POPs) provided initial support and refreshments for families in the visitors' centre and main visits room. POPs employed a family services coordinator (FSC) who offered emotional and practical advice to visitors.
- 4.3 The visitors' centre afforded a reasonably welcoming environment for visitors on arrival. POPs had conducted a survey of visitors during 2017 and an action plan had been published which prison managers and the FSC were working towards. Some improvements had been made to the visitors' centre, such as replacement of lockers and furniture.
- 4.4 Visits searching that we observed, particularly of young children, was sensitive and respectful. However, both prisoners and visitors told us that visits often started late. Our observations confirmed that regime slippage and the time taken to search visitors and prisoners could cause delays to advertised start times for some families.
- 4.5 The visits room was reasonably bright and comfortable and there was a small play area for children, although this was not supervised. Staff had knowledge of prisoners who were subject to child protection arrangements. A separate room for high-risk category A prisoners was of reasonable size but bland and unwelcoming.
- 4.6 The atmosphere in the visits room was relaxed and 81% of prisoners in our survey said that their families were treated with respect. However, the perceptions of black and minority ethnic and Muslim prisoners were significantly worse and fewer prisoners felt that their families were treated with respect (55% and 47% respectively) (see paragraph 2.36).
- 4.7 Six extended family days were organised each year, each with a separate focus on children, adults and more recently older prisoners. Extended visits at weekends were available for

²⁵ A registered charity that provides support service to prisoners at all stages of the criminal justice system.

foreign national prisoners. A recent family day had resulted in an alleged security breach, following which prisoners were no longer allowed to leave their seats during family visits. This was disproportionate given that the prisoner responsible had been identified.

Recommendations

- 4.8 The prison should provide a wide range of opportunities for prisoners to rebuild and maintain relationships with their families.**
- 4.9 Visits should start at the advertised time.** (Repeated recommendation 4.47)

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.

- 4.10** The offender management unit (OMU), the assessment and intervention centre (AIC) and the reducing reoffending team were responsible for work to reduce the risk of reoffending. However, there was no strategic oversight or co-ordinated working between these departments and no strategy document explaining joint work to rehabilitate prisoners. The head of reducing reoffending had little contact with the AIC and OMU. Information about individual prisoners was not shared well enough. For example, not all prison departments updated prisoners' electronic case notes (P-NOMIS) and not all offender supervisors could view information which AIC held on a separate database.
- 4.11** The OMU was in a state of transition as the prison implemented the offender management in custody (OMiC) model²⁶. The OMU comprised a department head, hub manager, OMiC project lead, nine prison offender supervisors, a senior probation officer, three probation officers and administrative staff. The probation officers and prison offender supervisors worked together, each with a caseload of about 60 prisoners. There was little difference between the caseloads of prison offender supervisors and probation officers. The lack of suitable interview rooms on the wings made it difficult for OMU staff to discuss offending behaviour and sentence planning with prisoners. No formal rehabilitative one-to-one work took place. Given the high risks presented by the population, community probation officers undertook some offender management work, including reviewing offender assessment system (OASys) assessments.
- 4.12** The quality of OASys assessments was generally good. The complexity of cases was understood and public protection issues were identified, but objectives did not always focus on outcomes. Five prisoners did not have an OASys and a small number of reviews were late.
- 4.13** The implementation of the first phase of OMiC had been largely successful. Each prisoner had been allocated a key worker who spent an average of 1.5 hours a fortnight supporting, mentoring and challenging them. The AIC's helpful 'framework for change' supported key workers with a library of resources and four one-to-one support sessions a year. Training

²⁶ Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new prison officer key workers. The second phase, core offender management, and the introduction of prison offender managers (POM), is being introduced from 2019.

for key workers on working with prisoners denying their offence was to start shortly after the inspection. Key workers encouraged prisoners to identify objectives on a progression plan. Entries on P-NOMIS indicated varying degrees of engagement between prisoners and their case worker, but early signs were promising (see paragraph 2.3). The second phase of OMiC was to begin in September 2019, with more probation officers from the community working in the prison.

- 4.14** Sentence planning meetings were punctual and prisoner focused. The prison's video-link facilities were unfit for purpose and offender managers attended these meetings by telephone, which was a poor substitute.
- 4.15** Work to protect the public was very robust but proportionate. Supervising officers in the security department assessed the risks of all new arrivals using information from a wide range of sources. Assessments were reviewed by a senior probation officer and senior prison manager before being shared with relevant departments in the prison.
- 4.16** Given the serious nature of the prisoners' offences, all sentenced prisoners were potentially subject to multi-agency public protection arrangements (MAPPA) on release. Senior officers in the security department compiled detailed and good quality information reports (MAPPA Fs) about prisoners' behaviour in custody. Three prisoners had been assessed as MAPPA level two and two prisoners as level three and 476 prisoners were subject to safeguarding children restrictions. The quality of MAPPA documentation was reasonably good, with a suitable focus on risk and analysis of prisoners' behaviour. The weekly interdepartmental risk management team meetings were well attended and risks were assessed and managed effectively.
- 4.17** Prisoners were more likely to be re-categorised than at our last inspection. During the previous six months, 22 prisoners had been re-categorised but too many were held in excessively secure conditions for the risks they posed. For example, there were 23 category C and four category D prisoners. Progressive transfers were slow.
- 4.18** In our survey, 60% of prisoners said that their experiences in the prison had made them less likely to offend in the future, which was fairly high. In the last six months, no prisoners had been released on home detention curfew or temporary licence. This was reasonable given the nature of the population.

Recommendations

- 4.19 A rehabilitation strategy should be put in place which sets out how departments across the prison will work together to identify and address the needs of all prisoners.**
- 4.20 Prisoners should be held in the lowest appropriate security conditions. Progressive transfers should be swift.**

Interventions

Expected outcomes:

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

- 4.21** Prisoners could access accredited offending behaviour programmes through the AIC. The range of AIC interventions was targeted towards the needs of the population. The interventions included Kaizen²⁷ for sex offenders and Kaizen for intimate partner violence. These were rolling programmes entailing six to nine months of work; both required prisoners to be ready to change. However, a few prisoners who maintained their innocence were allowed on the programmes if they acknowledged behaviour that needed to be addressed. The senior clinical lead in the AIC carefully managed the inclusion of such prisoners to ensure the integrity of the work. The AIC also delivered the Horizon programme, an intervention for men convicted of a sexual offence who presented a medium risk of reoffending, and the Becoming New Me Plus programme, which was designed for prisoners with learning disabilities and challenges who presented a high or very high risk of reoffending.
- 4.22** AIC staff carried out research and consultancy to understand prisoners' rehabilitative needs, as well as assessing the needs of individuals and the entire population. Low IQ and autistic spectrum disorders were identified as particular problems and there was a high number of deniers. Work to engage deniers had improved but there was still no focused one-to-one work by OMU staff. The AIC encouraged prisoners to use their services through a weekly information desk on the residential units. 'Wayfinders' were prisoners who had completed an offending behaviour programme and had addressed their risks. They provided information about interventions to other prisoners, supported those undertaking interventions and co-delivered the Foundation intervention (a gateway course to more intensive interventions).
- 4.23** A few prisoners received intensive one-to-one interventions from psychologists and specialist interventions from visiting experts. For example, a specialist probation officer delivered the Healthy Identity intervention to a prisoner convicted of terrorist offences.
- 4.24** Many prisoners who denied or minimised their offence required support to change. The AIC trained key workers to motivate such prisoners to prepare them for interventions. However, OMU staff did no formal work to engage with this group.
- 4.25** Little work was done to consolidate learning following the completion of an intervention. Psychologists did not assess and report on those who completed the Horizon and Kaizen interventions. Instead prisoners completed their own evaluation in the form of a journey log. Again, OMU staff did no formal one-to-one consolidation work.

Recommendation

- 4.26** **OMU staff should conduct one-to-one offence-related work which should take place in private interview rooms.**

Good practice

- 4.27** *Wayfinders were prisoners who had successfully completed an offending behaviour programme. They provided information to fellow prisoners about the interventions offered by the prison,*

²⁷ Kaizen is an accredited offending behaviour programme for high or very high-risk adult males, which focuses in particular on prisoners convicted of sexual or violent offences.

supported prisoners who were undertaking a programme, and co-delivered the Foundation programme (a gateway course to more intensive 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.

- 4.28** Few prisoners were released directly from the prison and only 18 had been released in the previous six months. There was no structured work to address prisoners' finance, benefit, debt and accommodation needs. Despite this, pre-release planning was thorough, focused on public protection and generally met men's needs, although the prison struggled to help people who needed to open a bank account. Community offender managers arranged accommodation for prisoners being released, usually into approved premises. The resettlement pathways strategy document was helpful and focused on preparing prisoners to settle into long sentences rather than release, which was appropriate. The prison pathway leads met once a month. In addition to the seven standard pathways, the prison had identified a further two: faith and spirituality, and enabling. Each pathway was risk assessed to calibrate its importance for the population.

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 recommendation

To the Prisons Minister

- 5.1** The Ministry of Justice should work with the Department of Health to ensure that – following repeated recommendations and concerns expressed by this Inspectorate and others, including the Public Accounts Committee – effective action is taken to complete transfers under the Mental Health Act within the target time of 14 days. (S37)

Main recommendation

To HM Prison and Probation Service and the governor

- 5.2** Prisoners should not be held in the segregation unit for excessive periods. Achievable exit plans should be developed and implemented. (S37)

Main recommendation

To the governor

- 5.3** There should be sufficient, fully used education, training and work activities to occupy the population fully. (S38)

Recommendations

Early days in custody

- 5.4** Prisoners on escort should be offered toilet breaks at least once every 2.5 hours and this should be recorded. (1.5, repeated recommendation 1.4)
- 5.5** Peer support should be available in reception. (1.6)
- 5.6** All new prisoners should be able to make a telephone call in reception, subject to considerations of public protection. (1.7)
- 5.7** First night observations should be carried out and recorded for all new arrivals and for prisoners whose circumstances have changed. (1.8)

Managing behaviour

- 5.8** A violence reduction action plan should specify how safety priorities will be achieved. It should include a commitment to investigate and address prisoners' perceptions of violent and antisocial incidents. (1.18)

- 5.9** Senior managers and representatives from relevant departments should attend the safer prison meeting. (1.19)
- 5.10** The quarterly adjudication standardisation meeting should be well attended and should focus on understanding adjudication trends over time. (1.24)
- 5.11** Quality assurance of adjudications should be conducted regularly and identified areas of learning discussed with adjudicators. This process should be documented. (1.25)
- 5.12** There should be regular management scrutiny of completed use of force paperwork, including all incidents of baton use. (1.31)
- 5.13** All incidents of force captured on handheld or body-worn video cameras should be routinely downloaded, retained and reviewed by managers. (1.32)
- 5.14** Prisoners should spend only the minimum time required in special accommodation and there should be clear evidence in all cases to justify its use. (1.33)
- 5.15** Showers should be offered each day to all segregated prisoners. (1.42)
- 5.16** Level three unlocking procedures should be used as little as possible, and always be subject to initial authorisation by a senior manager with daily reviews based on presenting behaviour and demonstrations of compliance with staff and the unit regime. Authorisation and reviews should be recorded. (1.43)

Security

- 5.17** Prisoners should only be placed on closed visits in response to visits-related activities. (1.51)

Safeguarding

- 5.18** All prisoners should be able to see Listeners when required unless risk assessment indicates otherwise. (1.58)
- 5.19** The governor should re-establish links with the local director of adult social services and the local safeguarding adults board to develop local safeguarding processes. (1.60)

Daily life

- 5.20** Toilets and showers should be adequately screened. (2.10)
- 5.21** The evening meal should not be served before 5pm. (2.15)
- 5.22** There should be no administration charge for catalogue orders. (2.16, repeated recommendation 2.107)
- 5.23** Responses to applications should be tracked and monitored to ensure timeliness and focus on the matters raised. (2.23)

Equality, diversity and faith

- 5.24** The prisoner equality action group should analyse local data to identify potential disadvantage to minority groups, decide on actions to be taken and monitor the outcomes of these actions. (2.33)

- 5.25** The prisoner equality action group should include external representation and scrutiny of DIRFs. (2.34, repeated recommendation 2.24)
- 5.26** Managers should investigate and address, together with black and minority ethnic prisoners, the significantly poorer perceptions of their treatment at Wakefield. (2.44, repeated recommendation 2.31)
- 5.27** A needs analysis of older prisoners should be conducted to ensure that they have equal access to all aspects of the regime to support social integration. (2.45)

Health, well-being and social care

- 5.28** All clinical environments should comply with infection control standards. (2.62)
- 5.29** Patients should not have to wait for extended periods before and after their appointments in the health centre. (2.63, repeated recommendation 2.62)
- 5.30** Health promotion material should be readily available on the wings. (2.67)
- 5.31** Condoms should be well promoted. (2.68)
- 5.32** Information sharing between health and prison staff should be sufficiently detailed to identify potential risk and enable good multidisciplinary care. (2.80)
- 5.33** The inpatient unit should only accommodate prisoners with identified clinical need and offer a clinically therapeutic environment. (2.81)
- 5.34** Social care assessments should be completed promptly. (2.87)
- 5.35** Individual care plans should be in place for all prisoners in receipt of social care. (2.88)
- 5.36** There should be a full range of therapeutic options, including access to psychology and counselling services. (2.98)
- 5.37** Prisoners should receive their medicines in a confidential area, where they cannot see or hear what is being given to others. (2.112)
- 5.38** Medicines should be stored securely and at correct temperatures. (2.113)
- 5.39** Current guidance on tracking of medicated patch placement should be adhered to. (2.114)
- 5.40** Dental services should meet infection control requirements. (2.119)
- 5.41** Dental equipment should always be stored safely and securely. (2.120)

Time out of cell

- 5.42** Unlock times should reflect the published core day. (3.10)
- 5.43** All prisoners should have access to at least one hour of exercise in the open air each day. (3.11)

Education, skills and work activities

- 5.44** Managers should coordinate activities to reduce the number of authorised absences from education. (3.23)
- 5.45** Managers should evaluate the quality of teaching and learning in the workshops to help instructors improve the provision. (3.24)
- 5.46** Managers should provide access to careers advice and guidance for prisoners. (3.39)
- 5.47** Managers should introduce higher-level qualification opportunities for prisoners employed in the prison workshops to reflect the level of skills they acquire. (3.44)

Children and families and contact with the outside world

- 5.48** The prison should provide a wide range of opportunities for prisoners to rebuild and maintain relationships with their families. (4.8)
- 5.49** Visits should start at the advertised time. (4.9, repeated recommendation 4.47)

Reducing risk, rehabilitation and progression

- 5.50** A rehabilitation strategy should be put in place which sets out how departments across the prison will work together to identify and address the needs of all prisoners. (4.19)
- 5.51** Prisoners should be held in the lowest appropriate security conditions. Progressive transfers should be swift. (4.20)

Interventions

- 5.52** OMU staff should conduct one-to-one offence-related work which should take place in private interview rooms. (4.26)

Examples of good practice

- 5.53** The use of a scanner to test incoming mail for illicit substances helped to reduce the number of drugs entering the prison. (1.52)
- 5.54** The range of consultation groups was impressive and enabled staff and prisoners to work together to encourage a sense of community in the prison. (2.24)
- 5.55** The local information-sharing protocol, known as 'This is Me', provided impressive support to prisoners with learning disabilities and those identified with autism spectrum disorders. (2.46)
- 5.56** The Dialogue and Appreciation programme and subsequent World Café events were an effective way of creating understanding among prisoners across a range of subjects. (2.51)
- 5.57** The palliative care suite had received Macmillan Quality Environment Mark accreditation. The end of life care pathways and provision for terminally ill prisoners offered dignified patient-focused care in a complex environment. (2.82)

- 5.58** The introduction of welfare checks by health care support workers was a positive initiative which improved proactive care for prisoners and promoted good communication with wing officers. (2.89)
- 5.59** The PE induction package resulted in a bespoke and regularly reviewed training plan, and included accredited British Heart Foundation 'Call, Push, Rescue' life-saving training. (3.12)
- 5.60** Wayfinders were prisoners who had successfully completed an offending behaviour programme. They provided information to fellow prisoners about the interventions offered by the prison, supported prisoners who were undertaking a programme, and co-delivered the Foundation programme (a gateway course to more intensive programmes). (4.27)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Kam Sarai	Inspector
Ian Dickens	Inspector
Karen Dillon	Inspector
Tamara Pattinson	Inspector
Liz Walsh	Lead health and social care inspector
Steve Eley	Healthcare inspector
Tania Osborne	Head of health and social care inspection
Jo MacDonald	CQC inspector
Aileen Beatty	CQC adult social care inspector
Sue Melvin	Pharmacy inspector
Ruth Johnson	HMI Probation inspector
Steve Oliver-Watts	Lead Ofsted inspector
Gerard McGrath	Ofsted inspector
Keith Hughes	Ofsted inspector
Patricia Taflan	Researcher
Emily Spilman	Researcher
Beth Wilson	Researcher
Tamara al Janabi	Researcher

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 2014, escorts were split between the contractor for category B prisoners, and Prison Service escorts for category A prisoners. Prisoners said they were treated reasonably well during these escorts. Reception, first night and induction arrangements were mainly good. More prisoners than previously reported felt unsafe and victimised. Despite this, the prison felt calm and ordered, although a more challenging population mix meant greater vigilance was required. Levels of self-harm were not high, and the care provided for vulnerable and at risk prisoners was generally good, although formal adult safeguarding arrangements were underdeveloped. Security was very well managed and appropriate to a high security prison. Incentives and earned privileges arrangements were reasonably well applied. Adjudications were fair. Use of force was authorised appropriately, well monitored and used infrequently. However, F wing remained poor and not enough was being done to mitigate the effects of a long stay there. Level three special unlocking arrangements were extreme and needed better governance. The prison had focused on reducing trading in prescribed medications. Substance misuse provision was good, but some elements were in transition. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

The regime for prisoners should be improved and include purposeful activities to help prevent psychological deterioration and formal individual care planning to focus on reintegrating prisoners back into the mainstream prison. (S44)

Not achieved

Individual risk assessments should be reviewed every day for prisoners on level three unlocking protocols. Formal reviews should be carried out by senior managers and authorisation should be recorded. (S45)

Not achieved

Recommendations

Prisoners on escort should be offered toilet breaks at least once every 2.5 hours and this should be recorded. (I.4)

Not achieved (Recommendation repeated, I.5)

The induction process should ensure all prisoners complete the course quickly and on time. (I.12)

Achieved

Data on violence, victimisation and self-harm should be more rigorously collected, analysed and discussed with prisoners so that prisoners' perceptions of safety can be better understood. Residential managers should be part of this process. (1.20)

Partially achieved

ACCT case managers should be consistent to ensure continuity in risk management and in the support they provide. (1.28)

Partially achieved

Samaritans telephones should be available for immediate use in all residential areas. (1.29)

Achieved

The use of safer cells, gated cells and strip-clothing should be authorised by a governor grade in writing, and closely monitored. (1.30)

Achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.33)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2014, living conditions were good and prisoners had good access to amenities. Staff-prisoner relationships had improved since the previous inspection and were mostly very respectful. Equality and diversity work was reasonably well developed but black and minority ethnic prisoners' negative perceptions and care needs of prisoners with disabilities were not well understood. Faith provision was good and complaints reasonably well managed. The demand for legal services was limited. Health services were very good. Prisoners complained about the quality of the food. However, they valued the wing-based cooking facilities, although these needed to be improved. Canteen arrangements were adequate. Outcomes for prisoners were good against this healthy prison test.

Recommendations

The prison and the contracted psychosocial service providers should establish a contingency that ensures continued service provision during the transition to the new staff team. (1.70)

No longer relevant

In-cell toilets should be adequately screened. (2.9)

Not achieved

The prisoner equality action group should include external representation and scrutiny of DIRFs. (2.24)

Not achieved (Recommendation repeated, 2.34)

Managers should investigate and address, together with black and minority ethnic prisoners, the significantly poorer perceptions of their treatment at Wakefield. (2.31)

Not achieved (Recommendation repeated, 2.44)

Provision to meet the needs of older and infirm prisoners should be developed further; a review of the carers scheme should take place to ensure that social care needs are identified and action is taken and recorded in care plans. (2.32)

Achieved

Clinical governance needed to improve; reporting systems and analysis should be integrated, as should a strategy to promote health and wellbeing and staff should receive clinical supervision. (2.61)

Achieved

Patients should not have to wait for long periods before and after their appointments in the health centre. (2.62)

Not achieved (Recommendation repeated, 2.63)

The health care centre and in-patient unit should be refurbished. (2.63)

Not achieved

The complaints system should preserve medical confidentiality. (2.64)

Achieved

The waiting time to see an optician should be equivalent to that in the community. (2.72)

Achieved

The practice of operating two medicine administration rounds simultaneously from one hatch should end and queues for the collection and administration of medicines should be adequately supervised. (2.78)

Partially achieved

The dental suite should comply with contemporary standards of infection control. (2.84)

Not achieved

X-ray emissions should be regularly checked to ensure they are safe. (2.85)

Achieved

There should be sufficient therapy space to offer a full range of therapeutic options, including professional counselling, for those who required it. (2.92)

Partially achieved

Transfers of patients under the Mental Health Act should be completed expeditiously and within the contemporary target time. (2.93)

Not achieved

Consultation arrangements should include residential managers and representatives from minority groups. (2.100)

Achieved

The wing kitchens should be properly equipped so that prisoners can cater for themselves effectively. (2.101)

Not achieved

The canteen list should be amended to include frozen and fresh produce. (2.105)

Achieved

The prison should investigate why prisoners with disabilities have a negative view of the range of goods. (2.106)

Achieved

There should be no administration charge for catalogue orders. (2.107)

Not achieved (Recommendation repeated, 2.16)

Purposeful activity

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

At the last inspection in 2014, time out of cell was reasonable for fully employed prisoners, but too many were locked up during the working day. Teaching and leadership and management of learning skills required improvement, but progress was being made. A significant shortfall in the number of activity places was being addressed but many prisoners were unemployed or under-occupied. Education was somewhat limited and achievements in key areas were not good enough. The range and achievements in vocational training were better. The library and gym provided some good opportunities, but access to the gym was limited. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

The amount and range of education and work provision should be increased, including for category A prisoners, and should be broadly sufficient to fully occupy the population. (S46)

Partially achieved

Recommendations

All prisoners should be offered a minimum of one hour's exercise in the open air every day. (3.5)

Not achieved

All prisoners should be able to access a full activity programme. (3.6)

Not achieved

Managers should focus on producing evaluative self-assessments at all levels of learning, skills and work; they should provide a holistic overview of evidence-based strengths and areas for improvement, particularly in teaching, learning and outcomes for learners. (3.13)

Achieved

The findings of self-assessment should feed directly into prioritised, specific and time-bound action planning strongly focused on improving learners' outcomes and achievements. (3.14)

Achieved

The approach to, and structure of, observations of teaching and learning should be harmonised; the outcomes of observations should be used to drive improvements in teaching, learning and assessment. (3.15)

Partially achieved

Teachers should differentiate teaching strategies and learning resources to challenge and reflect learners' differing abilities, prior experience and age. (3.28)

Achieved

English and mathematics short courses should be planned to enable learners to broaden their knowledge and develop the skills they need to be successful in examinations. (3.29)

Achieved

Equality and diversity, and English and mathematics should be promoted more effectively and consistently outside functional skills lessons. (3.30)

Achieved

Teachers should plan better how they deploy peer mentors in lessons to maximise support for prisoners with specific learning needs. (3.31)

Achieved

Employability skills qualifications should be extended to all prisoners at work. (3.36)

Achieved

Managers should substantially reduce the number of PE and gym sessions cancelled by ensuring that a sufficient number of staff are available to operate the facilities as scheduled. (3.45)

Achieved

NCS managers should ensure that advice and guidance arrangements for prisoners prior to release are reviewed and improved and action plans are effective. (4.34)

No longer relevant

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 2014, some positive initiatives were being developed to enhance important elements of resettlement. Nearly all prisoners held were serving very long sentences, including some with whole life tariffs and the concept of 'settlement' was being appropriately developed to work with them. Offender management arrangements were strong overall, although the prison did not have specific outcomes-based targets. Public protection work was robust. There were delays in some category B prisoners getting progressive moves to other prisons. Indeterminate prisoners were well managed. Resettlement support for the small number of prisoners released each year was good. Most of the resettlement pathway services were appropriate and generally well managed but employment, training and education required further development. Visits and children and families support were reasonable overall. The prison offered an appropriate range of interventions. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Prisoners should be seen regularly by their OS to review progress, provide a sense of whether progress was being made, and discuss future plans. (4.17)

Partially achieved

Sentence plan objectives should be focused on outcomes. (4.18)

Not achieved

Managers should review the provision of reception telephone calls to ensure that prisoners' risks are effectively identified and managed. (4.25)

Achieved

Visits should start at the advertised time. (4.47)

Not achieved (Recommendation repeated, 4.9)

Appendix III: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced	0	697	98.3
Recall	0	9	1.3
Convicted un-sentenced	0	1	0.1
Remand	0	2	0.3
Civil prisoners	0	0	0
Detainees	0	0	0
Total	0	709	

Sentence	18–20 yr olds	21 and over	%
Un-sentenced	0	3	0.4
Less than six months	0	0	0
six months to less than 12 months	0	0	0
12 months to less than 2 years	0	0	0
2 years to less than 4 years	0	1	0.1
4 years to less than 10 years	0	19	2.7
10 years and over (not life)	0	316	44.6
ISPP (indeterminate sentence for public protection)	0	57	8.0
Life	0	313	52.2
Total	0	709	

Age	Number of prisoners	%
Please state minimum age here:	22	
Under 21 years	0	0
21 years to 29 years	55	7.8
30 years to 39 years	167	23.6
40 years to 49 years	151	21.3
50 years to 59 years	170	24
60 years to 69 years	109	15.4
70 plus years	57	8.0
Please state maximum age here: 70	91	
Total	709	

Nationality	18–20 yr olds	21 and over	%
British	0	641	90.4
Foreign nationals	0	68	9.6
Total	0	709	

Security category	18–20 yr olds	21 and over	%
Uncategorised un-sentenced	0	0	0
Uncategorised sentenced	0	0	0
High Risk Cat A	0	4	0.6
Provisional Cat A	0	10	1.4
Category A	0	133	18.8
Category B	0	535	75.5
Category C	0	23	3.2
Category D	0	4	0.6
Other	0	0	0
Total	0	709	

Ethnicity	18–20 yr olds	21 and over	%
White			
British	0	532	75
Irish	0	9	1.3
Gypsy/Irish Traveller	0	6	0.8
Other white	0	26	3.7
Mixed			
White and black Caribbean	0	7	1.0
White and black African	0	2	0.3
White and Asian	0	2	0.3
Other mixed	0	9	1.3
Asian or Asian British			
Indian	0	9	1.3
Pakistani	0	26	3.7
Bangladeshi	0	12	1.7
Chinese	0	1	0.1
Other Asian	0	18	2.5
Black or black British			
Caribbean	0	16	2.3
African	0	9	1.3
Other black	0	13	1.8
Other ethnic group			
Arab	0	2	0.3
Other ethnic group	0	6	0.8
Not stated	0	4	0.6
Total	0	709	

Religion	18–20 yr olds	21 and over	%
Baptist	0	1	0.1
Church of England	0	136	19.2
Roman Catholic	0	123	17.3
Other Christian denominations	0	109	15.4
Muslim	0	102	14.4
Sikh	0	3	0.4
Hindu	0	3	0.4
Buddhist	0	28	3.9
Jewish	0	8	1.1
Other	0	44	6.2
No religion	0	152	21.4
Total	0	709	

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	0	13	1.7
Non Veteran	0	696	98.3
Total	0	709	

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	12	1.7
1 month to 3 months	0	0	26	3.7
3 months to six months	0	0	36	5.1
six months to 1 year	0	0	72	10.2
1 year to 2 years	0	0	129	18.2
2 years to 4 years	0	0	136	19.2
4 years or more	0	0	290	40.9
Total	0	0	709	

Sentenced prisoners only

	18–20 yr 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	

Un-sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	1	33.3
1 month to 3 months	0	0	1	33.3
3 months to six months	0	0	1	33.3
six months to 1 year	0	0	0	0
1 year to 2 years	0	0	0	0
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	0	0	3	

Main offence	18–20 yr olds	21 and over	%
Violence against the person	0	256	36.10
Sexual offences	0	427	60.23
Burglary	0	2	0.28
Robbery	0	13	1.83
Theft and handling	0	0	0
Fraud and forgery	0	0	0
Drugs offences	0	5	0.71
Other offences	0	6	0.85
Civil offences	0	0	0
Offence not recorded/holding warrant	0	0	0
Total		709	100

Appendix IV: Prisoner survey methodology and results

Prisoner survey methodology

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

HMIP researchers have developed a self-completion questionnaire to support HMIP 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 prison²⁸.

The questionnaire is available in 14 languages and can also be administered via a telephone interpreting 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 HMIP researchers from a P-NOMIS prisoner population print-out ordered by cell location. Using a power calculation, HMIP researchers calculate the minimum sample size required to ensure that the survey findings are representative of the entire population of the establishment.²⁹

Distributing and collecting questionnaires

HMIP researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent³⁰ to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity. 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 11 June 2018 the prisoner population at HMP Wakefield was 706. Using the sampling method described above, questionnaires were distributed to 209 prisoners. We received a total of 174 completed questionnaires, a response rate of 83%. This included three questionnaires completed via face-to-face interview. Twenty-one prisoners declined to participate in the survey and 14 questionnaires were either not returned at all, or returned blank.

²⁸ Qualitative analysis of these written comments is undertaken by HMIP researchers and used by inspectors.

²⁹ 95% confidence interval with a 7% margin of error. The formula assumes a 75% response rate (65% in open establishments).

³⁰ For further information about the ethical principles which underpin our survey methodology, please see 'Ethical principles for research activities' which can be downloaded from HMIP's 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 Wakefield. For the comparator analyses, each question was reformulated into a binary ‘yes/no’ format and affirmative responses compared.³¹ Missing responses have been excluded from all analyses and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

Full survey results

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

Responses from HMP Wakefield 2018 compared with those from other HMIP surveys³²

- Survey responses from HMP Wakefield in 2018 compared with survey responses from the most recent inspection at all other high security prisons.
- Survey responses from HMP Wakefield in 2018 compared with survey responses from HMP Wakefield in 2014.

Comparisons between sub-populations of prisoners within HMP Wakefield 2018³³

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

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.³⁴

In the comparator analyses, statistically significant³⁵ differences are indicated by shading. 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 are no valid comparative data for that question.

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

³¹ Using the Chi-square test (or Fisher’s exact test if there are fewer than five responses in a group).

³² 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.

³³ These analyses are carried out on summary data from selected survey questions only.

³⁴ A minimum of 10 responses which must also represent at least 10% of the total response.

³⁵ 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.

Background information

I.1	What wing or houseblock are you currently living on?	
	A Wing.....	47 (27%)
	B Wing.....	35 (20%)
	C Wing.....	42 (24%)
	D Wing.....	43 (25%)
	Segregation unit.....	6 (3%)
	Health care unit.....	1 (1%)
I.2	How old are you?	
	Under 21	1 (1%)
	21 - 25.....	4 (2%)
	26 - 29.....	5 (3%)
	30 - 39.....	35 (21%)
	40 - 49.....	37 (22%)
	50 - 59.....	36 (21%)
	60 - 69.....	35 (21%)
	70 or over.....	16 (9%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British.....	129 (76%)
	White - Irish.....	0 (0%)
	White - Gypsy or Irish Traveller.....	0 (0%)
	White - any other White background.....	4 (2%)
	Mixed - White and Black Caribbean.....	5 (3%)
	Mixed - White and Black African.....	1 (1%)
	Mixed - White and Asian.....	1 (1%)
	Mixed - any other Mixed ethnic background.....	1 (1%)
	Asian/ Asian British - Indian.....	0 (0%)
	Asian/ Asian British - Pakistani.....	9 (5%)
	Asian/ Asian British - Bangladeshi.....	5 (3%)
	Asian/ Asian British - Chinese.....	0 (0%)
	Asian - any other Asian Background.....	1 (1%)
	Black/ Black British - Caribbean.....	5 (3%)
	Black/ Black British - African.....	1 (1%)
	Black - any other Black/ African/ Caribbean background.....	1 (1%)
	Arab.....	2 (1%)
	Any other ethnic group.....	4 (2%)
I.4	How long have you been in this prison?	
	Less than 6 months.....	11 (7%)
	6 months or more.....	153 (93%)
I.5	Are you currently serving a sentence?	
	Yes.....	165 (98%)
	Yes - on recall.....	1 (1%)
	No - on remand or awaiting sentence.....	2 (1%)
	No - immigration detainee.....	0 (0%)

1.6 How long is your sentence?

Less than 6 months.....	0 (0%)
6 months to less than 1 year.....	0 (0%)
1 year to less than 4 years.....	0 (0%)
4 years to less than 10 years.....	18 (11%)
10 years or more.....	80 (47%)
IPP (indeterminate sentence for public protection).....	13 (8%)
Life.....	56 (33%)
Not currently serving a sentence.....	2 (1%)

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

Yes.....	23 (14%)
No.....	140 (83%)
Don't remember.....	6 (4%)

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

Less than 2 hours.....	85 (50%)
2 hours or more.....	63 (37%)
Don't remember.....	21 (12%)

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

Yes.....	137 (82%)
No.....	20 (12%)
Don't remember.....	11 (7%)

2.4 Overall, how were you treated in reception?

Very well.....	48 (28%)
Quite well.....	90 (53%)
Quite badly.....	12 (7%)
Very badly.....	18 (11%)
Don't remember.....	3 (2%)

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

Problems getting phone numbers.....	46 (27%)
Contacting family.....	37 (22%)
Arranging care for children or other dependants.....	4 (2%)
Contacting employers.....	1 (1%)
Money worries.....	20 (12%)
Housing worries.....	9 (5%)
Feeling depressed.....	66 (39%)
Feeling suicidal.....	17 (10%)
Other mental health problems.....	28 (16%)
Physical health problems.....	31 (18%)
Drug or alcohol problems (e.g. withdrawal).....	5 (3%)
Problems getting medication.....	29 (17%)
Needing protection from other prisoners.....	10 (6%)
Lost or delayed property.....	39 (23%)
Other problems.....	18 (11%)
Did not have any problems.....	41 (24%)

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

Yes.....	48 (30%)
No.....	73 (45%)
Did not have any problems when I first arrived.....	41 (25%)

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.....	75 (45%)
Toiletries / other basic items	100 (60%)
A shower.....	66 (39%)
A free phone call	48 (29%)
Something to eat	118 (70%)
The chance to see someone from health care	79 (47%)
The chance to talk to a Listener or Samaritans.....	41 (24%)
Support from another prisoner (e.g. Insider or buddy).....	78 (46%)
Wasn't offered any of these things	13 (8%)

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

Very clean	18 (11%)
Quite clean	89 (53%)
Quite dirty	32 (19%)
Very dirty	24 (14%)
Don't remember	4 (2%)

3.3 Did you feel safe on your first night here?

Yes	113 (67%)
No.....	50 (30%)
Don't remember	6 (4%)

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

	Yes	No	Don't remember
Access to the prison shop / canteen?	63 (39%)	86 (53%)	12 (7%)
Free PIN phone credit?	28 (19%)	105 (73%)	11 (8%)
Numbers put on your PIN phone?	59 (41%)	78 (55%)	6 (4%)

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

Yes	83 (51%)
No.....	71 (43%)
Have not had an induction.....	10 (6%)

On the wing

4.1 Are you in a cell on your own?

Yes.....	169 (99%)
No, I'm in a shared cell or dormitory.....	1 (1%)

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

Yes.....	58 (35%)
No.....	69 (41%)
Don't know.....	39 (23%)
Don't have a cell call bell.....	1 (1%)

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

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	150 (90%)	17 (10%)	0 (0%)
Can you shower every day?	159 (95%)	8 (5%)	0 (0%)
Do you have clean sheets every week?	154 (94%)	9 (5%)	1 (1%)
Do you get cell cleaning materials every week?	114 (69%)	50 (30%)	1 (1%)
Is it normally quiet enough for you to relax or sleep at night?	99 (62%)	59 (37%)	2 (1%)
Can you get your stored property if you need it?	50 (33%)	44 (29%)	59 (39%)

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

Very clean	25 (15%)
Quite clean	97 (59%)
Quite dirty	35 (21%)
Very dirty	7 (4%)

Food and canteen**5.1 What is the quality of food like in this prison?**

Very good	7 (4%)
Quite good	74 (45%)
Quite bad	52 (32%)
Very bad	32 (19%)

5.2 Do you get enough to eat at mealtimes?

Always	33 (19%)
Most of the time	58 (34%)
Some of the time	58 (34%)
Never	21 (12%)

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

Yes	104 (62%)
No	63 (38%)
Don't know	1 (1%)

Relationships with staff**6.1 Do most staff here treat you with respect?**

Yes	137 (80%)
No	34 (20%)

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

Yes	128 (79%)
No	35 (21%)

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

Yes	85 (51%)
No	83 (49%)

6.4	How helpful is your personal or named officer?	
	Very helpful.....	45 (27%)
	Quite helpful.....	50 (30%)
	Not very helpful	39 (23%)
	Not at all helpful.....	16 (10%)
	Don't know.....	16 (10%)
	Don't have a personal / named officer	2 (1%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly.....	19 (11%)
	Sometimes.....	62 (37%)
	Hardly ever.....	81 (48%)
	Don't know.....	6 (4%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes.....	73 (44%)
	No.....	92 (56%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change.....	46 (27%)
	Yes, but things don't change.....	79 (46%)
	No.....	33 (19%)
	Don't know.....	12 (7%)

Faith

7.1	What is your religion?	
	No religion.....	42 (26%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations).....	68 (42%)
	Buddhist.....	7 (4%)
	Hindu.....	0 (0%)
	Jewish.....	2 (1%)
	Muslim.....	24 (15%)
	Sikh.....	0 (0%)
	Other	20 (12%)
7.2	Are your religious beliefs respected here?	
	Yes.....	82 (50%)
	No.....	26 (16%)
	Don't know.....	15 (9%)
	Not applicable (no religion).....	42 (25%)
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	
	Yes.....	93 (56%)
	No.....	17 (10%)
	Don't know.....	14 (8%)
	Not applicable (no religion).....	42 (25%)
7.4	Are you able to attend religious services, if you want to?	
	Yes.....	111 (66%)
	No.....	11 (7%)
	Don't know.....	3 (2%)
	Not applicable (no religion).....	42 (25%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	77 (46%)
	No	92 (54%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	96 (56%)
	No	74 (44%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	162 (98%)
	No	4 (2%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	15 (9%)
	Quite easy	34 (20%)
	Quite difficult	37 (22%)
	Very difficult	64 (39%)
	Don't know	16 (10%)
8.5	How often do you have visits from family or friends?	
	More than once a week	2 (1%)
	About once a week	21 (13%)
	Less than once a week	77 (47%)
	Not applicable (don't get visits)	65 (39%)
8.6	Do visits usually start and finish on time?	
	Yes	41 (43%)
	No	54 (57%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	77 (81%)
	No	18 (19%)

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	91 (54%)
	Yes, but these times are not usually kept to	70 (41%)
	No	8 (5%)
9.2	How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?	
	Less than 2 hours	19 (11%)
	2 to 6 hours	59 (36%)
	6 to 10 hours	63 (38%)
	10 hours or more	16 (10%)
	Don't know	9 (5%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	14 (8%)
	2 to 6 hours	96 (57%)
	6 to 10 hours	50 (30%)
	10 hours or more	1 (1%)
	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		0 (0%)
	1 or 2		17 (10%)
	3 to 5.....		30 (18%)
	More than 5.....		117 (69%)
	Don't know.....		5 (3%)
9.5	How many days in a typical week do you get association, if you want it?		
	None		7 (4%)
	1 or 2		5 (3%)
	3 to 5.....		7 (4%)
	More than 5.....		147 (85%)
	Don't know.....		6 (3%)
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?		
	None		6 (4%)
	1 or 2		16 (10%)
	3 to 5.....		19 (12%)
	More than 5.....		111 (67%)
	Don't know.....		13 (8%)
9.7	Typically, how often do you go to the gym?		
	Twice a week or more		41 (24%)
	About once a week.....		27 (16%)
	Less than once a week.....		5 (3%)
	Never		96 (57%)
9.8	Typically, how often do you go to the library?		
	Twice a week or more		32 (19%)
	About once a week.....		74 (44%)
	Less than once a week.....		28 (17%)
	Never		33 (20%)
9.9	Does the library have a wide enough range of materials to meet your needs?		
	Yes		103 (62%)
	No.....		29 (18%)
	Don't use the library		33 (20%)

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?			
	Yes.....		146 (85%)	
	No.....		21 (12%)	
	Don't know.....		4 (2%)	
10.2	If you have made any applications here, please answer the questions below:			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	98 (64%)	52 (34%)	3 (2%)
	Are applications usually dealt with within 7 days?	58 (38%)	90 (60%)	3 (2%)
10.3	Is it easy for you to make a complaint?			
	Yes		133 (79%)	
	No.....		20 (12%)	
	Don't know.....		16 (9%)	

10.4	If you have made any complaints here, please answer the questions below:			
		Yes	No	Not made any complaints
	Are complaints usually dealt with fairly?	35 (23%)	81 (54%)	33 (22%)
	Are complaints usually dealt with within 7 days?	43 (29%)	71 (48%)	33 (22%)
10.5	Have you ever been prevented from making a complaint here when you wanted to?			
	Yes			25 (16%)
	No.....			110 (70%)
	Not wanted to make a complaint.....			23 (15%)
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?	83 (51%)	30 (19%)	27 (17%)
	Attend legal visits?	82 (52%)	17 (11%)	38 (24%)
	Get bail information?	12 (9%)	10 (7%)	54 (39%)
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?			
	Yes			83 (49%)
	No.....			62 (37%)
	Not had any legal letters			23 (14%)

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	19 (11%)	41 (24%)	69 (41%)	31 (18%)
	Nurse	36 (22%)	78 (47%)	33 (20%)	12 (7%)
	Dentist	17 (10%)	50 (30%)	49 (30%)	36 (22%)
	Mental health workers	17 (11%)	37 (23%)	25 (16%)	30 (19%)
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	34 (20%)	90 (53%)	20 (12%)	12 (7%)
	Nurse	33 (20%)	88 (53%)	23 (14%)	15 (9%)
	Dentist	31 (19%)	67 (41%)	27 (16%)	11 (7%)
	Mental health workers	22 (14%)	36 (23%)	17 (11%)	18 (12%)
11.3	Do you have any mental health problems?				
	Yes				64 (38%)
	No.....				105 (62%)
11.4	Have you been helped with your mental health problems in this prison?				
	Yes				38 (22%)
	No.....				28 (16%)
	Don't have any mental health problems.....				105 (61%)

11.5	What do you think of the overall quality of the health services here?	
	Very good	18 (11%)
	Quite good	80 (48%)
	Quite bad	37 (22%)
	Very bad	22 (13%)
	Don't know.....	9 (5%)

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	68 (40%)
	No.....	102 (60%)
12.2	If you have a disability, are you getting the support you need?	
	Yes	33 (20%)
	No.....	30 (18%)
	Don't have a disability	102 (62%)
12.3	Have you been on an ACCT in this prison?	
	Yes	37 (23%)
	No.....	124 (77%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes	18 (11%)
	No.....	21 (13%)
	Have not been on an ACCT in this prison.....	124 (76%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	51 (30%)
	Quite easy	54 (32%)
	Quite difficult	7 (4%)
	Very difficult	3 (2%)
	Don't know.....	54 (32%)
	No Listeners at this prison	1 (1%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	21 (12%)
	No.....	149 (88%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	15 (9%)
	No.....	6 (4%)
	Did not / do not have an alcohol problem	149 (88%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	17 (10%)
	No.....	152 (90%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	6 (4%)
	No.....	160 (96%)

13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	11 (7%)
	No	158 (93%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	13 (8%)
	No	8 (5%)
	Did not / do not have a drug problem.....	142 (87%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	29 (18%)
	Quite easy	22 (14%)
	Quite difficult	2 (1%)
	Very difficult	4 (2%)
	Don't know.....	105 (65%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	6 (4%)
	Quite easy	18 (11%)
	Quite difficult	8 (5%)
	Very difficult	13 (8%)
	Don't know.....	117 (72%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	95 (56%)
	No	74 (44%)
14.2	Do you feel unsafe now?	
	Yes	41 (25%)
	No	120 (75%)
14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)	
	Verbal abuse	75 (47%)
	Threats or intimidation.....	55 (35%)
	Physical assault.....	27 (17%)
	Sexual assault.....	13 (8%)
	Theft of canteen or property.....	55 (35%)
	Other bullying / victimisation	39 (25%)
	Not experienced any of these from prisoners here.....	60 (38%)
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	76 (48%)
	No	81 (52%)

14.5	Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)	
	Verbal abuse	56 (35%)
	Threats or intimidation.....	39 (24%)
	Physical assault.....	8 (5%)
	Sexual assault.....	4 (2%)
	Theft of canteen or property.....	8 (5%)
	Other bullying / victimisation	30 (19%)
	Not experienced any of these from staff here.....	81 (50%)

14.6	If you were being bullied / victimised by staff here, would you report it?	
	Yes	92 (58%)
	No.....	66 (42%)

Behaviour management

15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	
	Yes	61 (38%)
	No.....	84 (52%)
	Don't know what the incentives / rewards are	16 (10%)

15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	
	Yes	77 (46%)
	No.....	63 (38%)
	Don't know.....	20 (12%)
	Don't know what this is	6 (4%)

15.3	Have you been physically restrained by staff in this prison in the last 6 months?	
	Yes	9 (5%)
	No.....	159 (95%)

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	0 (0%)
	No.....	7 (4%)
	Don't remember	0 (0%)
	Not been restrained here in last 6 months	159 (96%)

15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	
	Yes	12 (7%)
	No.....	154 (93%)

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?	5 (45%)	6 (55%)
	Could you shower every day?	0 (0%)	11 (100%)
	Could you go outside for exercise every day?	8 (73%)	3 (27%)
	Could you use the phone every day (if you had credit)?	7 (64%)	4 (36%)

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	99 (63%)	35 (22%)	23 (15%)	1 (1%)
Vocational or skills training	42 (29%)	41 (28%)	53 (36%)	10 (7%)
Prison job	85 (55%)	52 (34%)	13 (8%)	4 (3%)
Voluntary work outside of the prison	6 (4%)	13 (9%)	39 (27%)	89 (61%)
Paid work outside of the prison	4 (3%)	12 (8%)	37 (25%)	95 (64%)

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	66 (44%)	66 (44%)	19 (13%)
Vocational or skills training	50 (36%)	39 (28%)	50 (36%)
Prison job	51 (35%)	75 (52%)	18 (13%)
Voluntary work outside of the prison	17 (13%)	16 (12%)	102 (76%)
Paid work outside of the prison	14 (11%)	15 (11%)	104 (78%)

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

Yes	86 (55%)
No.....	64 (41%)
Not applicable (e.g. if you are retired, sick or on remand)	6 (4%)

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

Yes	128 (81%)
No.....	31 (19%)

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

Yes	104 (82%)
No.....	14 (11%)
Don't know what my objectives or targets are.....	9 (7%)

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

Yes	68 (54%)
No.....	50 (39%)
Don't know what my objectives or targets are.....	9 (7%)

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

	Yes, this helped	No, this didn't help	Not done /don't know
Offending behaviour programmes	40 (34%)	26 (22%)	53 (45%)
Other programmes	30 (29%)	21 (20%)	53 (51%)
One to one work	20 (19%)	11 (10%)	77 (71%)
Being on a specialist unit	5 (5%)	4 (4%)	93 (91%)
ROTL - day or overnight release	3 (3%)	4 (4%)	96 (93%)

Preparation for release

18.1	Do you expect to be released in the next 3 months?			
	Yes			3 (2%)
	No			148 (91%)
	Don't know			12 (7%)
18.2	How close is this prison to your home area or intended release address?			
	Very near			1 (33%)
	Quite near			0 (0%)
	Quite far			0 (0%)
	Very far			2 (67%)
18.3	Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?			
	Yes			1 (33%)
	No			2 (67%)
18.4	Are you getting help to sort out the following things for when you are released?			
		Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
	Finding accommodation	1 (33%)	1 (33%)	1 (33%)
	Getting employment	0 (0%)	1 (50%)	1 (50%)
	Setting up education or training	0 (0%)	1 (50%)	1 (50%)
	Arranging benefits	0 (0%)	1 (50%)	1 (50%)
	Sorting out finances	0 (0%)	2 (67%)	1 (33%)
	Support for drug or alcohol problems	0 (0%)	0 (0%)	2 (100%)
	Health / mental health support	1 (50%)	1 (50%)	0 (0%)
	Social care support	0 (0%)	2 (100%)	0 (0%)
	Getting back in touch with family or friends	0 (0%)	2 (67%)	1 (33%)

More about you

19.1	Do you have children under the age of 18?		
	Yes		51 (31%)
	No		113 (69%)
19.2	Are you a UK / British citizen?		
	Yes		150 (92%)
	No		13 (8%)
19.3	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?		
	Yes		3 (2%)
	No		159 (98%)
19.4	Have you ever been in the armed services (e.g. army, navy, air force)?		
	Yes		21 (13%)
	No		143 (87%)
19.5	What is your gender?		
	Male		159 (98%)
	Female		0 (0%)
	Non-binary		2 (1%)
	Other		1 (1%)

19.6	How would you describe your sexual orientation?	
	Straight / heterosexual.....	141 (90%)
	Gay / lesbian / homosexual.....	4 (3%)
	Bisexual.....	10 (6%)
	Other.....	2 (1%)
19.7	Do you identify as transgender or transsexual?	
	Yes.....	3 (2%)
	No.....	156 (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.....	6 (4%)
	Less likely to offend.....	93 (60%)
	Made no difference.....	56 (36%)

HMP Wakefield 2018

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

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

- Summary statistics from most recent surveys of all other high security prisons (4 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.

- Summary statistics from HMP Wakefield in 2018 are compared with those from HMP Wakefield in 2014. Please note that we do not have comparable data for the new questions introduced in September 2017.

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




Number of completed questionnaires returned

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HMP Wakefield 2018	All other high security prisons	HMP Wakefield 2018	HMP Wakefield 2014
174	703	174	171

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	<i>n=169</i>	1%	0%	1%	0%
	Are you 25 years of age or younger?	<i>n=169</i>	3%		3%	
	Are you 50 years of age or older?	<i>n=169</i>	52%	27%	52%	46%
	Are you 70 years of age or older?	<i>n=169</i>	10%	2%	10%	7%
1.3	Are you from a minority ethnic group?	<i>n=169</i>	21%	34%	21%	19%
1.4	Have you been in this prison for less than 6 months?	<i>n=164</i>	7%		7%	
1.5	Are you currently serving a sentence?	<i>n=168</i>	99%	99%	99%	99%
	Are you on recall?	<i>n=168</i>	1%	1%	1%	2%
1.6	Is your sentence less than 12 months?	<i>n=169</i>	0%	0%	0%	0%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n=169</i>	8%	9%	8%	13%
7.1	Are you Muslim?	<i>n=163</i>	15%	25%	15%	9%
11.3	Do you have any mental health problems?	<i>n=169</i>	38%		38%	
12.1	Do you consider yourself to have a disability?	<i>n=170</i>	40%	28%	40%	35%
19.1	Do you have any children under the age of 18?	<i>n=164</i>	31%	39%	31%	32%
19.2	Are you a foreign national?	<i>n=163</i>	8%	14%	8%	11%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n=162</i>	2%	4%	2%	3%
19.4	Have you ever been in the armed services?	<i>n=164</i>	13%	8%	13%	12%
19.5	Is your gender female or non-binary?	<i>n=162</i>	2%		2%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n=157</i>	10%	7%	10%	15%
19.7	Do you identify as transgender or transsexual?	<i>n=159</i>	2%		2%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	<i>n=169</i>	14%		14%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n=169</i>	50%	54%	50%	50%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n=168</i>	82%	71%	82%	78%

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	HMP Wakefield 2018	All other high security prisons	HMP Wakefield 2018	HMP Wakefield 2014
	174	703	174	171
2.4	81%		81%	

2.4	Overall, were you treated very / quite well in reception?	<i>n=171</i>	81%	
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81%	
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




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174	703	174	171

2.5	When you first arrived, did you have any problems?	<i>n=170</i>	76%	74%	76%	65%
2.5	Did you have problems with:					
	- Getting phone numbers?	<i>n=170</i>	27%	32%	27%	19%
	- Contacting family?	<i>n=170</i>	22%	33%	22%	26%
	- Arranging care for children or other dependents?	<i>n=170</i>	2%		2%	
	- Contacting employers?	<i>n=170</i>	1%	1%	1%	1%
	- Money worries?	<i>n=170</i>	12%	12%	12%	21%
	- Housing worries?	<i>n=170</i>	5%	4%	5%	3%
	- Feeling depressed?	<i>n=170</i>	39%		39%	
	- Feeling suicidal?	<i>n=170</i>	10%		10%	
	- Other mental health problems?	<i>n=170</i>	17%		17%	
	- Physical health problems	<i>n=170</i>	18%	14%	18%	10%
	- Drugs or alcohol (e.g. withdrawal)?	<i>n=170</i>	3%		3%	
	- Getting medication?	<i>n=170</i>	17%		17%	
	- Needing protection from other prisoners?	<i>n=170</i>	6%	8%	6%	6%
	- Lost or delayed property?	<i>n=170</i>	23%	32%	23%	21%
	<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=121</i>	40%	35%	40%	34%
FIRST NIGHT AND INDUCTION						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	<i>n=168</i>	45%	49%	45%	53%
	- Toiletries / other basic items?	<i>n=168</i>	60%	42%	60%	50%
	- A shower?	<i>n=168</i>	39%	26%	39%	19%
	- A free phone call?	<i>n=168</i>	29%	14%	29%	42%
	- Something to eat?	<i>n=168</i>	70%	52%	70%	36%
	- The chance to see someone from health care?	<i>n=168</i>	47%	54%	47%	60%
	- The chance to talk to a Listener or Samaritans?	<i>n=168</i>	24%	18%	24%	28%
	- Support from another prisoner (e.g. Insider or buddy)?	<i>n=168</i>	46%		46%	
	- None of these?	<i>n=168</i>	8%		8%	
3.2	On your first night in this prison, was your cell very / quite clean?	<i>n=167</i>	64%		64%	
3.3	Did you feel safe on your first night here?	<i>n=169</i>	67%	67%	67%	63%
3.4	In your first few days here, did you get?					
	- Access to the prison shop / canteen?	<i>n=161</i>	39%	24%	39%	19%
	- Free PIN phone credit?	<i>n=144</i>	19%		19%	



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Number of completed questionnaires returned	174	703	174	171
- Numbers put on your PIN phone?	41%		41%	

- Numbers put on your PIN phone?	<i>n=143</i>	41%	
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41%	
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




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3.5	Have you had an induction at this prison?	<i>n=164</i>	94%	88%	94%	91%
<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=154</i>	54%		54%	
ON THE WING						
4.1	Are you in a cell on your own?	<i>n=170</i>	99%		99%	
4.2	Is your cell call bell normally answered within 5 minutes?	<i>n=167</i>	35%	48%	35%	30%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	<i>n=167</i>	90%	77%	90%	82%
	- Can you shower every day?	<i>n=167</i>	95%	94%	95%	91%
	- Do you have clean sheets every week?	<i>n=164</i>	94%	72%	94%	70%
	- Do you get cell cleaning materials every week?	<i>n=165</i>	69%	76%	69%	63%
	- Is it normally quiet enough for you to relax or sleep at night?	<i>n=160</i>	62%	66%	62%	66%
	- Can you get your stored property if you need it?	<i>n=153</i>	33%	28%	33%	24%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	<i>n=164</i>	74%		74%	
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	<i>n=165</i>	49%		49%	
5.2	Do you get enough to eat at meal-times always / most of the time?	<i>n=170</i>	54%		54%	
5.3	Does the shop / canteen sell the things that you need?	<i>n=168</i>	62%	59%	62%	43%
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	<i>n=171</i>	80%	76%	80%	85%
6.2	Are there any staff here you could turn to if you had a problem?	<i>n=163</i>	79%	73%	79%	79%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	<i>n=168</i>	51%	36%	51%	35%
6.4	Do you have a personal officer?	<i>n=168</i>	99%		99%	
<i>For those who have a personal officer:</i>						
6.4	Is your personal or named officer very / quite helpful?	<i>n=166</i>	57%		57%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	<i>n=168</i>	11%		11%	
6.6	Do you feel that you are treated as an individual in this prison?	<i>n=165</i>	44%		44%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	<i>n=170</i>	74%		74%	
	If so, do things sometimes change?	<i>n=125</i>	37%		37%	
FAITH						
7.1	Do you have a religion?	<i>n=163</i>	74%	82%	74%	84%
<i>For those who have a religion:</i>						
7.2	Are your religious beliefs respected here?	<i>n=123</i>	67%		67%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	<i>n=124</i>	75%		75%	

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7.4	Are you able to attend religious services, if you want to?	<i>n=125</i>	89%	
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89%	
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CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=169	46%		46%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=170	57%	57%	57% 47%
8.3	Are you able to use a phone every day (if you have credit)?	n=166	98%		98%
8.4	Is it very / quite easy for your family and friends to get here?	n=166	30%		30%
8.5	Do you get visits from family/friends once a week or more?	n=165	14%		14%
<i>For those who get visits:</i>					
8.6	Do visits usually start and finish on time?	n=95	43%		43%
8.7	Are your visitors usually treated respectfully by staff?	n=95	81%		81%
TIME OUT OF CELL					
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=169	95%		95%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>					
9.1	Are these times usually kept to?	n=161	57%		57%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=166	11%	9%	11% 10%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=166	10%	11%	10% 6%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=168	8%		8%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=168	1%		1%
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=169	69%		69%
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=172	86%		86%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=165	67%		67%
9.7	Do you typically go to the gym twice a week or more?	n=169	24%		24%
9.8	Do you typically go to the library twice a week or more?	n=167	19%	5%	19% 3%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	n=132	78%	59%	78% 59%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	n=171	85%	84%	85% 84%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	n=150	65%	50%	65% 55%
	Are applications usually dealt with within 7 days?	n=148	39%	35%	39% 41%
10.3	Is it easy for you to make a complaint?	n=169	79%	71%	79% 74%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	n=116	30%	27%	30% 30%
	Are complaints usually dealt with within 7 days?	n=114	38%	32%	38% 39%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=135	19%		19%

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Number of completed questionnaires returned

HMP Wakefield 2018	All other high security prisons	HMP Wakefield 2018	HMP Wakefield 2014
174	703	174	171

n=number of valid responses to question (HMP Wakefield 2018)

For those who need it, is it easy to:						
10.6	Communicate with your solicitor or legal representative?	n=140	59%		59%	
	Attend legal visits?	n=137	60%		60%	
	Get bail information?	n=76	16%		16%	
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=145	57%	63%	57%	57%
HEALTH CARE						
11.1	Is it very / quite easy to see:					
	- Doctor?	n=169	36%		36%	
	- Nurse?	n=165	69%		69%	
	- Dentist?	n=166	40%		40%	
	- Mental health workers?	n=161	34%		34%	
11.2	Do you think the quality of the health service is very / quite good from:					
	- Doctor?	n=170	73%		73%	
	- Nurse?	n=166	73%		73%	
	- Dentist?	n=164	60%		60%	
	- Mental health workers?	n=156	37%		37%	
11.3	Do you have any mental health problems?	n=169	38%		38%	
For those who have mental health problems:						
11.4	Have you been helped with your mental health problems in this prison?	n=66	58%		58%	
11.5	Do you think the overall quality of the health services here is very / quite good?	n=166	59%		59%	
OTHER SUPPORT NEEDS						
12.1	Do you consider yourself to have a disability?	n=170	40%	28%	40%	35%
For those who have a disability:						
12.2	Are you getting the support you need?	n=63	52%		52%	
12.3	Have you been on an ACCT in this prison?	n=161	23%		23%	
For those who have been on an ACCT:						
12.4	Did you feel cared for by staff?	n=39	46%		46%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=170	62%		62%	
ALCOHOL AND DRUGS						
13.1	Did you have an alcohol problem when you came into this prison?	n=170	12%	13%	12%	13%
For those who had / have an alcohol problem:						
13.2	Have you been helped with your alcohol problem in this prison?	n=21	71%	69%	71%	61%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=169	10%	18%	10%	15%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=166	4%	8%	4%	4%

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Number of completed questionnaires returned

n=number of valid responses to question (HMP Wakefield 2018)

HMP Wakefield 2018	All other high security prisons	HMP Wakefield 2018	HMP Wakefield 2014
174	703	174	171

13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	<i>n=169</i>	7%		7%	
<i>For those who had / have a drug problem:</i>						
13.6	Have you been helped with your drug problem in this prison?	<i>n=21</i>	62%	65%	62%	65%
13.7	Is it very / quite easy to get illicit drugs in this prison?	<i>n=162</i>	32%		32%	
13.8	Is it very / quite easy to get alcohol in this prison?	<i>n=162</i>	15%		15%	
SAFETY						
14.1	Have you ever felt unsafe here?	<i>n=169</i>	56%	56%	56%	57%
14.2	Do you feel unsafe now?	<i>n=161</i>	26%	24%	26%	25%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	<i>n=158</i>	48%		48%	
	- Threats or intimidation?	<i>n=158</i>	35%		35%	
	- Physical assault?	<i>n=158</i>	17%		17%	
	- Sexual assault?	<i>n=158</i>	8%		8%	
	- Theft of canteen or property?	<i>n=158</i>	35%		35%	
	- Other bullying / victimisation?	<i>n=158</i>	25%		25%	
	- Not experienced any of these from prisoners here	<i>n=158</i>	38%	63%	38%	49%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	<i>n=157</i>	48%		48%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	<i>n=161</i>	35%		35%	
	- Threats or intimidation?	<i>n=161</i>	24%		24%	
	- Physical assault?	<i>n=161</i>	5%		5%	
	- Sexual assault?	<i>n=161</i>	3%		3%	
	- Theft of canteen or property?	<i>n=161</i>	5%		5%	
	- Other bullying / victimisation?	<i>n=161</i>	19%		19%	
	- Not experienced any of these from staff here	<i>n=161</i>	50%	55%	50%	48%
14.6	If you were being bullied / victimised by staff here, would you report it?	<i>n=158</i>	58%		58%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	<i>n=161</i>	38%		38%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	<i>n=166</i>	46%		46%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	<i>n=168</i>	5%	8%	5%	2%
<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?	<i>n=7</i>	0%		0%	

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Number of completed questionnaires returned

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	174	703	174	171

n=number of valid responses to question (HMP Wakefield 2018)

15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	<i>n</i> =166	7%	25%	7%	16%
<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?	<i>n</i> =11	46%		46%	
	Could you shower every day?	<i>n</i> =11	0%		0%	
	Could you go outside for exercise every day?	<i>n</i> =11	73%		73%	
	Could you use the phone every day (if you had credit)?	<i>n</i> =11	64%		64%	
EDUCATION, SKILLS AND WORK						
16.1	In this prison, is it easy to get into the following activities:					
	- Education?	<i>n</i> =158	63%		63%	
	- Vocational or skills training?	<i>n</i> =146	29%		29%	
	- Prison job?	<i>n</i> =154	55%		55%	
	- Voluntary work outside of the prison?	<i>n</i> =147	4%		4%	
- Paid work outside of the prison?	<i>n</i> =148	3%		3%		
16.2	In this prison, have you done the following activities:					
	- Education?	<i>n</i> =151	87%	81%	87%	87%
	- Vocational or skills training?	<i>n</i> =139	64%	74%	64%	79%
	- Prison job?	<i>n</i> =144	88%	89%	88%	85%
	- Voluntary work outside of the prison?	<i>n</i> =135	24%		24%	
- Paid work outside of the prison?	<i>n</i> =133	22%		22%		
<i>For those who have done the following activities, do you think they will help you on release:</i>						
	- Education?	<i>n</i> =132	50%	55%	50%	47%
	- Vocational or skills training?	<i>n</i> =89	56%	47%	56%	43%
	- Prison job?	<i>n</i> =126	41%	36%	41%	42%
	- Voluntary work outside of the prison?	<i>n</i> =33	52%		52%	
	- Paid work outside of the prison?	<i>n</i> =29	48%		48%	
16.3	Do staff encourage you to attend education, training or work?	<i>n</i> =150	57%		57%	

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HMP Wakefield 2018	All other high security prisons	HMP Wakefield 2018	HMP Wakefield 2014
174	703	174	171

n=number of valid responses to question (HMP Wakefield 2018)

PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	<i>n</i> =159	81%		81%
<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?	<i>n</i> =127	82%		82%
17.3	Are staff helping you to achieve your objectives or targets?	<i>n</i> =127	54%		54%
17.4	In this prison, have you done:				
	- Offending behaviour programmes?	<i>n</i> =119	56%		56%
	- Other programmes?	<i>n</i> =104	49%		49%
	- One to one work?	<i>n</i> =108	29%		29%
	- Been on a specialist unit?	<i>n</i> =102	9%		9%
	- ROTL - day or overnight release?	<i>n</i> =103	7%		7%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>					
	- Offending behaviour programmes?	<i>n</i> =66	61%		61%
	- Other programmes?	<i>n</i> =51	59%		59%
	- One to one work?	<i>n</i> =31	65%		65%
	- Being on a specialist unit?	<i>n</i> =9	56%		56%
	- ROTL - day or overnight release?	<i>n</i> =7	43%		43%
PREPARATION FOR RELEASE					
18.1	Do you expect to be released in the next 3 months?	<i>n</i> =163	2%		2%
<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</i> =3	33%		33%
18.3	Is anybody helping you to prepare for your release?	<i>n</i> =3	33%		33%
18.4	Do you need help to sort out the following for when you are released:				
	- Finding accommodation?	<i>n</i> =3	67%		67%
	- Getting employment?	<i>n</i> =2	50%		50%
	- Setting up education or training?	<i>n</i> =2	50%		50%
	- Arranging benefits?	<i>n</i> =2	50%		50%
	- Sorting out finances?	<i>n</i> =3	67%		67%
	- Support for drug or alcohol problems?	<i>n</i> =2	0%		0%
	- Health / mental Health support?	<i>n</i> =2	100%		100%
	- Social care support?	<i>n</i> =2	100%		100%
	- Getting back in touch with family or friends?	<i>n</i> =3	67%		67%

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HMP Wakefield 2018	All other high security prisons
174	703

HMP Wakefield 2018	HMP Wakefield 2014
174	171

Number of completed questionnaires returned

n=number of valid responses to question (HMP Wakefield 2018)

18.4	Are you getting help to sort out the following for when you are released, if you need it:			
	- Finding accommodation?	<i>n=2</i>	50%	
	- Getting employment?	<i>n=1</i>	0%	
	- Setting up education or training?	<i>n=1</i>	0%	
	- Arranging benefits?	<i>n=1</i>	0%	
	- Sorting out finances?	<i>n=2</i>	0%	
	- Support for drug or alcohol problems?			
	- Health / mental Health support?	<i>n=2</i>	50%	
	- Social care support?	<i>n=2</i>	0%	
	- Getting back in touch with family or friends?	<i>n=2</i>	0%	
FINAL QUESTION ABOUT THIS PRISON				
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	<i>n=155</i>	60%	

50%	
0%	
0%	
0%	
0%	
0%	
50%	
0%	
0%	
60%	

HMP Wakefield 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
- Muslim prisoners' responses are compared with those of non-Muslim prisoners

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

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

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Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
36	133	24	139

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	3%	0%	0%	1%
	Are you 50 years of age or older?	31%	57%	21%	56%
1.3	Are you from a minority ethnic group?			79%	12%
7.1	Are you Muslim?	54%	4%		
11.3	Do you have any mental health problems?	36%	38%	42%	38%
12.1	Do you consider yourself to have a disability?	42%	38%	33%	40%
19.2	Are you a foreign national?	30%	2%	21%	6%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	2%	0%	2%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	82%	82%	83%	83%
2.4	Overall, were you treated very / quite well in reception?	74%	82%	88%	81%
2.5	When you first arrived, did you have any problems?	83%	73%	87%	73%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	37%	40%	42%	41%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	50%	71%	50%	71%
3.5	Have you had an induction at this prison?	94%	95%	100%	93%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	47%	56%	42%	57%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	33%	35%	26%	36%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	74%	94%	83%	91%
	- Can you shower every day?	91%	96%	96%	95%
	- Do you have clean sheets every week?	94%	94%	96%	95%
	- Do you get cell cleaning materials every week?	59%	72%	70%	70%
	- Is it normally quiet enough for you to relax or sleep at night?	55%	63%	57%	63%
	- Can you get your stored property if you need it?	27%	34%	24%	34%

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Number of completed questionnaires returned

Black and minority ethnic	White
36	133

Muslim	Non-Muslim
24	139

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	37%	58%
5.3	Does the shop / canteen sell the things that you need?	41%	67%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	64%	84%
6.2	Are there any staff here you could turn to if you had a problem?	53%	84%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	50%	50%
6.6	Do you feel that you are treated as an individual in this prison?	46%	43%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	53%	70%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	69%	77%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	31%	49%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	69%	53%
8.3	Are you able to use a phone every day (if you have credit)?	94%	98%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	55%	88%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	17%	10%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	12%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	58%	84%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	77%	87%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	63%	65%
10.3	Is it easy for you to make a complaint?	63%	82%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	31%	29%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	22%	18%

		44%	56%
		57%	63%
		79%	81%
		62%	81%
		39%	53%
		44%	45%
		57%	70%
		75%	75%
		46%	45%
		67%	54%
		96%	98%
		47%	87%
		9%	13%
		0%	12%
		52%	83%
		83%	86%
		50%	70%
		75%	79%
		21%	33%
		24%	16%

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Number of completed questionnaires returned

	Black and minority ethnic	White	Muslim	Non-Muslim
	36	133	24	139

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	40%	34%	42%	36%
	- Nurse?	61%	70%	65%	71%
	- Dentist?	32%	42%	39%	41%
	- Mental health workers?	27%	33%	36%	34%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	46%	59%	60%	59%
11.5	Do you think the overall quality of the health services here is very / quite good?	44%	64%	57%	60%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	57%	51%	40%	57%
SAFETY					
14.1	Have you ever felt unsafe here?	66%	54%	67%	54%
14.2	Do you feel unsafe now?	39%	23%	38%	23%
14.3	Not experienced bullying / victimisation by other prisoners	41%	37%	41%	37%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	34%	53%	50%	48%
14.5	Not experienced bullying / victimisation by members of staff	35%	55%	38%	53%
14.6	If you were being bullied / victimised by staff here, would you report it?	61%	58%	57%	58%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	36%	39%	48%	37%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	38%	49%	38%	49%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	11%	4%	17%	4%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	9%	7%	13%	7%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	58%	57%	55%	59%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	70%	83%	83%	80%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	57%	53%	63%	54%
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?	0%	50%		33%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	54%	61%	57%	61%

HMP Wakefield 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.

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Number of completed questionnaires returned

Mental health problems	No mental health problems	Have a disability	Do not have a disability
64	105	68	102

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	0%	1%	0%	1%
	Are you 50 years of age or older?	39%	58%	59%	46%
1.3	Are you from a minority ethnic group?	21%	22%	23%	21%
7.1	Are you Muslim?	16%	14%	13%	16%
11.3	Do you have any mental health problems?			55%	27%
12.1	Do you consider yourself to have a disability?	58%	29%		
19.2	Are you a foreign national?	3%	11%	7%	9%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	2%	2%	5%	0%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	80%	82%	77%	85%
2.4	Overall, were you treated very / quite well in reception?	87%	78%	83%	79%
2.5	When you first arrived, did you have any problems?	94%	64%	88%	67%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	42%	38%	39%	40%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	61%	70%	61%	70%
3.5	Have you had an induction at this prison?	93%	95%	93%	95%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	51%	57%	49%	57%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	30%	36%	36%	33%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	85%	92%	86%	92%
	- Can you shower every day?	93%	96%	94%	96%
	- Do you have clean sheets every week?	93%	94%	95%	94%
	- Do you get cell cleaning materials every week?	66%	71%	65%	73%
	- Is it normally quiet enough for you to relax or sleep at night?	53%	66%	54%	66%
	- Can you get your stored property if you need it?	28%	36%	28%	36%

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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

	Mental health problems	No mental health problems		
	64	105		
	68	102		

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	52%	53%	47%	56%
5.3	Does the shop / canteen sell the things that you need?	58%	64%	58%	63%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	84%	77%	82%	78%
6.2	Are there any staff here you could turn to if you had a problem?	82%	77%	79%	78%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	52%	50%	52%	51%
6.6	Do you feel that you are treated as an individual in this prison?	45%	42%	47%	42%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	57%	71%	67%	65%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	67%	80%	69%	79%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	48%	44%	41%	48%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	57%	54%	58%	55%
8.3	Are you able to use a phone every day (if you have credit)?	100%	96%	95%	99%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	85%	78%	74%	84%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	9%	12%	6%	14%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	16%	4%	13%	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?	75%	80%	80%	76%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	89%	85%	85%	86%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	57%	73%	62%	68%
10.3	Is it easy for you to make a complaint?	84%	76%	75%	80%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	19%	39%	32%	28%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	21%	18%	26%	14%

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Number of completed questionnaires returned

	Mental health problems	No mental health problems		
	64	105	Have a disability	Do not have a disability
			68	102

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	38%	34%	35%	36%
	- Nurse?	74%	65%	74%	65%
	- Dentist?	37%	43%	38%	41%
	- Mental health workers?	37%	31%	29%	35%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	58%		58%	57%
11.5	Do you think the overall quality of the health services here is very / quite good?	59%	58%	56%	60%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	41%	67%	52%	
SAFETY					
14.1	Have you ever felt unsafe here?	68%	48%	73%	46%
14.2	Do you feel unsafe now?	27%	24%	41%	16%
14.3	Not experienced bullying / victimisation by other prisoners	29%	44%	31%	42%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	43%	53%	53%	47%
14.5	Not experienced bullying / victimisation by members of staff	42%	56%	43%	53%
14.6	If you were being bullied / victimised by staff here, would you report it?	59%	60%	62%	58%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	37%	40%	42%	37%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	52%	45%	49%	45%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	5%	6%	5%	6%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	8%	7%	8%	7%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	58%	58%	55%	58%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	77%	84%	71%	87%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	56%	54%	50%	55%
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?	0%	50%	50%	0%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	67%	56%	60%	60%

HMP Wakefield 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
 - responses of non-heterosexual prisoners are compared with those of heterosexual prisoners
 Please note that these analyses are based on summary data from selected survey questions only.

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

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Number of completed questionnaires returned

Gay/bisexual/other	Heterosexual
16	141

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	0%	0%
	Are you 50 years of age or older?	63%	50%
1.3	Are you from a minority ethnic group?	6%	21%
7.1	Are you Muslim?	6%	16%
11.3	Do you have any mental health problems?	56%	35%
12.1	Do you consider yourself to have a disability?	38%	39%
19.2	Are you a foreign national?	0%	8%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6%	1%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	75%	83%
2.4	Overall, were you treated very / quite well in reception?	94%	81%
2.5	When you first arrived, did you have any problems?	56%	77%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	67%	41%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	63%	69%
3.5	Have you had an induction at this prison?	93%	94%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	64%	53%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	44%	31%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	100%	90%
	- Can you shower every day?	100%	96%
	- Do you have clean sheets every week?	100%	93%
	- Do you get cell cleaning materials every week?	75%	69%
	- Is it normally quiet enough for you to relax or sleep at night?	60%	63%
	- Can you get your stored property if you need it?	21%	34%

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

Number of completed questionnaires returned

Gay/bisexual/other	Heterosexual
16	141

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	75%	53%
5.3	Does the shop / canteen sell the things that you need?	67%	61%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	81%	81%
6.2	Are there any staff here you could turn to if you had a problem?	69%	81%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	56%	52%
6.6	Do you feel that you are treated as an individual in this prison?	38%	46%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	46%	68%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	73%	75%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	50%	46%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	38%	57%
8.3	Are you able to use a phone every day (if you have credit)?	100%	98%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	89%	81%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	7%	10%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	13%	9%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	92%	79%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	75%	88%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	60%	66%
10.3	Is it easy for you to make a complaint?	60%	82%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	20%	31%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	27%	18%

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

Gay/bisexual/other	Heterosexual
16	141

Number of completed questionnaires returned

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	38%	36%
	- Nurse?	75%	69%
	- Dentist?	50%	41%
	- Mental health workers?	56%	31%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	67%	58%
11.5	Do you think the overall quality of the health services here is very / quite good?	67%	58%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	83%	52%
SAFETY			
14.1	Have you ever felt unsafe here?	69%	55%
14.2	Do you feel unsafe now?	20%	26%
14.3	Not experienced bullying / victimisation by other prisoners	25%	40%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	50%	50%
14.5	Not experienced bullying / victimisation by members of staff	50%	52%
14.6	If you were being bullied / victimised by staff here, would you report it?	67%	58%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	44%	38%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	44%	46%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	19%	4%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	7%	7%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	50%	57%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	79%	81%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	55%	53%
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?	100%	0%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	73%	58%

HMP Wakefield 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
 - responses of prisoners aged 50 and over are compared with those of prisoners under 50
 Please note that these analyses are based on summary data from selected survey questions only.

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

50 and over	Under 50
87	82

Number of completed questionnaires returned

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION		
1.3	Are you from a minority ethnic group?	13% 30%
7.1	Are you Muslim?	6% 24%
11.3	Do you have any mental health problems?	29% 47%
12.1	Do you consider yourself to have a disability?	46% 33%
19.2	Are you a foreign national?	5% 10%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	2% 1%
ARRIVAL AND RECEPTION		
2.3	When you were searched in reception, was this done in a respectful way?	82% 82%
2.4	Overall, were you treated very / quite well in reception?	80% 83%
2.5	When you first arrived, did you have any problems?	69% 81%
<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	38% 41%
FIRST NIGHT AND INDUCTION		
3.3	Did you feel safe on your first night here?	69% 65%
3.5	Have you had an induction at this prison?	94% 94%
<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	55% 51%
ON THE WING		
4.2	Is your cell call bell normally answered within 5 minutes?	46% 21%
4.3	On the wing or houseblock you currently live on:	
	- Do you normally have enough clean, suitable clothes for the week?	94% 85%
	- Can you shower every day?	96% 94%
	- Do you have clean sheets every week?	94% 95%
	- Do you get cell cleaning materials every week?	72% 66%
	- Is it normally quiet enough for you to relax or sleep at night?	62% 61%
	- Can you get your stored property if you need it?	32% 34%

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

Number of completed questionnaires returned

	50 and over	Under 50
	87	82

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	63%	43%
5.3	Does the shop / canteen sell the things that you need?	68%	55%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	82%	77%
6.2	Are there any staff here you could turn to if you had a problem?	81%	75%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	63%	38%
6.6	Do you feel that you are treated as an individual in this prison?	52%	35%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	77%	55%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	75%	74%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	47%	43%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	53%	62%
8.3	Are you able to use a phone every day (if you have credit)?	98%	98%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	97%	70%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	10%	14%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	11%	9%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	88%	69%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	89%	81%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	74%	55%
10.3	Is it easy for you to make a complaint?	74%	83%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	42%	18%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	11%	27%

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

50 and over	Under 50
87	82

Number of completed questionnaires returned

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	31%	40%
	- Nurse?	74%	63%
	- Dentist?	44%	37%
	- Mental health workers?	29%	36%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	52%	59%
11.5	Do you think the overall quality of the health services here is very / quite good?	65%	53%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	56%	44%
SAFETY			
14.1	Have you ever felt unsafe here?	55%	58%
14.2	Do you feel unsafe now?	23%	30%
14.3	Not experienced bullying / victimisation by other prisoners	39%	36%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	61%	39%
14.5	Not experienced bullying / victimisation by members of staff	57%	43%
14.6	If you were being bullied / victimised by staff here, would you report it?	65%	52%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	46%	30%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	55%	35%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	1%	10%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	2%	13%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	63%	50%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	84%	77%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	59%	46%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	50%	0%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	61%	59%